



Governance and Risk Committee

West Lothian Civic Centre
Howden South Road
LIVINGSTON
EH54 6FF

7 June 2021

A meeting of the **Governance and Risk Committee** of West Lothian Council will be held within the **Webex Virtual Meeting Room** on **Monday 14 June 2021** at **2:00pm**.

For Chief Executive

BUSINESS

Public Session

1. Apologies for Absence
2. Declarations of Interest - Members should declare any financial and non-financial interests they have in the items of business for consideration at the meeting, identifying the relevant agenda item and the nature of their interest
3. Order of Business, including notice of urgent business, declarations of interest in any urgent business and consideration of reports for information.

The Chair will invite members to identify any such reports they wish to have fully considered, which failing they will be taken as read and their recommendations approved.

4. Confirm Draft Minutes of Meeting of Governance and Risk Committee held on Monday 08 March 2021 (herewith)

Public Items for Decision

5. Corporate Governance 2020/21 – Annual Governance Statement - Report by Governance Manager (herewith)

Public Items for Information

DATA LABEL: Public

6. Internal Audit Annual Report - Report by Audit, Risk and Counter Fraud Manager (herewith)
7. Concurrent Risks Resilience and Preparedness Planning - Report by Depute Chief Executive (herewith)
8. Managing Risks to Educational Attainment - Report by Heads of Education (herewith)
9. Non-service Risks - Report by Head of Finance and Property Services (herewith)
10. High Risks - Report by Head of Finance and Property Services (herewith)
11. Risk Management Annual Report - Report by Head of Finance and Property Services (herewith)
12. Health and Safety Governance - Report by Head of Corporate Services (herewith)
13. Management of Health and Safety - Report by Head of Corporate Services (herewith)
14. Workplan (herewith)

NOTE **For further information please contact Anastasia Dragona on tel. no. 01506 281601 or email anastasia.dragona@westlothian.gov.uk**

CODE OF CONDUCT AND DECLARATIONS OF INTEREST

This form is to help members. It is not a substitute for declaring interests at the meeting.

Members should look at every item and consider if they have an interest. If members have an interest they must consider if they have to declare it. If members declare an interest they must consider if they have to withdraw.

NAME	MEETING	DATE

AGENDA ITEM NO.	FINANCIAL (F) OR NON- FINANCIAL INTEREST (NF)	DETAIL ON THE REASON FOR YOUR DECLARATION (e.g. I am Chairperson of the Association)	REMAIN OR WITHDRAW

The objective test is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as so significant that it is likely to prejudice your discussion or decision making in your role as a councillor.

Other key terminology appears on the reverse.

If you require assistance, please ask as early as possible. Contact Julie Whitelaw, Monitoring Officer, 01506 281626, julie.whitelaw@westlothian.gov.uk, James Millar, Governance Manager, 01506 281695, james.millar@westlothian.gov.uk, Carol Johnston, Chief Solicitor, 01506 281626, carol.johnston@westlothian.gov.uk, Committee Services Team, 01506 281604, 01506 281621 committee.services@westlothian.gov.uk

SUMMARY OF KEY TERMINOLOGY FROM REVISED CODE

The objective test

“...whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as so significant that it is likely to prejudice your discussion or decision making in your role as a councillor”

The General Exclusions

- As a council tax payer or rate payer or in relation to the council's public services which are offered to the public generally, as a recipient or non-recipient of those services
- In relation to setting the council tax.
- In relation to matters affecting councillors' remuneration, allowances, expenses, support services and pension.
- As a council house tenant, unless the matter is solely or mainly about your own tenancy, or you are in arrears of rent.

Particular Dispensations

- As a member of an outside body, either appointed by the council or later approved by the council
- Specific dispensation granted by Standards Commission
- Applies to positions on certain other public bodies (IJB, SEStran, City Region Deal)
- Allows participation, usually requires declaration but not always
- Does not apply to quasi-judicial or regulatory business

The Specific Exclusions

- As a member of an outside body, either appointed by the council or later approved by the council
- The position must be registered by you
- Not all outside bodies are covered and you should take advice if you are in any doubt.
- Allows participation, always requires declaration
- Does not apply to quasi-judicial or regulatory business

Categories of “other persons” for financial and non-financial interests of other people

- Spouse, a civil partner or a cohabitee
- Close relative, close friend or close associate
- Employer or a partner in a firm
- A body (or subsidiary or parent of a body) in which you are a remunerated member or director
- Someone from whom you have received a registrable gift or registrable hospitality
- Someone from whom you have received registrable election expenses

MINUTE of MEETING of the GOVERNANCE AND RISK COMMITTEE held within WEBEX VIRTUAL MEETING ROOM, on 8 MARCH 2021.

Present – Councillors Damian Doran-Timson (Chair), Lawrence Fitzpatrick, Harry Cartmill, Pauline Clark, Chris Horne

Apologies – Robert Armstrong, Lay Member

In Attendance - Graham Hope, Chief Executive, Graeme Struthers, Depute Chief Executive, James Millar, Governance Manager, Donald Forrest, Head of Finance and Property Services, Jim Jack, Head of Operational Services, Julie Whitelaw, Head of Corporate Services, Craig McCorriston, Head of Planning, Economic Development & Regeneration, James Cameron, Head of Education, Learning, Policy & Resources, Kenneth Ribbons, Audit, Risk & Counter Fraud Manager, Tim Ward, Social Policy, David Maule, Corporate, Operational & Housing Services, Kim Hardie, Health & Safety, Lesley Henderson, HR Manager, Sharon Leitch, Finance and Property Services

1. DECLARATIONS OF INTEREST

Agenda Item 5 – Risk Management Plan and Item 7 – High Risks – Councillor Chris Horne declared an interest in that he was a council appointed member of West Lothian Leisure Board for which a dispensation applied.

2. ORDER OF BUSINESS

The Chair ruled that he was changing the order of business as follows:

To consider agenda items, 5 and 6 after agenda item 12.

The Chair confirmed that he wished all items of business presented and debated, including those items which were for information only.

3. MINUTE

The committee confirmed the Minute of its meeting held on 25 January 2021 as a correct record. The Minute was thereafter signed by the Chair.

4. HIGH RISKS

The committee considered a report (copies of which had been circulated) by the Head of Finance and Property Services advising of the council's high risks.

The report recommended that the committee:

1. Note the council's high risks, and the actions being taken to mitigate them; and
2. Provide feedback to officers on the risks and the mitigating actions.

In relation to risk REV001 the committee was interested to know what the level of council tax debt was due to the Covid-19 pandemic.

The committee was also interested in the support offered to children returning to school after lockdown and lessons learned from the last lockdown and return to school.

The committee was advised that there were specific targeted resources, and universal support measures in place which included the Wellbeing Recovery Group using a multi-agency approach and in partnership with CAMHS, to ensure delivery of the required services to meet the needs of children and young people.

Decision

To note the contents of the report.

5. MANAGEMENT OF HEALTH & SAFETY

The committee considered a report (copies of which had been circulated) by the Head of Corporate Services providing information on Health and Safety incidents reported across all service areas. This report also contained annual incident statistics and a breakdown of violence and aggression incidents within Education.

The report recommended that the committee note the contents of the report.

The committee noted that future years data comparisons should reflect the unprecedented situation of year 2020/2021.

Decision

To note the contents of the report.

6. CONCURRENT RISKS RESILIENCE AND PREPAREDNESS PLANNING

The committee considered a report (copies of which had been circulated) by the Depute Chief Executive providing an update on the concurrent risks identified by the council in relation to the Covid-19 pandemic, the UK's withdrawal from the EU and other associated risks.

The report recommended that the committee:

1. Notes the latest position in relation to Covid-19 planning and

guidance;

2. Notes the update on the latest EU Exit position; and
3. Notes the high risks that have been assessed by officers in relation to Covid-19 and EU Exit, as set out in Appendices to the report.

The committee was advised that details were expected soon on the UK Shared Prosperity Fund which replaced the EU Fund and that officers would engage in the process of applying for funding when full details were released and the opportunity arose.

The committee was interested in the progress of Free Port Models and if there was an opportunity to generate business through these for West Lothian.

It was advised that the Scottish Government equivalent of Free Ports was Green Ports and that there was the potential for 2 Green Ports in Scotland.

Officers undertook to take any opportunity to lobby the Scottish Government in an effort to promote West Lothian and generate business opportunities through the Green Ports initiative.

Decision

1. To note the contents of the report.
2. To agree that a report be brought back to the next meeting and thereafter to consider the reporting frequency of this item of business.

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7. STRATEGIC RISKS

The committee considered a report (copies of which had been circulated) by the Head of Finance and Property Services advising of the council's strategic risks.

The report recommended that the committee note the contents of the report.

Decision

To note the contents of the report.

8. INFORMATION GOVERNANCE

The committee considered a report (copies of which had been circulated) by the Head of Corporate Services providing an update on information governance arrangements in place to monitor and scrutinise the council's

management of information.

The report recommended that the committee note the governance arrangements in place to monitor and scrutinise the council's management of information.

Decision

To note the contents of the report.

9. WORKFORCE PLANNING STRATEGY

The committee considered a report (copies of which had been circulated) by the Head of Corporate Services providing an update on the council's workforce planning strategy and the management of associated risks.

The report recommended that the committee notes the current workforce planning strategy and the management of related risks.

Decision

To note the contents of the report.

10. RISK MANAGEMENT PLAN 2021/22

The committee considered a report (copies of which had been circulated) by the Head of Finance and Property Services providing details of the Risk Management Plan 2021/22.

The report recommended that the committee approves the 2021/22 Risk Management Plan.

The committee was interested to know if a benchmarking exercise with other Local Authorities in relation to the Risk Management Plan, and approaches to risk management had been undertaken.

The officer advised that while benchmarking had been carried out on other topics there was no specific benchmarking on the Risk Management Plan but would carry this out if the committee thought it would be a worthwhile exercise.

The committee was content to let the officer decide on whether benchmarking on the Risk Management Plan and approaches to risk management was necessary.

Decision

To approve the terms of the report.

11. COMMITTEE SELF-ASSESSMENT

The committee considered a report (copies of which had been circulated) by the Governance Manager to review and renew arrangements for carrying out a self-assessment of the committee's administrative arrangements and activity.

The report recommended that the committee:

1. To consider the questions in the appendix and identify any improvements that may be made, noting the addition of questions in Part F of the appendix relating to COVID-19
2. Agree that the questions be circulated to all committee members with a view to the results being reported back to the next committee meeting.

The committee agreed the questions including the additional covid related questions. The committee also considered when the self-assessment survey should be circulated to members.

Decision

1. To agree the self-assessment questions including the additional covid related questions; and
2. To agree that the self-assessment be sent out after the next meeting of the committee in June 2021 and the results to be reported back to the committee at the autumn meeting.

12. WORKPLAN

To note the workplan and to add the following item of business to the autumn meeting:

- Self-Assessment Survey Results

DATA LABEL: PUBLIC



GOVERNANCE & RISK COMMITTEE

CORPORATE GOVERNANCE 2020/21 – ANNUAL GOVERNANCE STATEMENT

REPORT BY GOVERNANCE MANAGER

A. PURPOSE OF REPORT

To present the draft annual governance statement for approval.

B. RECOMMENDATIONS

1. To consider and note the information and evidence in relation to corporate governance in Appendices 2, 3 and 4
2. To note the conclusion and assurance that the council's corporate governance standards have been substantially met in 2020/21
3. To approve the annual governance statement in Appendix 1 which will form part of the council's accounts to be submitted to the external auditors and published for inspection and objection before the end of June
4. To authorise officers to update the statement where appropriate prior to its approval for signature to reflect changes in circumstances, in particular in relation to the COVID-19 pandemic
5. To note that the table in Appendix 4 will be updated to reflect committee's comments today and to incorporate the issues identified in the annual governance statement, with progress reported to committee in six months' time at an appropriate meeting

C. SUMMARY OF IMPLICATIONS

I	Council Values	Being honest, open and accountable
II	Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)	Local Government (Scotland) Act 1973; Local Authority (Accounts) Regulations 2014; Local Code of Corporate Governance; Scheme of Administration
III	Implications for Scheme of Delegations to Officers	None. The authority sought in Recommendation 4 will not endure for more than 6 months
IV	Impact on performance and performance Indicators	Good governance leads to good decision-making and improved outcomes
V	Relevance to Single Outcome Agreement	Good governance leads to good decision-making and improved outcomes

VI Resources - (Financial, Staffing and Property)	Within existing resources
VII Consideration at PDSP	Not required
VIII Other consultations	Audit Risk & Counter Fraud Manager; Monitoring Officer; Chief Solicitor; Governance & Risk Board; Corporate Management Team

D. TERMS OF REPORT

1 Background

- 1.1 After considering the Audit Risk & Counter Fraud Manager's review of the system of internal control, this committee approves an annual governance statement, prepared by the Governance Manager, for inclusion in the council's accounts. The unaudited accounts are submitted for audit and published for inspection and objection by the Head of Finance & Property Services by the end of June. The auditors' report and the final accounts are then considered by council and approved for signature and publication before the end of September. The audit report is referred on to this committee and to Audit Committee for scrutiny of the parts within their remits.
- 1.2 The annual governance statement is informed by the review of the system of internal control (reported separately today); annual compliance statements (Appendix 2); the updated Local Code of Corporate Governance (Appendix 3); and work carried out to progress governance issues identified in previous years' reporting (Appendix 4).
- 1.3 The system of internal control includes financial regulations; a system of management supervision, delegation and accountability; financial processes, procedures and regulations; a comprehensive budgeting and monitoring framework; and scrutiny of periodic and annual financial and operational performance reports. It is designed and reviewed to identify risks to the achievement of the council's objectives; to evaluate the likelihood of those risks occurring; to consider the potential impact of the risks; and to manage them effectively.
- 1.4 The annual compliance statements are designed to give the council and the public assurance about the operation of a range of key corporate policies and procedures. They are drawn together by the Monitoring Officer but are based on information provided from senior officers on compliance within their service areas. Separate and stand-alone reporting is carried out annually on the Councillors' Code of Conduct, Freedom of Information and Data Protection, and on Covert Surveillance and Accessing Communications Data (RIPSA).
- 1.5 The Local Code of Corporate Governance accords with the CIPFA/SOLACE Framework (2016) and is built around seven over-arching principles of good governance. The Code is populated each year by assessing the suggested sources of evidence, looking at the approach, implementation, and arrangements to review approach and implementation. A very brief commentary and a RAG rating are added.
- 1.6 Since the current Code was adopted the issues identified each year in the annual governance statement are extracted and compiled to help monitor progress. They are reported to this committee alongside the draft annual governance statement and an interim report is made during the reporting year.

2 Annual governance statement

- 2.1 The draft statement for this reporting year is in Appendix 1. There is no statutory form or content for the annual governance statement but legislation requires it to be in accordance with proper practices in relation to internal control. That requirement is satisfied by preparing it in accordance with the 2016 Framework and Guidance. Additional CIPFA guidance for 2020/21 calls for information to be included about the impact of COVID on governance arrangements and standards, and an assessment of the council's readiness to implement the CIPFA Financial Management Code (2019).
- 2.2 The statement refers to and draws on the system of internal control (Section 7), the Local Code of Corporate Governance (Section 6), and the annual compliance statements (Section 8). It summarises and describes the governance issues from previous years and progress made in dealing with them (Section 15) and it sets out the areas of concern to be carried forward or tackled in the coming year (Section 16).
- 2.3 It considers comments made by the external auditors on content and format in previous years, for example, in reviewing and noting more clearly the progress with governance issues and those where progress has been slow (Section 14).
- 2.4 The statement includes an additional section relating to the COVID-19 emergency (Section 17). Like all public bodies the council was faced with significant and unanticipated challenges to the performance of its statutory functions and governance arrangements. CIPFA recommended in April 2020, reiterated in 2021, that annual governance statements should cover COVID-19 related issues. They suggested 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; and assessment of the longer term disruption and consequences.
- 2.5 The statement also assesses the council's readiness to fully implement the CIPFA Financial Management Code (2019). That Code is to be fully implemented for use in 2021/22 and was adopted by Council Executive on 9 February 2021. The committee report included an assessment of the council's current compliance and a list of actions needed to ensure full compliance in the coming reporting year.
- 2.7 Some of the characteristics of the annual statement drawn from the Framework are:-
- It enables an authority 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 authority'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 refer 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 Going forward

- 3.1 After the period allowed for inspection and objection expires the annual accounts will be finalised and presented for audit and then approval at council in September. The annual governance statement will be part of that process. Especially in relation to COVID-19, it may be that circumstances in relation to the content of the statement will change. Delegated authority is therefore sought to allow for that eventuality. Any significant changes will be highlighted to committee when it considers the external audit report in the autumn.
- 3.2 The table of governance issues in Appendix 4 will be adjusted to reflect committee's views today. The additional areas indicated in the annual governance statement will be added. An interim report will be brought to the most convenient committee meeting in approximately six months' time.

E. CONCLUSION

Approval of the annual governance statement will enable the council to comply with its statutory duties in relation to its annual accounts and will help provide assurance to members in relation to the soundness of the council's corporate governance arrangements.

F. BACKGROUND REFERENCES

- 1 "Delivering Good Governance", Framework and Guidance issued by CIPFA and SOLACE (2016); CIPFA Bulletin 06/2021 – Application of the Good Governance Framework 2020/21; CIPFA Financial Management Code (2019)
- 2 Governance & Risk Committee, 22 June 2020 and 25 January 2021
- 3 Council Executive, 233 February 2021

Appendices/Attachments:

1. Annual governance statement
2. Annual compliance statements
3. Local Code of Corporate Governance
3. Progress report on governance issues

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

Date of meeting: 14 June 2021

APPENDIX 1

1. Introduction

- 1.1 The corporate governance framework comprises the systems, processes, culture and values by which the council is directed and controlled and by which it engages with and is accountable to the West Lothian community. The council's governing bodies (full council and committees), individual councillors and members of staff must try to achieve its objectives while acting in the public interest at all times. That implies primary consideration of the benefits for society, which should result in positive outcomes for stakeholders.
- 1.2 The council, through all of its members, has overall responsibility for good governance arrangements. In practice, the council entrusts the delivery of those tasks to committees and to appropriate council officers but subject to monitoring and scrutiny arrangements, including receiving evidence-based assurance on the governance framework's effectiveness and completeness.
- 1.3 The council's Corporate Plan 2018/19 to 2022/23 cements the place of corporate governance as an "enabler". Along with risk management, financial planning and modernisation/improvement it is an essential back-office corporate service necessary to assist setting goals and priorities, monitoring achievement and reporting corporate priorities and outcomes. The Corporate Plan acknowledges the wide understanding that good governance promotes good decisions.
- 1.4 The statement is presented in these sections: -
1. Introduction
 2. Executive Summary
 3. Political structure and administration
 4. Management structure
 5. Decision-making and scrutiny arrangements
 6. Local Code of Corporate Governance
 7. Annual internal audit opinion
 8. Annual compliance statements
 9. Compliance with the CIPFA Financial Management Code (2019)
 10. Audit Committee
 11. Governance & Risk Committee
 12. Other internal scrutiny arrangements
 13. Officer roles and activity
 14. External scrutiny
 15. Past and current governance issues
 16. Governance issues ahead
 17. Covid-19
 18. Conclusion and assurance

2. Executive summary and assurance

- 2.1 The conclusion and assurance in this statement is based on: -
- the annual internal audit opinion by the Audit Risk & Counter Fraud Manager on the effectiveness of the framework of governance, risk management and control, the statutory review of the system of internal control (7.3)
 - annual compliance statements produced by the Monitoring Officer and stand-alone reports in relation to significant council policies and procedures (8.7)

- the newly-populated evidence-based Local Code of Corporate Governance (6.6)
- the progress made in the reporting year on areas of governance concern (15.1)
- the extent of compliance already achieved with the CIPFA Financial Management Code (2019) (9.4)
- the additional commentary and assessment relating to COVID called for by CIPFA guidance (17.13)

2.2 There are inevitably issues on which future work is required (16) and the full and longer-term impact of the Covid-19 pandemic has not yet been established (17). However, based on the sources listed above, the council and the West Lothian community can be assured that the council's corporate governance standards have been substantially met in 2020/21.

3. Political structure and administration

3.1 West Lothian Council has nine electoral wards and 33 councillors. A casual vacancy arising in April 2020 was filled through a by-election held on 11 March 2021. The by-election was postponed to a later date than normal by the Returning Officer under emergency coronavirus legislation. A further vacancy arose on 10 May 2021 due to the death of a councillor. The by election is scheduled to take place on 5 August 2021. The current 32 councillors are made up of 13 SNP members, 11 Labour members, 7 Conservative members and 1 Independent member. The Provost and Leader of the Council were elected in May 2017 and remain in position. A minority Labour administration was established then and remains in place. The council's committee structure was re-established in June 2017 after the quinquennial local government elections. It has remained intact since then, albeit with additions where necessary to meet new legislative requirements (e.g., community asset transfer applications).

3.2 The leadership positions comprise the Provost, the Council Leader, eight Executive Councillors (portfolio holders in relation to council services) and chairs and vice-chairs of other committees. Senior councillor payments are agreed each year. The statutory annual report for 2020/21 on elected members' remuneration, allowances, expenses and training was reported to Council Executive on 18 May 2021.

4. Management structure

4.1 The council's services are managed through its Executive Management Team (Chief Executive, three Depute Chief Executives and the Head of Finance & Property Services). Those officers and seven Heads of Service form the Corporate Management Team. The Governance Manager attends Corporate Management Team meetings. Each service has a Senior Management Team and other service managers, team leaders and teams within its structure. A new Depute Chief Executive (Alison White) responsible for the Health & Social Care Partnership has been appointed with effect from 5 July 2021 after a successful cooperative appointment process amongst council, health board and the West Lothian Integration Joint Board. One vacant Head of Service post in Education Services has been filled by two senior managers on an interim basis. The post of Head of Housing, Customer & Building Services fell vacant after the end of the reporting year.

4.2 The service management structure at 31 March 2021 was as follows.

MANAGEMENT STRUCTURE CHART AS AT 31 MARCH 2021 TO BE INSERTED HERE

4.3 The council in February 2018 established a Corporate Transformation Team, made up of senior council officers seconded from across its service areas and managed by a Depute Chief Executive. The team's contribution and structure were reviewed and in 2019/20 it was embedded in the council's management arrangements, with permanent appointments made, to help take forward the ongoing transformation of council services and delivery of budget

reduction measures. It was diverted temporarily in March 2020 to new tasks as the Covid-19 Resilience Team. It has gradually resumed its original remit as the pandemic and lockdown restrictions eased in 2020 and 2021.

- 4.4 Internal cross-service working is enabled by a hierarchy of Executive Boards, Project Boards and Working Groups. They all have defined remits and roles, membership from across the council and appropriate reporting arrangements. They are added to on an ad hoc basis, as required (e.g., the Concurrent Risks Working Group looking at Brexit and COVID-19 risks and impacts, and the Remobilisation Working Group dealing with post-lockdown return of staff to council workplaces).

5. Decision-making and scrutiny arrangements

- 5.1 The council has a well-established framework of committees and working groups set out in its Scheme of Administration. Standing Orders for the Regulation of Meetings and the Scheme of Administration can only be changed at a meeting of full council. The committee structure is supported by a complementary Scheme of Delegations to Officers which sets out the responsibilities and decision-making powers delegated to officers. That too is part of Standing Orders and is updated every three months to reflect changes agreed by council and its committees.
- 5.2 There are two main policy and decision-making committees (Council Executive and Education Executive). Proposed policy changes are considered first at one of nine Policy Development & Scrutiny Panels (PDSPs). There are a number of regulatory and appeals committees. There is one local area committee for each ward to focus ward issues. Scrutiny is carried out through Audit Committee, Governance & Risk Committee, Performance Committee, Education (Quality Assurance) Committee, West Lothian Leisure Advisory Committee and the nine PDSPs. Full council meets every 8 weeks to deal with reserved matters and political debate and scrutiny.

COMMITTEE STRUCTURE CHART TO BE INSERTED HERE

- 5.3 The wide-ranging review of decision-making arrangements instructed by members in February 2018 has been further progressed through some changes to Standing Orders (e.g., to reflect the adoption of a special leave scheme for elected members and the updating and streamlining of procedures for petitions and deputations). A small number of less significant tasks remain and progress has been slowed by the pandemic. It is expected to be completed in 2021/22 with a view to having a settled set of arrangements to take the council into the new administrative term after the local government elections in May 2022. Those remaining matters are not significant and the existing arrangements are fit for purpose and serve the council well.

6. Local Code of Corporate Governance

- 6.1 The council's governance arrangements are monitored and reviewed and reported in accordance with statutory requirements and under a Framework and Guidance for Scotland called "Delivering Good Governance in Local Government", produced by CIPFA/SOLACE in 2016. The current Local Code of Corporate Governance was adopted in April 2018. Its operation is considered each year by officers and members through the process of reporting on corporate governance and is scheduled for a full review in the next administrative term.
- 6.2 The Code adopts the seven over-arching principles from the Framework:-
- 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 entity'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
 - Implementing good practices in transparency, reporting, and audit to deliver effective accountability
- 6.3 Each of those principles is broken down into sub-principles and then into a hierarchy of separate elements to allow a more focused approach to the evidence-based components of each. The diagram below shows the seven principles and their interaction, and a list for each of them of the most significant sources of evidence used to establish corporate governance compliance each year.
- 6.4 These sources of evidence and the product of scrutiny arrangements are used to assess compliance and performance over the year to determine whether the council exceeds, meets or fails to meet the required standards. Areas of concern are picked out, actions are identified and allocated, and progress is monitored through officer oversight and the Governance & Risk Committee.
- 6.5 The Code is used to inform the drafting and approval of the annual governance statement through the Governance & Risk Board, Corporate Management Team and Governance & Risk Committee. It is reported on in detail to Governance & Risk Committee when it approves the annual governance statement in June each year. It is thereafter reported to Council Executive after the summer recess each year as part of an omnibus annual report to members. Deficiencies are identified and reported and are translated into actions which are monitored throughout the following reporting year by Governance & Risk Board and Governance & Risk Committee.
- 6.6 Compliance in 2020/21 with the standards in the Code remains high. Impacts from the pandemic have been noted and assessed as the Code has been populated. Further information on COVID's impact on governance arrangements is in section 17 of this statement. Under a red/amber/green assessment system there are no "red" scores. There are 218 standards out of 258 assessed as "green", representing 81% of the total entries. Comparable figures from previous years for green scores under the same assessment process were 82%, 79%, 81% and 84%.

DIAGRAM OF GOVERNANCE PRINCIPLES TO BE INSERTED HERE

7. Annual internal audit opinion

- 7.1 A significant part of the council's governance arrangements is its system of internal control. It is designed and reviewed to identify risks to the achievement of the council's objectives; to evaluate the likelihood of those risks occurring; to consider the potential impact of the risks; and to manage them effectively. It includes financial regulations and a system of management supervision, delegation and accountability, supported by regular information, administrative procedures and segregation of duties. Its key elements include an 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.

- 7.2 As required under the Public Sector Internal Audit Standards (PSIAS), the Audit Risk & Counter Fraud Manager in his role as chief audit executive provides an annual opinion to members on the adequacy and effectiveness of the framework of governance, risk management and control. That opinion precedes and informs this statutory annual governance statement which in turn requires approval by the council through the Governance & Risk Committee and incorporation into the annual accounts and financial statements.
- 7.3 Following his review for 2020/21, reported to Governance & Risk Committee and Audit Committee in June 2021, his conclusion and assurance to members are that the framework of governance, risk management and control is sound. Based on internal audit investigations and reports throughout the year he identified only one area where control was considered to be unsound. This was in relation to the operation of the PVG Referral Assessment Panel and was reported to Audit Committee on 22 March 2021. He has identified other areas where improvements should be made and confirmed that recommendations will be followed up and reported when required. The conclusions and assurances from his reports were accepted by committee.

8. Annual Compliance Statements

- 8.1 The council's Monitoring Officer arranges the production of annual compliance statements which sit alongside the Code and also inform the drafting and approval of this annual governance statement. They deal with compliance with the law and with the council's most significant corporate policies and procedures. They are prepared after consultation with services and senior officers and consider oversight by external regulatory and inspection bodies. They are signed by the responsible senior officer. They are designed to bring to the attention of elected members any incidents of non-compliance which are significant to the council's operations and which are not reported elsewhere in a systematic way.
- 8.2 Instead of producing annual compliance statements, separate and stand-alone reporting is carried out annually on the Councillors' Code of Conduct, Freedom of Information and Data Protection, and on Covert Surveillance and Accessing Communications Data. From 2020/21 the annual report on the Councillors' Code of Conduct is reported to full council, to all members, rather than to a committee.
- 8.3 They cover the following areas of activity:-
- Best Value Framework - Head of Finance & Property Services
 - Procurement - Head of Corporate Services
 - Fraud and Corruption - Head of Finance & Property Services
 - Employee Whistleblowing - Head of Corporate Services
 - Discipline and Grievances - Head of Corporate Services
 - Occupational Health & Safety - Head of Corporate Services
 - Protection of Vulnerable Groups - Head of Corporate Services
 - Information Security - Head of Corporate Services
 - Public Sector Equality Duty - Head of Corporate Services
 - Breaches of the law - Monitoring Officer
- 8.4 The statements identify issues of concern and issues to be addressed going forward. They refer to adverse finding of internal audit investigations reported to Audit Committee (for example, the statements on Occupational Health & Safety; Protection of Vulnerable Groups). They identify any policies or procedures overdue for review (for example, Best Value Framework; Anti-Fraud & Corruption Policy). This year, they describe briefly any impact felt

by the pandemic on the operation of the policy or procedure and its governance (for example, Information Security; Discipline, Grievance, Bullying & Harassment).

- 8.5 The statement by the Monitoring Officer is particularly important since the Monitoring Officer is one for the four statutory officer posts. The postholder is charged with ensuring the council's compliance with its statutory duties and responsibilities and reporting on any breaches of the law which are significant to the operation of the council. Not all breaches are material to the council's operations or its finances.
- 8.6 The Monitoring Officer consulted with the Heads of Service, the Governance Manager, the Chief Solicitor and the Audit, Risk and Counter Fraud Manager. She identified a number of instances where improvements to the council's compliance with legislation were required. She highlighted the most significant of those and those are summarised as follows: -
- The statutory deadline was missed for the review of the Integration Scheme relating to the delegation of health and care functions to the West Lothian Integration Joint Board. The current Scheme continues to operate effectively and a review timetable will be reported to committee in August 2021
 - There was a breach of procurement regulations and Standing Orders by not opening the development and purchase of new build council houses at a site in Livingston to competition. The cause of the breach has been identified and measures have been put in place to prevent a recurrence. There was no loss sustained by the council
 - The Housing Need Service breached the Unsuitable Accommodation Order 2004, by using bed and breakfast and hotel accommodation on a number of occasions for more than 7 days until suitable temporary dispersed accommodation was provided. The cause was a shortage of temporary accommodation to meet the needs of larger families or those waiting to secure temporary accommodation in particular areas. Remedial measures have been designed and the West Lothian Rapid Rehousing Transition Plan 2019/20 to 2023/24 is being implemented
 - Procedures under the Community Empowerment (Scotland) Act 2015 for the establishment of a new register of common good property have not been followed. Information is provided in the council's annual accounts each year but there are separate and additional procedures to be implemented and those are being addressed, with the starting of those processes in June 2021
 - The Health & Safety Executive issued a contravention notice and improvement notices following their inspection of the cleaning and disinfection arrangements at five schools. Procedures were adjusted and no further actions were taken following their assessment
 - A report by the Mental Welfare Commission identified nationwide breaches in relation to transfers from care homes, one of which is a West Lothian case. Immediate actions have been taken to ensure that no such move in any circumstances can be made until legal powers are secured. A working group has been established and will develop an action plan which will cover the Commission's recommendations and training, processes and practice
- 8.7 Although they are of concern, none of those breaches was considered to present significant risk to the continuing operation and effective delivery of council services and control. The Monitoring Officer's opinion is that there have been no material or significant breaches of the law by the council in 2020/21 which have or will have a material or significant impact on the operations or finances of the council. She has certified that the council is complying in all material respects with its legal requirements.

9. Compliance with the CIPFA Financial Management Code (2019)

- 9.1 As part of its legal obligation to comply with accepted accounting standards and Code of Practice, the council requires to adopt the CIPFA Financial Management Code (2019). The year 2020/21 is in effect a shadow year with councils expected to move towards full compliance in 2021/22. The Code is designed to support good practice in financial management and assist in demonstrating financial sustainability. The council is expected to adopt processes and procedures to demonstrate adherence to six principles of good financial management and 17 underlying financial management standards.
- 9.2 CIPFA Guidance for the annual governance statement for 2020/21 advises including an assessment of the extent of current compliance and the identification of areas for improvement, accompanied by an action plan to secure full compliance in 2021/22. In doing so CIPFA's advice is to take a proportionate approach and to use existing reports and documentation.
- 9.3 The council adopted the Code in February 2021. Before adoption the Code was presented for consideration to Partnership & Resources PDSP, Audit Committee and Governance & Risk Committee, all of which have an interest in different aspects of the Code. The report by which its adoption was secured (Council Executive, 9 February 2021) was a lengthy and comprehensive exposition and explanation of the Code – its purpose, the principles and the management standards. It included a description of the available evidence of the council's present compliance, the extent of that compliance and the areas where improvement was indicated. It included a detailed list of actions with associated timescales, all designed to secure compliance in full for the reporting year 2021/22.
- 9.4 The information provided by the Chief Financial Officer to and accepted by committee indicates that the council is already compliant to a significant extent and is well-placed to secure full compliance on time. Completion of the actions identified has been included later in this statement as a governance issue for future monitoring (16.7).

10. Audit Committee

- 10.1 Audit Committee operates in compliance with the Public Sector Internal Audit Standards (PSIAS). It undertakes a corporate overview of the council's control environment, develops an anti-fraud culture to ensure the highest standards of probity and public accountability, and evaluates the arrangements in place for securing the economical, efficient and effective management of resources. It considers an annual review of the overall adequacy and effectiveness of the council's control framework. It monitors the independence and effectiveness of the Audit, Risk & Counter Fraud Unit. The organisational status and independence of internal audit is set out in the Internal Audit Charter. The Chair must be appointed from councillors who are not in the ruling administration political group. The majority of members are from outwith that group. The committee includes one non-councillor member recruited for a three-year tenure to bring a different perspective and expertise to the work of the committee.
- 10.2 The committee meets four times each year. It operates through an annual work plan approved by the committee. It carries out an annual self-assessment exercise to identify improvements in its operation that might be made. The outcome of internal audit and counter-fraud investigations judged to be significant are reported. Reports are presented and considered in public unless there is clear legal justification for excluding the public. They express an opinion as to whether control is effective, satisfactory, requires improvement or unsound. In accordance with an agreed protocol, significant findings from audit and inspection reports are entered into the council's risk management system as risk actions. Risk actions arising from

internal audit and other audit and inspection reports which remain outstanding after their target dates are reported to the Governance & Risk Board during the year and to the Audit Committee twice yearly. By the end of the reporting year one risk action was overdue, and one other risk action was subject to an external deadline which was extended due to the coronavirus pandemic, the rest having been reported to and accepted by committee to be complete. The interim and annual reports for both services summarised the work carried out and the findings, with those also being noted in the review of the system of internal control.

- 10.3 The committee also deals with reports from the council's external auditors. It receives the External Audit Annual Plan which informs the council of the work to be undertaken in the course of the year, the views of the external auditors on the work of Internal Audit and the extent of additional risk-based external scrutiny through the Local Area Network. The external auditor's annual report on the council's accounts and financial statements are referred to the Governance & Risk Committee and Audit Committee by council after it approves the audited accounts for signature in September each year. Any actions identified are noted and are followed up through periodic reporting to committee on progress or completion.
- 10.4 The committee also considers reports issued by the Accounts Commission and/or Audit Scotland in relation to the council or local government as a whole. It can consider those reports from the councillors' perspective and recommend any action which it considers should be taken in response.

11. Governance & Risk Committee

- 11.1 The committee takes a corporate overview of the council's corporate governance and risk management arrangements, develops a culture of good corporate governance and risk awareness, and reviews the council's strategy and systems for the management of risk. It considers regular reports from the Governance Manager and Audit, Risk & Counter Fraud Manager in relation to matters within its remit.
- 11.2 The committee meets at least four times each year. It operates through a work plan presented and updated at every meeting. The Chair of the committee must be drawn from members who are not in the ruling administration political group. The majority of members are from outwith that group. It carries out an annual self-assessment exercise to identify improvement that might be made in its operations. It receives reports from services on their risk management arrangements. It considers a report at every meeting on the council's high risks and on health and safety incident reporting and at every second meeting on strategic risks. It examines ad hoc risk and governance issues, such as cyber-security risks and Brexit. It considers risk reports from the council's external risk advisers. It is charged with approving the annual governance statement after considering the findings of the annual review of the system of internal control. It monitors progress against governance areas of concern.
- 11.3 In March 2020 its membership was formally expanded to include a non-councillor member to bring a different perspective to the work of the committee. An appointment to that position was made at the same time although induction and participation were delayed by the Covid-19 emergency until June 2020. The position fell vacant in March 2021 and steps are being taken to recruit to it again.

12. Other internal scrutiny arrangements

- 12.1 The council deals with the remainder of its scrutiny function by members in four other places – Policy Development & Scrutiny Panels (PDSPs), Performance Committee, Education (Quality Assurance) Committee and West Lothian Leisure Advisory Committee. Except for the last of those, the majority of members on each of these bodies is from outwith the ruling administration political group.

- 12.2 PDSPs are working groups of members and representatives from external community bodies. Their scrutiny role involves considering quarterly performance reports from the service areas included in their remit. Members and external representatives are able to question officers on service performance and failures and make recommendations to them about improvement actions. Members receive information on both service and financial performance measured against agreed indicators and outcomes.
- 12.3 Performance Committee is established to consider the performance of service units against the council's performance appraisal system, the West Lothian Assessment Model (WLAM). Its Chair is an Independent councillor. It receives written reports presented at public committee meetings by senior service managers and can question them and make recommendations to them about improvement actions. The committee also scrutinises quarterly and annual reports on the council's complaints handling policy and performance. It oversees the Citizen Led Inspection Programme. It considers the results of the local authority benchmarking review carried out annually in conjunction with the Improvement Service.
- 12.4 The Education (Quality Assurance) Committee carries out a scrutiny role solely in relation to internal and external schools assessment and inspection reports. Its Chair is an Independent councillor. The committee includes non-councillor members appointed by the council in relation to its education function. Representatives from the relevant school's Parent Council are invited to attend and take part in the committee's meetings. It provides a dedicated and specialised forum for scrutiny of performance and inspection results for schools and educational establishments.
- 12.5 Leisure and culture services are delivered through an arms' length external organisation called West Lothian Leisure Ltd. The council is its sole shareholder. Taking into account best practice, there is a dedicated advisory committee called the West Lothian Leisure Advisory Committee, attended by senior officers of West Lothian Leisure, where scrutiny of service and financial performance is carried out.

13. Significant officer roles

- 13.1 The council is required to operate a professional and objective internal audit service. The Audit, Risk and Counter Fraud Unit includes internal audit, 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). The organisational status and independence of internal audit required by PSIAS is also set out in the Internal Audit Charter. An annual audit work plan is prepared based on an assessment of risk and is approved by the Audit Committee. Internal audit reports are issued to the committee in relation to the outcome of significant proactive and reactive reports. Reports are issued in the name of the Audit, Risk and Counter Fraud Manager. Also as required by PSIAS, Financial Regulations state that the internal audit function is free from interference in determining the scope of internal auditing, performing work, and communicating results, and that the Audit, Risk and Counter Fraud Manager has the right of direct access to the Chair of the Audit Committee and to the Chief Executive. An interim report is brought to committee during each year to advise of progress towards completion of the annual plan. An Internal Audit and Counter Fraud Strategy 2018/19 to 2022/23 was approved in June 2018 as one of the corporate strategies supporting delivery of the Corporate Plan. An annual report on progress against agreed outcomes is made to Audit Committee each year.
- 13.2 Legislation requires the council to appoint a Chief Financial Officer. That role is to be performed conform to the governance requirements of the CIPFA Statement on the Role of the Chief Financial Officer in Local Government (2016) and in the CIPFA Financial

Management Code (2019). It sets out the requirement for the Chief Financial Officer to be professionally qualified and sets out the criteria for qualification. The council's Head of Finance & Property Services is the council's Chief Financial Officer. He operates in accordance with the council's Financial Regulations and Treasury Management Plan, and reports regularly to members on revenue and capital budgetary performance and compliance. The role is undertaken in accordance with the relevant statutory rules, guidance and standards. From 2021/22, compliance with the CIPFA Financial Management Code will also apply. Treasury Management reports and capital asset management strategy reports are made to full council twice each year.

- 13.3 Risk Management is overseen by the Audit, Risk & Counter Fraud Manager. It is embedded at Executive and Corporate Management Team level as well as in service management teams across the council. Management teams monitor, assess and mitigate service risk as a matter of routine at their meetings. A Risk Management Strategy 2018/19 to 2022/23 was approved in June 2018 as one of the corporate strategies supporting delivery of the Corporate Plan. A revised Risk Management Policy was approved in October 2021, after some delay due to COVID. An annual report on progress against agreed outcomes is made to Governance & Risk Committee each year.
- 13.4 The council's counter fraud activities are managed within the Audit, Risk & Counter Fraud Unit. The service is operated in accordance with the CIPFA Code of Practice on Managing the Risk of Fraud and Corruption (2014). The unit manages the council's whistleblowing hotline. It also administers the council's participation in the National Fraud Initiative. An Internal Audit and Counter Fraud Strategy 2018/19 to 2022/23 was approved in June 2018 as one of the corporate strategies supporting delivery of the Corporate Plan. An annual report on progress against agreed outcomes is made to Audit Committee each year. The review and approval of a revised Anti-Fraud & Corruption Policy was postponed due to the diversion of resources to pandemic-related work, and will now be reported on 22 June 2021. The annual report confirms counter fraud work continued nevertheless and that the work plan was completed.
- 13.5 Governance and risk management are supervised on the officer side of the council by the Governance & Risk Board. It is chaired by a Depute Chief Executive and its members include the Monitoring Officer, the Audit Risk & Counter Fraud Manager, the Governance Manager, the Chief Solicitor and senior managers from across the council's service areas. It receives reports from officer working groups on risk and corporate governance, and monitors corporate and high risks. Its recommendations are referred to the Corporate Management Team or committee as appropriate. In 2019/20 it assumed oversight of the Information Management Working Group after the introduction of the new Information Governance Policy. It considers the annual report on corporate governance and the compliance statements before they are presented to committee. It provides an effective control and conduit for risk and governance issues and matters of concern.
- 13.6 In addition to performance reporting to members, management teams routinely monitor their performance through Pentana, utilising the high-level performance indicators and service standards which are reported publicly as well as lower level management performance indicators. Services are divided into WLAM units which report on an agreed cycle to a panel chaired by the Chief Executive. It considers the evidence presented and allocates a score. The service unit then proceeds to report to the Performance Committee.
- 13.7 As required by statute, the council has appointed a Chief Social Work Officer who has statutory professional responsibility for the oversight of specified social work functions. The Scheme of Delegations states that in relation to those statutory functions the Chief Social Work Officer's decisions are not subject to change by more senior officers, but are, subject to council or committee decisions, final and binding on the council. An annual report is made to members

and to the Scottish Government. Since 2019/20 that report has been made to full council rather than to a committee.

14. External scrutiny

- 14.1 The external auditors' annual report was not delayed by COVID and was considered at council in September 2020. It was referred on to Audit Committee (on the accounting and financial aspects) and Governance & Risk Committee (on its wider-scope audit work) for further scrutiny. The auditors' report made no specific recommendations identified through the course of their work requiring inclusion in their action plan. The report highlighted a concern in relation to financial sustainability based on a national assessment of risk to all councils and the effects of COVID. The report concluded that the council continued to demonstrate good practice in forward financial planning and continued to demonstrate good financial control of the in-year budget, including understanding the impact of Covid19 in early 2020/21.
- 14.2 The key features of good governance were found to be in place and operating effectively. The council was found to have responded quickly to ensure that governance arrangements were appropriate and operating effectively during the lockdown period caused by the global pandemic. The report stated that the council had arrangements in place to appropriately scrutinise activities and that councillors continued to have access to sufficient information as a result of the implementation of virtual meetings, and regular briefings to all members. The council was reported to have a culture of improvement and a commitment to self-assessment of its performance to ensure that services remain focussed on improvement. Council services continued to perform well compared to other councils.
- 14.3 In partnership with other scrutiny bodies the auditors participate in the Local Area Network to identify any risks requiring external scrutiny and agree the council's local scrutiny plan (LSP). The LAN determined that no separate scrutiny plan was necessary since the 2019/20 plan published in September 2019. In March 2020 the auditors advised Audit Committee that the LAN is content that no additional scrutiny requirements are necessary in 2021/22.

15. Past and current governance issues

- 15.1 Issues of concern identified in previous years were aggregated and reported to Governance & Risk Committee in June 2020 and January 2021 for monitoring and scrutiny. Twelve such issues were listed in June 2020, reducing to 7 in January 2021 and, in June 2021, only 1 remained. The four failures in legal compliance in the Monitoring Officer's compliance statement have been or are being addressed to her satisfaction. The one matter outstanding is reviewing the council's relationship with West Lothian Leisure (its leisure services ALEO). This is a requirement of the council's Standing Orders, brought more into focus by West Lothian Leisure's financial position due to COVID closures and fee income reductions. The work was delayed due to COVID, with priority given to the financial pressures caused by lockdown restrictions. There have been regular and frequent reports to West Lothian Leisure Advisory Committee, Council Executive and Governance & Risk Committee to ensure members are aware of the risks and to enable decisions to be taken to help mitigate those risks. The remit and timetable for the review is was discussed at a meeting between council and West Lothian Leisure in May 2021 and a timetable for the review is being prepared.
- 15.2 Annual reports on progress and performance against the Internal Audit and Counter Fraud Strategy and Risk Management Strategy were delayed by the suspension of committee meetings due to COVID but were made in January 2021 to Audit Committee and Governance & Risk Committee respectively. The review and approval of a revised Anti-Fraud & Corruption Policy was postponed due to the diversion of resources to pandemic-related work and will be completed in June 2021. The annual report confirms counter fraud work continued nevertheless and that the work plan was completed.

- 15.3 Audit Committee considered internal audit and counter fraud reports throughout the year. In several of them, controls were found to require improvement and actions were agreed. The interim and annual reports for both services summarised the work carried out and the findings, with those also being noted in the review of the system of internal control. Control was found to be unsound in only one area, the Referral Assessment Panel for Protection of Vulnerable Groups. The issues were addressed through the agreement of actions at Audit Committee in March 2021 and the approval of a revised policy and procedure at Council Executive in February 2021. Committee returned to two issues which had caused significant concern in 2019/20, the management of pupils with healthcare needs and the procedures for dealing with information security breaches. Committee was satisfied that outstanding issues had been fully addressed.
- 15.4 Governance & Risk Committee continued its scrutiny of risk arrangements through standing reports on high risks, health and safety risks and strategic risks. It returned to the reporting, as standing items, of the concurrent risks of EU withdrawal and the pandemic. It received reports about property compliance, insurance risks and claims, workforce occupational stress, workforce management and information management. It approved the annual governance statement, at the same time reviewing the standards and evidence in the Local Code of Corporate Governance and progress on governance issues. The committee noted the external auditors' opinion that the key features of good governance at the council are in place and operating effectively; the council responded quickly to ensure that governance arrangements were appropriate and operating effectively during the lockdown period caused by the global pandemic; the council has arrangements in place to appropriately scrutinise activities across its Group, in particular where financial support is being provided to entities in financial difficulty (West Lothian Leisure).
- 15.5 The membership of Governance & Risk Committee had been expanded to allow for a non-councillor appointment and an appointment was made in March 2020. The member resigned in March 2021 and arrangements are in hand to try to recruit a replacement.
- 15.6 A variety of changes was made to Standing Orders and the Scheme of Administration as a result of the ongoing review of decision-making arrangements, most notably the procedures for dealing with petitions and deputation requests from members of the public, recording and webcasting meetings of council, committee and PDSPs, and to facilitate the adoption of a scheme for family leave for elected members.
- 15.7 Standing Orders for Contracts were reviewed through an officer working group and a new version with significant changes and improvements was approved.
- 15.8 After a period of suspension of council and committee meetings due to COVID they resumed in May 2020 by remote access. Meetings of PDSPs started in October and a full calendar of meetings took place thereafter, still by remote access. Those arrangements are to continue until 30 September 2021. Arrangements for physical or hybrid meetings are being investigated and members will be asked to decide on arrangements before the end of September.

16. Governance issues ahead

- 16.1 Issues of concern from this and previous annual governance statements will be carried forward and reported to committee when it approves this statement and later as part of the annual report to Council Executive on corporate governance. Progress will continue to be reported on an interim and annual basis to Governance & Risk Committee. The outstanding review of the council's relationship with West Lothian Leisure (its leisure ALEO) is the most significant, since it is required by Standing Orders and such a periodic review is indicated as best practice. The

postponed review of the Best Value Framework will be completed in 2021/22 as will the updating and approval of a revised Anti-Fraud & Corruption Policy.

- 16.2 Significant concerns arising from the annual compliance statements, in particular breaches of the law identified by the Monitoring Officer, will be pursued and remedial action taken (8.4-8.7).
- 16.3 The ongoing review of the council's decision-making arrangements should be concluded and reported before the end of this reporting year, although there are few issues remaining to be addressed.
- 16.4 Procedures will have to be developed to ensure compliance in decision-making with the United Nations Convention on the Rights of the Child, incorporated into Scots law in 2021.
- 16.5 There are likely to be consequences for the council flowing from the long-running Scottish Government/COSLA Review of Local Governance. The details remain to be established when the incoming Scottish Government sets its legislative programme but the pre-election indication was for devolution of decision-making and control in some service areas to a tier sitting below local authorities.
- 16.6 The further development and the implementation of community empowerment measures will be significant (especially Community Choices), although the development and success of the programme will be monitored through Council Executive going forward.
- 16.7 Full implementation of the CIPFA Financial Management Code (2019) will be required following its adoption in February 2021 with the actions identified upon its adoption to be completed as undertaken (9.4).
- 16.8 Actions arising from internal and external audit reports will continue to be monitored through Audit Committee and follow-up reports on previous areas of concern will be made as instructed.
- 16.9 A schedule of significant corporate policies, procedures and controls has been prepared to ensure their review before the end of the administrative term in May 2022. That was reported to Governance & Risk Committee in January and June 2021. Some have been dealt with already in the course of the last four years and the remaining ones will be addressed over the next 9 months.
- 16.10 The Officer Working Group on members' training and support will continue to meet. Its work will be extended this year to prepare for elected member induction after the local government elections in May 2022.
- 16.11 It is likely that there will be further changes to the delivery of health and social care services for adults following the Feeley Report in January 2021. Implementation will depend on the incoming Scottish administration but it is possible that there will be a significant transfer of function, funding and control from councils and health boards to integration joint boards.
- 16.12 The conduct of meetings through some hybrid arrangement, or even the resumption of fully physical meetings, will present administrative and governance challenges.
- 16.13 The updated statutory regime of counter-terrorism duties will require elected member training, new procedures and a new method of ensuring and reporting compliance. Monitoring will be carried out by Governance & Risk Committee and a new corporate risk was added in 2020/21. The management of that risk will be reported to Governance & Risk Committee on 14 June 2021.

- 16.14 A revised and much-changed version of the Councillors' Code of Conduct is expected to be approved in late 2021. Extensive work will be required to reflect the changes, by briefing and training elected members and modifying council policies, procedures and protocols accordingly.

17. COVID-19

- 17.1 The annual governance statement and Management Commentary for 2019/20 included information about the impact of COVID on governance arrangements although most of the effects were felt after the end of the reporting year. The effects of the pandemic continued throughout this reporting year, although the governance framework has proved to be robust and capable of adaptation to the extreme circumstances rather than requiring significant amendment in response.
- 17.2 Council, committee and PDSP meetings were suspended with effect from 25 March 2020 when the first lockdown restrictions were imposed. The suspension was initially to run until 31 July 2020 with officers in the meantime to seek a software platform to allow meetings to take place by remote access. That was achieved earlier than expected and remote access meetings commenced on 26 May 2020. A restricted calendar of meetings was put in place until 31 July, and then until 31 October 2021, designed to find a balance amongst the need to deal with significant business through elected members (e.g., financial risks and pressures and the annual accounts procedures), the continuing and fluctuating dangers of transmission and infection, and the competing call on officer and other resources to tackle the pandemic. The return to normal frequency and regularity of meetings was achieved from November 2020. In March 2021 a full calendar of meetings was approved, covering the period till July 2022. It has been agreed that meetings will continue by remote access until 30 September 2021 but officers have been instructed to explore options for the resumption of physical meetings, and meetings held in a hybrid manner.
- 17.3 During the suspension of meetings, decisions were taken under existing emergency delegated powers vested in the Chief Executive. No amendments were required to Standing Orders, including the Scheme of Delegations to Officers, to enable those decisions to be made. A detailed log of those decisions was kept. Members were informed of decisions made and actions taken by way of daily email briefings and copies of supporting reports were made available to them. The use of these powers was then reported to committee at the earliest opportunity, on 26 May 2020 for non-education business and on 23 June 2020 for education business. Committee members have been kept informed throughout of decisions made in the name of committees. As meetings resumed the need to use these delegated powers diminished substantially, although it did not disappear completely. Even as late as January and February 2021 urgent decisions had to be made about providing free school meals even though the regularity and frequency of meetings had returned to normal. Overall, existing arrangements were able to be used and practices adapted to meet the demands of the pandemic without requiring urgent changes to Standing Orders.
- 17.4 Emergency coronavirus legislation allowed councils to choose to postpone compliance with statutory duties to publish annual and other reports concerning council functions and services. After careful consideration that power was not exercised. All statutory reporting due to take place during the emergency period was and will be carried out to normal timescales. That includes the preparation and approval of the annual accounts and financial statements. Those were completed in accordance with the statutory timescales in both 2019/20 and 2020/21 despite regulations being passed allowing some slippage for this reporting year.
- 17.5 The same legislation allowed the temporary suspension of statutory duties to make hard copies of certain documents available for physical inspection and copying. That power was exercised in relation to eleven such duties where those documents could be readily available

by electronic means. The use of that power was reviewed and extended in September 2020 and February 2021 and is due to end on 30 September 2021.

- 17.6 Working from home arrangements continued throughout the reporting year. Remote meeting platforms were used extensively, latterly MS teams and WebEx. A Remobilisation Working Group chaired by the Head of Finance & Property Services was established and will report to members in autumn 2021. A return to the workplace was implemented for senior managers in April 2021 with a view to a phased return of other officers depending on service needs and health guidance.
- 17.7 Starting immediately after the resumption of council and committee meetings in May 2020, reporting on the financial consequences of the pandemic has taken place on a regular basis. The normal pattern of quarterly budget-monitoring reports to Council Executive continued despite the pandemic, with added information in relation to COVID funding, spending and pressures. Additional ad hoc reports were made to committee when required, for example, in relation to the local government financial settlement. The reports to council when council tax was set and budgets approved included additional information and provision relating to the pandemic. Horizon-scanning reports to PDSP have provided more generalised reviews and forecasts of impacts.
- 17.8 In June 2020 it was agreed that there would be quarterly reports to committee concerning the joint oversight arrangements amongst council health board and integration joint board in relation to care homes and COVID. Those reports have continued, providing elected members with an accurate picture of the impact on care homes and the actions taken under emergency coronavirus legislation and guidance.
- 17.9 Audit Committee and Governance & Risk Committee each considered Audit Scotland's report "Covid-19: Guide for Audit & Risk Committees" in late 2020. Audit Committee also received a briefing on Audit Scotland's "Covid-19 Implications for Public Finances in Scotland".
- 17.10 More general plans for recovery and renewal of council services have been brought to committee in August 2020 and June 2021. In June 2020 Governance & Risk Committee considered an initial report on the risks and governance aspects of the emergency. That reporting continued throughout the reporting year to that committee in concurrent risk reports, dealing with the pandemic and EU withdrawal together. A corporate risk specific to COVID was added to the risk register.
- 17.11 The provision of education during the reporting year was a significant challenge, dealing with learning from home, service provision to key worker and vulnerable children, provision of free school meals, SQA examination changes, social distancing within schools and the complications of frequent Education Continuity Directions and frequently-changing guidance. Every meeting of Education Executive from and including June 2020 to date has considered a lengthy and detailed report on education recovery.
- 17.12 The priorities in the Corporate Plan remain in place, delivery on the supporting corporate strategies continues and progress reports to committee have resumed. The well-established approach to long-term financial planning has continued as well. Delivery of budget-saving measures has been largely maintained with slippage and changes reported to and agreed by council in February 2021.
- 17.13 The Corporate Business Continuity Plan was reviewed to draw on experience from COVID and will be presented to committee after the summer of 2021.
- 17.14 Consideration has been given to the extent of the information available about the impact of the pandemic on the council's governance arrangements with a view to determining if assurances should be qualified. The following sources have been taken into account:-
 - The commentary and assessments in the Local Code of Corporate Governance include information about the impact of COVID on normal arrangements

- The annual compliance statements produced through the Monitoring Officer which include information about significant COVID impacts
- The review of the system of internal control and the Audit Risk & Counter Fraud Manager's annual opinion on the framework of governance, risk management and control, in which there was no qualification or limitation of scope due to COVID
- The schedule of completed and ongoing governance issues that accompanied this statement when it was presented for approval
- The Chief Finance Officer's Management Commentary in the annual accounts for 2019/20 and 2020/21, both including additional COVID information as called for by CIPFA guidance
- The work of the Governance & Risk Committee and Audit Committee throughout, supported by the related work of the Governance & Risk Board at officer level. Delays attributable to COVID in completing risk actions timeously were noted in risk reports
- The Internal Audit Annual Report, the Risk Management Annual Report and the Counter Fraud Annual Report, all of which were progressed to the satisfaction of committee with the impacts of the pandemic being reported where relevant
- The views of the external auditors set out in their annual audit report on the 2019/20 accounts and their annual plan for 2021/22
- The financial reporting carried out by the Chief Financial Officer

17.15 In reliance on all those sources it is judged that sufficient information has been available to inform this statement. Delays in relation to corporate programmes and policies have been identified in this statement, in the annual compliance statements, and in the Local Code of Corporate Governance. It has not been considered that the assurances given in relation to corporate governance for 2020/21 require to be qualified or restricted as a result of Covid-19.

18. Conclusion and assurance

There are inevitably issues on which future work is required and the full and longer-term impact of the Covid-19 pandemic has not yet been established. However, based on the sources listed above, the council and the West Lothian community can be assured that the council's corporate governance standards have been substantially met in 2020/21.

APPENDIX 2

Compliance Statements

1	Occupational Health and Safety Policy	Head of Corporate Services
2	Information Security Guidance	Head of Corporate Services
3	Compliance with European Procurement Rules and Standing Orders for Regulation of Contracts and Corporate Procurement Procedures	Head of Corporate Services
4	Disciplinary Procedure and Code/Procedure for Hearing Employee Grievances/Policy and Procedure for Dealing with Complaints of Bullying and Harassment	Head of Corporate Services
5	Protecting Vulnerable Groups	Head of Corporate Services
6	Public Sector Equality Duty	Head of Corporate Services
7	Disclosure of Information by Employees (Whistleblowing Policy & Procedure) and Code of Conduct for Employees	Head of Corporate Services
8	Breaches of the Law	Monitoring Officer
9	Anti Fraud and Corruption Policy	Head of Finance & Property Services
10	Best Value Framework	Head of Finance & Property Services

Local Code of Corporate Governance - Annual Statement of Compliance 2020/2021

Name of Policy or Procedure: Occupational Health and Safety Policy

Responsible Officer: Julie Whitelaw – Head of Corporate Services

Stated Requirement in Code: Annual Statement of Compliance

Report required by: Governance and Risk Committee June 2021

Review Date June 2022

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

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

To provide practical assistance in the interpretation of legislation and implementation of the policy, an accompanying suite of guidance documents continues to be revised and developed. These are topic related guidance documents and address the identified hazards associated with the working practices of West Lothian Council. Services supplement these with procedural documents to reflect work activities and practices carried out within services.

Monthly Health and Safety update reports are provided to the Corporate Management Team to inform them of safety issues/ concerns that have or could affect the working arrangements and services of West Lothian Council.

Incident data is included in the information provided to the Corporate Management Team including reportable incidents, incidents of note, near misses and incidents of violence and aggression that have occurred within the previous month. Information is also provided on recording incidents and completion of investigations in line with timescales stipulated in Corporate Procedures.

Similar reports are also presented to the HR Programme Board, Governance and Risk Board and Governance and Risk Committee.

Health and Safety advisers provide monthly reports to each service management team highlighting service relevant issues and attend service management meetings on a minimum of a quarterly basis. The data analysis within these reports is also accompanied by recommendations for actions.

The Corporate Health and Safety Committee and service Health and Safety Committees meet on a quarterly basis to actively promote and support employee engagement on arrangements and matters pertaining to safety, health and welfare. Employee involvement and commitment is recognised as a key factor in the successful implementation of the Council's safety management system.

Services have continued to use the online safety management system in relation to incidents, risk assessments, audits and incident investigations. This integrated software solution promotes consistency in the management and control of health and safety information and assists services in demonstrating due diligence. The recording of required information is monitored by the Health and Safety team to gauge compliance with the Corporate Health and Safety Policy and associated procedures.

Services have identified and implemented appropriate measures that take account of sector specific guidance for the control of COVID-19 within the workplace. Risk assessments have been completed to ensure that appropriate action is taken to ensure compliance with relevant guidance and they have been revised as frequently as required. As regulatory changes have been introduced and new or updated guidance published services have taken cognisance of these and adjusted practises accordingly. Consultation has taken place with relevant Trade Unions in relation to measures taken.

Within the review period Health and Safety have carried out targeted safety audits. The focus in 2020-21 was:

- Schools – COVID-19 Measures

The findings and resulting action plans were agreed and subsequently provided to the service audited. Copies of associated action plans are provided to the Head of Service. Audit actions identified as significant risks are created in Pentana and the Health and Safety team monitor progress by services against the audit action plans and identified risk actions.

Following the inspection of five schools in September 2020 the HSE issued a formal notice of contravention and improvement notices to the council for two of the five schools in relation to the cleaning and disinfection regimes in place. Cleaning procedures in place had changed in line with Scottish government guidance during the first two visits and the subsequent three visits a few weeks later. As a result of the procedural changes a cleaning protocol clarifying measures in all council properties was agreed and implemented. To support and assist schools with the ongoing requirement to manage COVID secure measures in schools and in line with guidance from the Scottish Government, Health and Safety carried out additional audits in January 2021 which clarified satisfactory measures had been implemented. No further action was taken by the HSE following their assessment of measures in place.

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

During the course of the year there have been 30 reports made to the Health and Safety Executive (HSE) as per the requirements of the Reporting of Incidents, Diseases and Dangerous Occurrences Regulations (RIDDOR) as shown in Table 1 below.

Table 1 – RIDDOR reportable incidents and formal enforcement action

Service	RIDDOR reportable Incidents to the HSE 2020/21	HSE Notices/ Notification of Contravention / Fee for Intervention / Improvement Notice/ Fines
Chief Executives Office	0	-
Social Policy	7	-
Corporate	0	-
HCBS	2	-
Operational Services	11	-
Education Services	10	2
Finance & Property Services	0	-
PEDR	0	-
Total	30	-

Conclusions Drawn from Report

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

Matters for Forward Periods

The Council will remain committed to further developing and embedding strong safety management practices throughout the organisation. Services should ensure there are clearly defined aims for health and safety outlined within their service health and safety action plans with defined actions and completion requirements. Appropriate planning will allow services to meet organisational objectives and ensure that individual service needs are identified, resources allocated and issues addressed.

Certificate by Head of Corporate Services

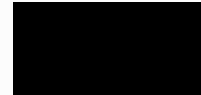
In order to complete this statement of compliance I have consulted with Heads of Service and received written confirmation of their service compliance with policies and procedures relating to health and safety.

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

Signature



Date



Local Code of Corporate Governance - Annual Statement of Compliance 2020/21

Name of Policy or Procedure: Information Security Guidance

Responsible Officer: Julie Whitelaw – Head of Corporate Services

Stated Requirement in Code: Annual Statement of Compliance

Report required by: Governance and Risk Committee June 2021 Meeting
Next report due June 2022

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

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

During the 2020/21 financial year the following volumes of security incidents were recorded:

Category	2020-21	
	Number	Number
Account Management / Configuration	4	1.34%
Cyber Incident Investigation	133	44.48%
Phishing Email / Virus / SPAM	123	41.14%
Information Handling	39	13.04%
Information Loss	0	0.00%
Lost Equipment	0	0.00%
Stolen Equipment	0	0.00%
Totals	299	100%

Lost equipment, account management and configuration, and SPAM, Phishing or Malicious emails all saw continued drops in numbers compared to the previous year. Account management continues to benefit from a closer working relationship with HR Services and increased automation in the account provisioning process. Account management processes continue to be simplified as a result of the Active Directory Federation / Single Sign On (ADFS / SSO) authentication.

The reduction in the number of incidents categorised as SPAM/Phishing emails reflects the councils continued application of new controls and processes advised by the National Cyber Security Centre (NCSC). These standards and configuration mean that more malicious and unwanted email is prevented from entering the council's systems demonstrated by the further significant fall in reported incidents.

A continued increase in the number of Cyber Incident investigations can

be attributed to the councils online e-learning modules for cyber security and improved awareness amongst staff of the risks associated with cyber incidents leading to more requests for investigation work.

As a result of the move to home working for the majority of office based staff during the Covid19 pandemic there were insufficient devices connected to the council network within council offices to enable appropriate PSN and Cyber Essentials assessment to take place, as well as diversion of resources to assist with enabling services for council staff working remotely to be able to continue accessing essential council systems. The situation is reflective of the position for local authorities across the country. In recognition of the unprecedented situation, the current PSN compliance certificate remains in force and access to the PSN has continued.

IT services continue to maintain the contract for the secure destruction of all old IT equipment.

Conclusions Drawn from Report

The council's existing guidance and procedures in respect of Information Security are operating effectively. Adoption of emerging national standards and co-operation across the wider public sector proves beneficial in mitigating risks associated with cyber.

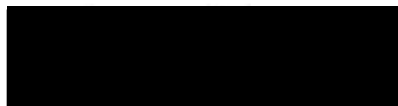
Matters for Forward Periods

The guidance and supporting procedures will continue to be reviewed and publicised as part of the normal operation and development of the guidance.

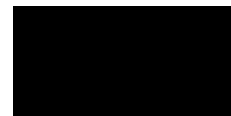
Certificate by Head of Support Services

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

Signature




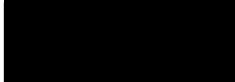
Date



Local Code of Corporate Governance Annual Statement of Compliance 2020/21

Name of Policy or Procedure:	Compliance with European Procurement Rules and Standing Orders for Regulation of Contracts and Corporate Procurement Procedures		
Responsible Officer:	Julie Whitelaw - Head of Corporate Services		
Stated Requirement in Code:	Annual Statement of Compliance		
Report required by:	Governance and Risk Committee	June 2021 Meeting	
		Next report due June 2022	
Report by Head of Corporate Services on Statements of Compliance with arrangements	<p>In order to secure compliance for procurement activity, the council standing orders for contracts, which contain the procurement procedures, have been implemented across the council. These procedures provide guidance on how to procure and purchase goods, services and works while remaining compliant with European and Scottish Procurement Regulations (the Regulations).</p> <p>A Corporate Contract Management System (CCMS) records and monitors all contract activity across the council. Details of contract start and end dates, spend values, supplier details and risks are examples of the information recorded and published for all spend greater than £5,000.</p> <p>In February 2021, enquiries were made of all Heads of Services and the Corporate Procurement Manager to obtain a demonstration of compliance with EU procurement rules and with the Council's Standing Orders for supplies and services.</p> <p>Regulatory compliance remained robust throughout 2020/21, with only a small number of instances wherein Standing Orders and the Regulations were infringed. Although some issues were identified in relation to the use of Quick Quotes and retrospective orders it is not considered that these amounted to material breaches. In all cases, the reasons for non-compliance were fully investigated, and remedial training (where required) was delivered to the appropriate Service Manager(s). Regular reports were presented to the Procurement Board during 2020/21 providing the detail of any non-compliance in relation to Quick Quotes and retrospective orders.</p> <p>During 2020/21 there was compliance with the large majority of contracts throughout the Council. However, the following breach was found to have occurred:-</p> <p>There was a breach of the Procurement (Scotland) Regulations 2016 and the Council's Standing Orders in relation to the Council's contractual arrangements for the development and purchase of a new build council houses at a site in Livingston, at a value of £2,492,000 without opening this up to competition. The site is in the ownership of the developer and there was a requirement for them to transfer it to the Council. This was a single instance of non-compliance, the cause of the breach has been identified and measures have been put in place to prevent a recurrence.</p>		

DATA LABEL: OFFICIAL INTERNAL

	<p>Whilst the COVID19 pandemic has not had any material impact on contracting during 2020/21, the council has made use of the provisions made available to the public sector by Scottish Government through the Scottish Procurement Policy Notes (SPPN) to provide supplier relief and vary contracts to ensure service continuity during the COVID 19 pandemic. The details of the relief granted in 2020/21 will be reported in the annual procurement report 2020/21.</p> <p>In October 2020, Council Executive approved revised Standing Orders for the Regulation of Contracts (Contract Standing Orders). The revised Contract Standing orders incorporate minor changes to accommodate the EU withdrawal, clarification of works thresholds, integrate health and social care procurement and to clarify and strengthen the Responsible Officer role in respect of Health and Social Care Partnership Contract Advisory Group around exemptions to tender and ensure an escalation process to Council Executive, where applicable. The revised Standing Orders have been reviewed post EU withdrawal and are considered to still be fit for purpose.</p> <p>A Corporate Contract and Supplier Management Framework has also been developed during 2020/21, to provide a consistent approach to managing and monitoring suppliers that supports all service areas to meet the priorities outlined in West Lothian Council's Corporate Plan.</p>	
Conclusions Drawn from Report	<p>Regulatory compliance remained robust in 2020/21 with only a small number of instances where Standing Orders and the Regulations were infringed. In all cases, the reasons for non-compliance were fully investigated and remedial training (where required) was provided to the appropriate officers.</p> <p>Whilst the failure to comply with procurement regulations was a high value transaction, this was a single instance of non-compliance, the cause of the breach has been identified and measures have been put in place to prevent a recurrence.</p>	
Matters for Forward Periods	<p>Implementation of the Corporate Contract and Supplier Management Framework. The Procurement Board will continue to receive regular updates on any non compliance.</p>	
Certificate by Head of Corporate Services	<p>I certify that, upon enquiry, during the financial year under review, apart from the issues identified in this statement, the Council's officers have complied with EU procurement rules and the Council's Standing Orders for the Regulation of Contracts, and Corporate Procurement Procedures.</p>	
Signature		Date 

Local Code of Corporate Governance Annual Statement of Compliance 2020/21

Name of Policy or Procedure:	1. Disciplinary Procedure and Code																																									
	2. Procedure for Hearing Employee Grievances																																									
	3. Policy and Procedure for Dealing With Complaints of Bullying & Harassment																																									
Responsible Officer:	Julie Whitelaw– Head of Corporate Services																																									
Stated Requirement In Code:	Annual Statement of Compliance																																									
Report required by:	Governance and Risk Committee	June 2021 Meeting																																								
		Next report due June 2022																																								
Report by Head of Corporate Services on Statements of Compliance with arrangements	Overview																																									
	The HR Policy & Advice team is required to keep the council's employment policies under continuous review and to undertake a review of each policy at least once every 5 years to ensure that it continues to be 'fit for purpose'. Specific reviews are also undertaken in response to changing service requirements, developments in legislation and as part of the council's Integrated Impact Assessment (IIA) process.																																									
	This compliance statement provides details of how the council's Disciplinary, Grievance and Bullying & Harassment processes have operated during 2020/21 together with measures for improving their effectiveness.																																									
	Analysis of Cases																																									
	During the financial year 2020/21, 41 cases were dealt with under the council's Disciplinary Procedures and 4 formal cases under the Procedure for Dealing with Employee Grievances. There were no formal bullying and harassment cases submitted during the 2020/21 period, although a number of ongoing cases from 2019/20 were brought to a conclusion.																																									
	<table><tr><th rowspan="2">Service Area</th><th colspan="3">Number of Cases</th></tr><tr><th>Discipline</th><th>Grievance</th><th>Bullying & Harassment</th></tr><tr><td>Corporate Services</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Education Services</td><td>12</td><td>0</td><td>0</td></tr><tr><td>Finance & Property</td><td>1</td><td>1</td><td>0</td></tr><tr><td>Housing, Customer & Building Services</td><td>8</td><td>0</td><td>0</td></tr><tr><td>Operational Services</td><td>15</td><td>1</td><td>0</td></tr><tr><td>Planning, Economic Dev. & Regeneration</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Social Policy (CHCP)</td><td>5</td><td>2</td><td>0</td></tr><tr><td>Total</td><td>41</td><td>4</td><td>0</td></tr></table>			Service Area	Number of Cases			Discipline	Grievance	Bullying & Harassment	Corporate Services	0	0	0	Education Services	12	0	0	Finance & Property	1	1	0	Housing, Customer & Building Services	8	0	0	Operational Services	15	1	0	Planning, Economic Dev. & Regeneration	0	0	0	Social Policy (CHCP)	5	2	0	Total	41	4	0
Service Area	Number of Cases																																									
	Discipline	Grievance	Bullying & Harassment																																							
Corporate Services	0	0	0																																							
Education Services	12	0	0																																							
Finance & Property	1	1	0																																							
Housing, Customer & Building Services	8	0	0																																							
Operational Services	15	1	0																																							
Planning, Economic Dev. & Regeneration	0	0	0																																							
Social Policy (CHCP)	5	2	0																																							
Total	41	4	0																																							

Discipline

Of the 41 disciplinary cases, 14 resulted in no formal disciplinary action being taken, 2 resulted in a Verbal Warning, 6 resulted in a Written Warning and 1 in dismissal. There are 18 cases are ongoing.

Grievance

Of the 4 grievances, 1 was upheld, 2 upheld in part and 1 not upheld.

Appeals to Committee Against Dismissal and Stage 3 Grievances

A total of 11 appeals/grievances were lodged at Stage 3 (Employee Appeals Committee). Of those 11 cases, 3 related to disciplinary matters, 1 of which was upheld in part, 1 withdrawn and 1 adjourned to be held at a date out with the reference period. There were 3 grievance cases, 1 not upheld and 2 later withdrawn by the appellant. Five cases were appeals against Sickness Absence dismissals, 1 case was not upheld, 3 were withdrawn and 1 adjourned.

Employment Tribunal Cases

During 2020/21, three employment tribunal cases were lodged against the council as follows:

- Unfair dismissal claim – currently ongoing;
- Racial discrimination claim – currently ongoing; and
- Discrimination claim – withdrawn prior to council response

Response to COVID-19 Pandemic

Due to the ongoing government and public health restrictions in relation to the COVID 19 pandemic it was necessary to review the existing procedures in relation to the management of employee relations cases and associated meetings. Arrangements were made to conduct discipline, grievance and sickness absence meetings using alternative communication methods where appropriate in order to allow cases to be progressed.

Conclusions Drawn from Report

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

Matters for Forward Periods

Targeted training is currently being developed to improve the skills of Investigating Officers particularly in conducting investigatory interviews and in managing investigations that involve fraud, police investigations or regulatory bodies. Plans are in place to deliver workshops in the Autumn of 2021.

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

Certificate by Head of Corporate Services

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

Signature



Date



Local Code of Corporate Governance Annual Statement of Compliance 2020/21

Name of Policy or Procedure:	Protecting Vulnerable Groups		
Responsible Officer:	Julie Whitelaw – Head of Corporate Services		
Stated Requirement In Code:	Annual Statement of Compliance		
Report required by:	Governance and Risk Committee	June 2021 Meeting	
Review Date	Next report due June 2022		

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

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

PVG Checking

During the period 1 April 2020 to 31 March 2021, the council submitted a total of 1477 PVG scheme membership applications for employees or prospective employees and volunteers in regulated work. Assessments are conducted and reviewed annually by services to ensure that 'regulated posts' to which the PVG legislation applies, are identified.

The 1477 applications processed comprise applications for employees and volunteers who are new to regulated work. The total is less than in previous years because no routine 3 yearly re-checking of employees and volunteers who are already in regulated work with PVG scheme membership was carried out during the first 3 quarters of 2020/21 due to the COVID-19 pandemic. Despite pausing the re-checking exercise for this limited period, the council's arrangements for re-checking remain well within the care inspectorate's guidelines of re-checking every 3 – 5 years. The measures taken by the council ensure that all staff in regulated positions have up to date PVG records and that new staff are only permitted to start work in such positions with the appropriate PVG clearance.

The table below shows a breakdown of the PVG applications for the relevant service areas during that period:

	Education & Cultural Services	Community Health & Care Partnership	Other Service Areas	Total
Number of PVG Applications	753	680	44	1477
Percentage	51%	46%	3%	100%

Application of Policy and Procedure

During 2020/21 the PVG referral panel was convened twice resulting in one referral to Disclosure Scotland.

Both panels related to cases in Education as follows:

- Teacher dismissed as a result of bullying and harassment where an exchange was witnessed by a pupil. The decision of the panel was not to refer as it was determined that there was no evidence

of harm or risk of harm to the child.

- Teacher under investigation in relation to inappropriate contact with two pupils. The teacher resigned prior to the conclusion of the process but it was determined that the likely outcome would have been dismissal. The decision of the panel in this case was that the criteria for referral had been met and the individual was referred to Disclosure Scotland.

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

Annual Compliance Checklists

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

Response to COVID-19 Pandemic

In support of the response to the COVID-19 pandemic during 2020/21 the council had to very quickly respond to the need for additional staffing in regulated positions particularly those in Social Care.

In order to facilitate the speedy appointment of individuals who would normally require a PVG check prior to appointment, the UK Coronavirus Act 2020 introduced a provision that meant organisations recruiting staff ahead of a PVG check could do so without the risk of committing an offence. This allowed the council to start individuals while awaiting the outcome of their PVG check. The council put in place risk assessment measures to ensure the mitigation of any risk to children or protected adults as a result of this temporary practice.

In addition, the UK Coronavirus Act allowed individuals with PVG Scheme Membership to be temporarily redeployed to work with a different client group without requiring them to obtain PVG Scheme Membership for that client group. This allowed the council to respond quickly to the need to redeploy employees in regulated work to the most critical areas.

These temporary provisions have now been removed.

Internal Audit

In accordance with the annual audit plan for 2020/21, the Audit, Risk and Counter Fraud Unit conducted a review of the administration of the council's requirements in relation to the Protection of Vulnerable Groups.

The audit report found a number of key controls to be in place but noted that control over the submission of the annual service manager PVG checklists and the processes in place to evidence compliance required improvement; and found control over the governance arrangements and operation of the PVG Referral Assessment Panel to be unsound.

An action plan was developed in conjunction with Human Resources and the Performance Improvement Team to address the findings of the audit and included the requirement to:

- review the compliance checklist objective workflow process to ensure Head of Service approval and amend checklists to require services to provide additional information on compliance;
- conduct a review of the Policy and Procedure on the Protection of Children and Protected Adults;
- establish a PVG referral process to supplement the PVG revised policy which clearly defines the responsibilities of PVG panel members; and
- implement a more robust process for recording the proceedings of future PVG Referral Assessment Panels and decisions.

The above actions have been completed and the revised Policy and Procedure on the Protection of Children and Protected Adults was approved at Council Executive on 23 February 2021.

Conclusions Drawn from Report

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

Matters for Forward Periods

A re-audit of the administration of the council's requirements in relation to the Protection of Vulnerable Groups will be conducted by the Audit, Risk and Counter Fraud Unit in accordance with the Internal Audit Plan 2021/22.

The council awaits information on future changes to the PVG scheme, expected to be implemented during 2021/22, which will remove lifetime membership of PVG and introduce an automatic PVG renewal every 5 years

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

Certificate by Head of Corporate Services

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

Signature



Date



**LOCAL CODE OF CORPORATE GOVERNANCE
ANNUAL STATEMENT OF COMPLIANCE 2020/21**

**Name of Policy or Public Sector Equality Duty
Procedure:**

Responsible Officer: Julie Whitelaw – Head of Corporate Services

Stated Requirement in Code: Annual Statement of Compliance

Report required by: Governance and Risk Committee June 2021 Meeting

Next report due June 2022

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

The UK Government's Equality Act was introduced on 1 October 2010. The Act includes a positive duty to promote equality specifically focussed on public authorities.

The duty is in 2 parts - a duty in the Equality Act 2010 itself, often referred to as the 'general duty', and specific duties which are placed on most public authorities by Scottish Ministers. The purpose of the specific duties is to enable the better performance of the general duty.

The general duty in the Equality Act 2010 came into force on 5 April 2011. Since that date, Scottish public authorities have been subject to the general duty in the Equality Act 2010. Under this general duty they must have 'due regard' to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations.

The Public Sector Equality Duty requires equality to be considered as part of the functions of public authorities, including decision-making, in the design of internal and external policies and in the delivery of services, and for these issues to be kept under review.

The specific duties require public authorities to:

- Report progress on mainstreaming the general equality duty;
- Publish equality outcomes and report progress;
- Assess new or revised policies and practices;
- Review existing policies and practices;
- Gather, use and publish employee information;
- Publish gender pay gap information;
- Publish an equal pay statement; and
- Consider award criteria and contract conditions in relation to public procurement.

During 2020/21 the Council has continued to focus on legislative duty commitments in terms of mainstreaming equality into everything we do, actions to achieve our Equality Outcomes and implementing the Fairer Scotland Duty.

Key actions taken forward to achieve these commitments include: continued work with community groups and the third sector on service specific activity, development and implementation of actions identified in the Council's People Strategy 2018-23 and ongoing production and delivery of learning opportunities.

Service representatives on the council's Corporate Working Group for Equality continue to take lead responsibility for coordinating service level activity.

**Conclusions Drawn
from Report**

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

**Matters for Forward
Periods**

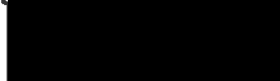
In April 2021 the council published a final Equality Mainstreaming and Outcomes Update Report for the period 2017-2021. The report sets out examples of the work undertaken in the Council to mainstream equality, advance equality of opportunity, tackle discrimination and promote good relations both within our workforce and the wider community.

The council has also published the Equality Mainstreaming and Outcomes Framework for the next four year period 2021 – 2025 which outlines our key commitments to tackling inequality and ensuring that equality mainstreaming is further embedded into the way we do business. In line with statutory requirements, a progress report will be published in April 2023.

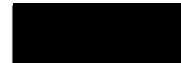
**Certificate by Head of
Corporate Services**

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

Signature



Date



Local Code of Corporate Governance Annual Statement of Compliance 2020/21

Name of Policy or Procedure:	Disclosure of Information by Employees (Whistleblowing Policy & Procedure) and Code of Conduct for Employees																
Responsible Officer:	Julie Whitelaw - Head of Corporate Services																
Stated Requirement in Code:	Annual Statement of Compliance																
Report required by:	Governance and Risk Committee	June 2021 Meeting															
		Next report due June 2022															
Report by Head of Corporate Services on Statements of Compliance with arrangements	<p>Overview</p> <p>The HR Policy & Advice team is required to keep the council's employment policies under continuous review and all policies must be reviewed at least once every 5 years to ensure that they continue to be 'fit for purpose'. Specific reviews are also undertaken in response to changing service requirements, developments in legislation and as part of the council's Equality Impact Assessment (EIA) process.</p> <p>Annual Compliance Checklists</p> <p>Services were issued with Annual Compliance checklists for the purposes of seeking confirmation of compliance with the Whistleblowing Policy and Code of Conduct for Employees (the latter in particular, relating to registered declarations of interest, disclosure of personal information and working with councillors).</p> <p>All services have duly confirmed that they have arrangements in place to enable employees to report matters under the terms of the council's Whistle-Blowing Policy. Employees are reminded of those arrangements along with their responsibilities under the Code of Conduct through a variety of methods including induction, team meetings, one to one meetings and email reminders.</p> <p>Protected Disclosures</p> <p>Twelve disclosure issues were reported to the Audit Risk & Counter Fraud team during 2020/21 as summarised in the table below:</p> <table border="1"> <thead> <tr> <th>Service Area</th><th>Number</th><th>Nature of Disclosures</th><th>Outcome</th></tr> </thead> <tbody> <tr> <td>Corporate Services</td><td>0</td><td></td><td></td></tr> <tr> <td rowspan="2">Education</td><td rowspan="2">2</td><td>Fraud</td><td>Matter investigated by Counter Fraud Team. No fraud/irregularity established.</td></tr> <tr> <td>Concerns regarding working conditions</td><td>Matter investigated by Education Services – complaint not upheld.</td></tr> </tbody> </table>			Service Area	Number	Nature of Disclosures	Outcome	Corporate Services	0			Education	2	Fraud	Matter investigated by Counter Fraud Team. No fraud/irregularity established.	Concerns regarding working conditions	Matter investigated by Education Services – complaint not upheld.
Service Area	Number	Nature of Disclosures	Outcome														
Corporate Services	0																
Education	2	Fraud	Matter investigated by Counter Fraud Team. No fraud/irregularity established.														
		Concerns regarding working conditions	Matter investigated by Education Services – complaint not upheld.														

DATA LABEL: OFFICIAL INTERNAL

	Finance & Property Services	1	Fraud	Main issue related to housing benefit which is not investigated by Local Government.
	Housing, Customer and Building Services	4	Corruption	Matter investigated by Counter Fraud Team. No fraud/irregularity established.
			Theft	Matter investigated by Counter Fraud Team. No fraud/irregularity established.
			Criminality – Drugs	Matter investigated by Counter Fraud Team. No fraud/irregularity established.
			Racism	Matter investigated. No evidence to support the allegations.
	Operational Services	2	Fraud	Counter Fraud Team investigation still in progress.
			Theft	Matter investigated by Counter Fraud Team. No fraud/irregularity established.
	Planning, Econ Dev & Regeneration	1	Planning Restrictions.	Not a whistleblowing matter. Details passed to relevant officers.
	Social Policy	2	Health and Safety	Matter investigated by Social Policy. Complaint not upheld.
			Theft	Counter Fraud team investigation still in progress.

Policy Review

A review of the Whistleblowing Policy, Procedure and Guidance was completed in January 2021 in consultation with the Audit, Risk and Counter Fraud team. The results of the review were reported to the HR Programme Board noting a key amendment to require that the Audit, Risk and Counter Fraud team consult with the HR Services Manager on any cases involving a breach of employment policy.

Conclusions Drawn from Report

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

Matters for Forward Periods

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

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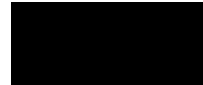
**Certificate by Head of
Corporate Services**

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

Signature



Date



**Local Code of Corporate Governance
Annual Statement of Compliance 2020/21**

**Name of Policy or Breaches of the Law
Procedure:**

Responsible Officer: Julie Whitelaw – Head of Corporate Services

Stated Requirement in Code: Annual Statement of Compliance

Report required by: Governance and Risk Committee June 2021 Meeting
Next report due June 2022

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

Having consulted with the Heads of Service, the Governance Manager, the Chief Solicitor and the Audit, Risk and Counter Fraud Manager I can confirm that I am not aware of any actual or potential breaches of the law by the council in 2020/21 which have or will have a material or significant impact on the operations of the Council.

In the course of my consultation, a number of instances were identified where improvements to the Council's compliance with legislation were required. None of these breaches is considered to have a material or significant impact on the operations or finances of the council. Where such improvements were identified, steps have been, or are being taken to deliver them, as outlined in the other statements of compliance.

Of particular note:-

Failure to conduct the statutory review of the Integration Scheme for West Lothian Integration Joint Board by 16 June 2020. It was reported to Council Executive on 15 December 2020 that the review process was affected by the coronavirus pandemic and it was not possible to progress the review as agreed or to conclude it before the statutory deadline. The process will be revisited in August 2021. No penalty applies. No risk is involved in terms of finance or service delivery or performance since the current scheme will continue in operation. The Integration Joint Board will continue to function under the present arrangements.

There was a breach of the Procurement (Scotland) Regulations 2016 and the Council's Standing Orders in relation to the Council's contractual arrangements for the development and purchase of a new build council houses at a site in Livingston, at a value of £2,492,000 without opening this up to competition. The site is in the ownership of the developer and there was a requirement for them to transfer it to the Council. This was a single instance of non-compliance, the cause of the breach has been identified and measures have been put in place to prevent a recurrence.

There have been 9 occasions where the Housing Need Service have breached the Unsuitable Accommodation Order 2004, by using bed and breakfast and hotel accommodation for more than 7 days until suitable temporary dispersed accommodation was provided. The breaches were due to lack of availability of temporary accommodation to meet the needs of larger families or waiting to secure temporary accommodation which fell within the customer's school catchments areas. In 2020/21 the council increased the number of temporary accommodation units in response to COVID19 due to there being a lower level of available permanent outcomes. The council and partner registered social landlords also

increased lets to homeless to generate through put in temporary accommodation. The council has also developed the West Lothian Rapid Rehousing Transition Plan 2019/20 to 2023/24 which will support the development and implementation of activities which focus on the prevention of homelessness to avoid the need for temporary accommodation.

Failure to maintain the Council's Common Good register as required by the Community Empowerment (Scotland) Act 2015, Part 8. Procedures under the Community Empowerment (Scotland) Act 2015 for the establishment of a new register of common good property have not been followed. Information is provided in the council's annual accounts each year but there are separate and additional procedures to be implemented and those are being addressed. The consultation on the properties to be included in the common good register has commenced and the final version of the Common Good Register will be published once any representations have been considered.

Following the inspection of five schools in September 2020 the HSE issued a formal notice of contravention of the Health and Safety at Work Act Section 2(1) and Section 3(1) and Improvement notices were served on the Council for two of five schools inspected in relation to the cleaning and disinfection regimes in place. Cleaning procedures in place had changed in line with Scottish government guidance during the first two visits and the subsequent three visits a few weeks later. No further action was taken by the HSE following their assessment of measures in place.

A nationwide report by the Mental Welfare Commission identified breaches of Section 57 of the Adults with Incapacity (Scotland) Act 2000 in relation to transfers from care homes, one of which is a West Lothian case. Immediate actions have been taken to ensure that no such move in any circumstances can be made until such time as a copy of the legal guardianship order is received where an Application for a Welfare Guardianship Order has been made. A working group has been established and will develop an action plan which will cover the Commission's recommendations and training, processes and practice.

Conclusions Drawn from Report

There have been no material or significant breaches of the law by the council in 2020/21 which have or will have a material or significant impact on the operations or finances of the council.

Matters for Forward Periods

None

Certificate monitoring Officer

by The Council is complying in all material respects with its legal requirements.

Signature

[Redacted Signature]

Date

[Redacted Date]

DATA LABEL: OFFICIAL

Local Code of Corporate Governance - Annual Statement of Compliance 2020/21

Name of Policy or Procedure:	Anti Fraud and Corruption Policy
Responsible Officer:	Donald Forrest – Head of Finance and Property Services
Stated Requirement in Code:	<ol style="list-style-type: none"> 1. Annual statement of compliance 2. Review Anti Fraud and Corruption Policy every administrative term
Report required by:	Governance and Risk Board 17 May 2021 and Corporate Management Team May 2021 meeting
Review Date	<p>The Anti Fraud and Corruption Policy was reviewed in 2015/16 and the revised policy was approved by Council Executive on 1 March 2016. A review of the Policy was planned during 2020/21 but did not take place due to the pressure of work within the counter fraud team which received a record number of referrals during 2020/21, including work linked to the Covid-19 pandemic. The planned review of the policy is now being treated as a matter of priority with a target date for completion of June 2021.</p>
Report by the Audit Risk and Counter Fraud Manager on the operation of the policy during 2020/21	<p>All services have confirmed compliance with the Anti Fraud and Corruption Policy during 2020/21.</p> <p>Financial Regulations require all allegations of fraud to be reported to the Head of Finance and Property Services. The term fraud for this purpose includes, but is not restricted to, criminal offences such as theft, corruption, bribery, and embezzlement.</p> <p>The Audit, Risk and Counter Fraud Unit investigates referrals in accordance with the terms of the council's Anti Fraud and Corruption Policy and the counter fraud team's procedures for the investigation of suspected fraud and irregularity.</p> <p>On 12 June 2018 the Council Executive approved the Internal Audit and Counter Fraud Strategy for 2018/19 to 2022/23. The Strategy was reported to the Audit Committee on 25 June 2018. Progress in relation to the implementation of the Strategy was reported to both the Partnership and Resources Policy Development and Scrutiny Panel and the Audit Committee during 2020/21.</p> <p>The Audit, Risk and Counter Fraud Unit received 74 referrals during 2020/21 which as stated above was a record number. Of these 12 were categorised as whistleblowing. The outcome of the whistleblowing referrals is set out separately in the council's Whistleblowing Statement of Compliance for 2020/21. Of the 74 referrals, 68 were accepted for investigation. The remaining 6 referrals were either rejected due to a lack of evidence or passed to Human Resources to be dealt with under the council's HR policies.</p> <p>Of the 68 referrals accepted for investigation, 40 related to Covid-19 related business grant payments. A report on the work undertaken by the counter fraud team in investigating suspected coronavirus business grant fraud was submitted to the Audit Committee on 20 October 2020.</p> <p>All referrals are subject to a risk assessment and work is prioritised on the basis of those referrals considered to be highest risk. The output from an investigation is a report for management setting out the facts of the matter and which contains, where considered appropriate, recommendations for</p>

improvement in control. Where an investigation is considered to raise significant issues of concern, the Audit, Risk and Counter Fraud Manager submits a report to the Audit Committee.

No individual investigations during 2020/21 were considered to be sufficiently significant to warrant being reported to the Audit Committee.

The Audit Risk and Counter Fraud Unit is responsible for administering the National Fraud Initiative (NFI) which is a biennial data matching exercise co-ordinated by Audit Scotland and which involves collecting data from public authorities and matching it for potential fraud. It is important to appreciate that a data match does not necessarily indicate wrongdoing. The most recent matches were received in January 2021 and high risk matches are in the process of being investigated.

The annual counter fraud report for 2020/21, which sets out progress in delivering the 2020/21 counter fraud plan and summarises counter fraud performance during the year, will be submitted to the Audit Committee on 21 June 2021. The annual report will include an update on the outcome of the counter fraud team's investigations of suspected coronavirus business grant fraud, and an update on progress in investigating NFI data matches.

The Council Executive approved an Anti Money Laundering Policy on 10 September 2019. Accompanying procedures were issued in September 2020 and training will be rolled out during 2021/22.

Conclusions Drawn from Report

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

Matters for Forward Periods

The counter fraud plan for 2021/22 was approved by the Audit Committee on 22 March 2021. The revised Anti Fraud and Corruption Policy will be submitted to the Partnership and Resources PDSP on 18 June, Audit Committee on 21 June and will be approved by Council Executive on 22 June.

Certificate by Head of Finance and Property Services

On the basis of the statements provided by services, and the information provided by the Audit, Risk and Counter Fraud Manager, I certify that the council's Anti Fraud and Corruption Policy has been complied with in 2020/21.

Signature



Date





Local Code of Corporate Governance - Annual Statement of Compliance 2020/21

Name of Policy or Procedure:	Best Value Framework
Responsible Officer:	Donald Forrest – Head of Finance and Property Services
Stated Requirement in Code:	<ol style="list-style-type: none"> 1. Annual statement of compliance 2. Review the Best Value Framework every administrative term
Report required by:	Corporate Management Team meeting May 2021
Review Date	A revised Best Value Framework was approved at Council Executive on 10 June 2014. A planned review of the framework did not take place in 2020/21 due to work pressures arising from the Covid-19 pandemic. This review will take place in 2021/22.
Report by the Head of Finance and Property Services on the operation of the policy during 2020/21	<p>A revised Best Value Framework was approved by Council Executive on 10 June 2014. The Framework covers five areas of best practice and the following provides an update on the activities which were undertaken during the financial year 2020/21:</p> <ol style="list-style-type: none"> 1. Financial Management – On 16 February 2021, Council approved the Housing Revenue budget and Rent Levels for 2021/22, and the Housing Capital Investment Programme for 2021/22 and 2022/23. On 25 February 2021, Council approved the Revenue budget for 2021/22 and 2022/23, the Council Tax level for 2021/22, and the General Services Capital Programme for 2021/22 to 2027/28. Activity budgets for 2021/22 were prepared for inclusion within service management plans. 2. Challenge and Improvement – The council operates a three-year programme of self-assessment. The programme was rescheduled in 2020/21 due to the Covid-19 pandemic but internal scrutiny arrangements continued with 13 services subject to scrutiny through the Review Panel process and four through the Performance Committee. Eight corporate performance reports were also scrutinised by the Performance Committee. Schools have a programme of Validated Self Evaluation (VSE). In 2020/21, the council reported the outcomes of five HMI inspections and a further five updates (three HMI and two VSE) to the Education Quality Assurance Committee (the VSE programme was delayed by Covid-19). The Committee also received special reports on the Digital Strategies of two schools and a special report on QIT Support to Schools during closure/re-opening/remote learning. The council retained Customer Service Excellence (CSE) in

2020/21 which assesses the quality and sufficiency of customer service in all council services.

3. **Performance Management** – The council has continued to undertake development work to improve the range, quality and accessibility of public performance reporting. The council continues to promote the Local Government Benchmarking Framework (LGBF), publishing data and analysis on the council website when it is released. The council continues to provide extensive quarterly and annual reporting of complaints analysis to officers, elected members, the Scottish Public Services Ombudsmen (SPSO) and the public.
4. **Governance and Accountability** – The Audit, Risk and Counter Fraud Unit's internal audit plan for 2020/21 was approved by the Audit Committee on 22 June 2020. Although approval of the plan was delayed by the coronavirus pandemic, at no time during 2020/21 did internal audit work stop and audit work continued throughout the financial year. Material findings arising from audits across the council are reported to the Audit Committee. The Audit Risk and Counter Fraud Manager prepares an annual opinion on the overall adequacy and effectiveness of the council's framework of governance, risk management and control, which is based on the internal audit work undertaken during the year. The Internal audit plan for 2020/21 was not fully completed but sufficient audit work has been undertaken to enable an opinion to be issued. The opinion has been used to inform the council's annual governance statement, which is approved by the Governance and Risk Committee and included in the annual statement of accounts. A planned review of the Anti-Fraud and Corruption Policy did not take place in 2020/21 and will be undertaken by the end of September 2021.
5. **Procurement** – All procurement activity is carried out in line with the Council's Standing Orders and Best Value Framework, European, International and national Procurement legislation. Any known non-compliance issues are included within the annual Procurement Compliance statement. The council's Standing Orders were updated in October 2020 to reflect the amendments to public procurement legislation due to Brexit.

The Framework requires officers to complete and retain a decision-making pro-forma based on criteria extracted from the legislation and statutory guidance relevant to Best Value when they decide to carry out works, projects or groups of projects via in-house delivery. These pro-formas were completed for both capital programmes and were agreed at the Housing Capital Reporting Meeting for the Housing Capital Programme on 18 January 2021 and at the Capital Asset Management Board for the General Services Programme on 8 April 2021.

Conclusions Drawn from Report

The Council has demonstrated compliance with the Best Value Framework in 2020/21.

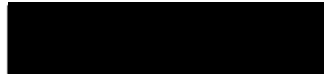
Matters for Forward Periods

There is a requirement that the Framework is revised each administrative term. The last review was during 2014 and the next review is required to be in the five years following the local elections in 2017. The review will take place during 2021/22.

**Certificate by Head of
Finance and Property
Services**

On the basis of the statements provided by the Heads of Service, I certify
that the council's Best Value Framework was complied with in 2020/21.

Signature



Date



DATA LABEL: PUBLIC

APPENDIX 3

LOCAL CODE OF CORPORATE GOVERNANCE 2020/21

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

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

A1. Behaving with integrity		15 green	4 amber	Zero red	19 in total
(a) Ensuring members and officers behave with integrity and lead a culture where acting in the public interest is visibly and consistently demonstrated thereby protecting the reputation of the council					
(b) Ensuring members take the lead in establishing specific standard operating principles or values for the council and its staff and that they are communicated and understood. These should build on the Seven Principles of Public Life (the Nolan Principles)					
(c) Leading by example and using the above standard operating principles or values as a framework for decision making and other actions					
(d) Demonstrating, communicating and embedding the standard operating principles or values through appropriate policies and processes which are reviewed on a regular basis to ensure that they are operating effectively					
Evidence					RAG
Councillors' Code of Conduct, Guidance and Advice communicated to members	Post-election Induction Pack, Induction Training, quarterly and <i>ad hoc</i> emails to members on new guidance and advice, additional training on request, annual report and presentation. Subject to Internal Audit in 2019/20, control found to be effective. Training sessions in December 2020 and January 2021				G
Register of Interests (including gifts and hospitality) populated on election, reviewed and updated, made publicly available	Post-election Induction pack, forms timeously completed with Proper Officer after elections, published on internet, bi-annual reminders to review and update. Internal process reviewed February 2019. Subject to Internal Audit in 2019/20, control found to be effective				G

DATA LABEL: PUBLIC

A1. Behaving with integrity		15 green	4 amber	Zero red	19 in total
Role descriptions for members	Approved November 2016, post-election Induction Pack, review required during administrative term. To be scheduled in 2020/21 for review date to allow completion before local government elections in May 2022 and to take account of expected revisions to Councillors' Code of Conduct and Guidance				G
Declarations of Interest as standing item on meeting agendas and recorded in minutes	Included on all agendas, raised verbally by Chairs at all meetings, all minuted, minutes record where none are made, agendas and minutes available on internet via Coins. Forms and reminders now added to iPad agenda packs				G
Standing Orders for meeting procedures include conduct at meetings	Standing Order 22 on members' conduct, reflects Councillors' Code of Conduct and Guidance. Conduct covered in annual report and annual review of Code. New guidance developed for use in remote access meetings				G
Meetings held in private only with legal justification and to least extent possible, and minutes record reasons	Guidance in place on intranet, controlled and determined through Committee Officers and Governance Manager. Statutory reason required and shown in agenda and on internet, reason recorded in minutes, minute meets requirements of 1973 Act for public information. Use of "private" reports kept deliberately to a minimum and where justified by circumstances, not just permitted by law. Process continued during COVID, but from March 2020 till June 2020 all reports were approved under delegated powers and then reported to committee on resumption of meetings in June 2020.				G
Reports on standard template including council values, relevance to Corporate Plan and Local Improvement Plan	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes relevance to Corporate Plan. Requires updating and revision to refer to LOIP and new Corporate Plan and priorities. Work on revised template commenced in 2019/20. Delayed by COVID. To be completed before elections in May 2022				A
Vision, values and priorities established in Corporate Plan	Corporate Plan 2018/2022 approved 13 February 2018 with agreed priorities, covering report included council's values per West Lothian Way (WLW). Corporate Plan includes mission statement, values and corporate priorities. WLW reviewed in 2019/20. Compulsory training module introduced in 2021/21, called Working to Council Values. Corporate Plan to be renewed after elections in May 2022				G
Vision, values and priorities agreed with community planning partners	Restructure and refresh of Community Planning Partnership completed in 2018/19. LOIP under revision with partners to reflect agreed priorities and outcomes. Work ongoing in 2019/20, delayed by COVID in 2021/21, not yet completed.				A

DATA LABEL: PUBLIC

A1. Behaving with integrity		15 green	4 amber	Zero red	19 in total
Anti-fraud and corruption policy and procedures	Annual Counter Fraud Plan and end of year reports to Audit Committee. Annual Compliance Statement with report on corporate governance. Anti-Money Laundering Policy approved in September 2019. New Procedures for the Investigation of Suspected Fraud, Corruption and Irregularities approved in June 2020. Review and updating of Anti-Fraud & Corruption Policy started in late 2020 but reporting and approval is overdue				A
Whistleblowing policy and procedures	Policy, procedure and guidance reviewed between September and November 2014. Available on intranet. Annual Compliance Statement. Due to be reviewed by December 2019, not completed. Reviewed by officers, no significant improvements identified, no report to committee, January 2021				G
Internal process for complaints against members	Internal procedure (2014) through Chief Executive Office and Monitoring officer. Due for review this administrative term. Subject to Internal Audit in 2019/20, control found to be effective. Procedure reviewed and review completed by August 2019 as an internal audit action. May require revisiting after revised Code of Conduct becomes effective after parliamentary approval, expected in late 2021				G
Annual report on Councillors' Code of Conduct and reporting of Standards Commission findings when required	Presentation to members, January 2020. Emails to members when required, in particular when quarterly bulletins are released, significant cases are reported or new guidance or advice is issued. All Commission findings have been reported as required by law (last in 2019/20). Committee agreement in December 2019 to annual report being made to full council (done in November 2020)				G
Training on Councillors' Code of Conduct and Standing Orders - induction on election and regular refresher training	Post-election Induction Training for all members. Separate sessions for Chairs and Vice-Chairs. Refresher training as and when required. Updates by emails. Annual presentation. Training sessions in December 2020 and January 2021				G
Employee Code of Conduct made, published and regularly reviewed	Code of Conduct in place. Tied in to Councillors' Code of Conduct. Available on intranet. Incorporated into contracts of employment. Reviewed and updated in January 2020. Suite of additional guidance issued in December 2019 and January 2020. Subject to internal audit in 2019/20, control found to be satisfactory				G
Induction for new staff on standards of conduct expected	Model induction procedures and checklists in place for all staff. Separate process for managers. Process covers discipline and grievance and Employee Code of Conduct. Model Induction Process reviewed and updated in March 2020				G

DATA LABEL: PUBLIC

A1. Behaving with integrity		15 green	4 amber	Zero red	19 in total
Employee notifications of interests or conflicts of interest – recorded and retained	Required by Employee Code of Conduct. Heads of Service require to record and retain. Done through CEO for CMT members. Reviewed and updated in January 2020. Suite of additional guidance issued in December 2019 and January 2020, including declaration/recording of interests and conflicts of interest. Subject to internal audit in 2019/20, control found to be satisfactory				G
Senior officer record of interests maintained and refreshed annually	Covered by Employee Code of Conduct. Code reviewed in January 2020. Subject to internal audit in 2019/20, control found to be satisfactory. Suite of additional guidance issued in December 2019 and January 2020, including declaration/recording of interests and conflicts of interest. Records for CMT members collated by Chief Executive Office, signed off by Governance Manager. Work ongoing in 2019/20, completion interrupted by COVID-19, to be completed as part of required review of Employee Code of conduct before elections in May 2022				A
Officer performance appraisals include standards of conduct	In Core Competency Framework in ADR Procedure. Annual appraisals of all staff. Process rolled out across staff in June 2016. Part of People Strategy. Model Induction process includes Employee Code of Conduct. New Framework for Managing Performance under development on 2018/19, interrupted by COVID-19, approved at Council Executive in October 2020, procedures and guidance for managers issued				G

A2. Demonstrating strong commitment to ethical values		10 green	2 amber	Zero red	12 in total
(a) Seeking to establish, monitor and maintain the council's ethical standards and performance					
(b) Underpinning personal behaviour with ethical values and ensuring they permeate all aspects of the council's culture and operation					
(c) Developing and maintaining robust policies and procedures which place emphasis on agreed ethical values					
(d) Ensuring that external providers of services on behalf of the council are required to act with integrity and in compliance with ethical standards expected by the council					
Evidence					RAG

DATA LABEL: PUBLIC

A2. Demonstrating strong commitment to ethical values		10 green	2 amber	Zero red	12 in total
Councillors' Code of Conduct, Guidance and Advice communicated to members	Post-election Induction Pack, Induction Training, quarterly and <i>ad hoc</i> emails to members on new guidance and advice, additional training on request, annual report and presentation. Subject to Internal Audit in 2019/20, control found to be effective. Training sessions in December 2020 and January 2021. Annual report to full council in November 2020				G
Register of Interests (including gifts and hospitality) populated on election, reviewed and updated, made publicly available	Post-election Induction pack, forms timeously completed with Proper Officer after elections, published on internet, bi-annual reminders to review and update. Internal process reviewed February 2019. Subject to Internal Audit in 2019/20, control found to be effective				G
Declarations of Interest as standing item on meeting agendas and recorded in minutes	Included on all agendas, raised verbally by Chairs at all meetings, all minuted, minutes record where none are made, agendas and minutes available on internet via Coins. Forms and reminders now added to iPad agenda packs				G
Rules in Standing Orders on conduct at meetings	Standing Order 22 on members' conduct, reflects Councillors' Code of Conduct and Guidance. Conduct covered in annual report and annual review of Code. New guidance developed for use in remote access meetings during COVID				G
Training on Councillors' Code of Conduct and Standing Orders - induction on election and regular refresher training	Post-election Induction Training for all members. Separate sessions for Chairs and Vice-Chairs. Refresher training as and when required. Updates by emails. Annual presentation. Training sessions in December 2020 and January 2021				G
Annual governance statement	Responsibility of Governance Manager in Scheme of Delegations. Completed annually via Governance & Risk Board and to Governance & Risk Committee in June each year. Completed in accordance with CIPFA/SOLACE Framework (2016). Bi-annual interim reports on progress on issues identified made to G&RC. Adjusted per CIPFA guidance in 2019/20 and 2020/21 to include commentary on COVID and improvements from comparisons against statements for seven other councils. Addition in 2020/21 per CIPFA guidance on extent of compliance with CIPFA Financial Code				G
Local Code of Corporate Governance – annual report and compliance statements	New Code adopted 22 April 2018. Complies with CIPFA/SOLACE Framework (2016). Completed annually via Governance & Risk Board and Corporate Management Team to Council Executive and Governance & Risk Committee. Full version reported to Council Executive and G&RC, interim report on progress to G&RC. Includes relevant notes on impacts of COVID on evidence				G

DATA LABEL: PUBLIC

A2. Demonstrating strong commitment to ethical values		10 green	2 amber	Zero red	12 in total
Standing Orders for Contracts, procurement policy and procedures include commitment to ethical values	Contracts Standing Orders and supporting Corporate Procurement Procedures approved and on intranet. Both refer to anti-fraud and corruption and whistleblowing obligations and to compliance with statutory regimes such as data protection and FOISA and living wage where competent. Decision-making complied with procurement regulations and temporary COVID-related Scottish Procurement Policy Notes from Scottish Government. Full review of Standing Orders completed in 2020/21 through cross-service working group, approved at committee in October 2020. Checked and no updates required following withdrawal from EU				G
Ethical values feature in contracts with external service providers	Contracts Standing Orders and supporting Corporate Procurement Procedures approved and on intranet. Standard contract terms cover anti-fraud and corruption and whistleblowing obligations and to compliance with statutory regimes such as data protection and FOISA. Full review completed in 2020/21 through cross-service working group, approved at committee in October 2020. Annual reporting on Corporate Procurement Policy				G
Partnership working – protocols, guidance and agreed values	Partnership Guidance available on intranet. Made in 2010, reviewed in 2012 and August 2018 Ongoing work to have them incorporated into guidance on engagement with ALEOs and other outside bodies. Completed August 2018, trialled in 2018/19 in relation to possible ALEO for instrumental music tuition. Extent of use and compliance should be checked				A
Staff recruitment and appointments policy	Selection and Recruitment Policy, procedures, Guidance and forms on intranet on MyToolkit. Last reviewed in July 2014. Due for review before end of 2019, not completed. Further delayed in 2020/21 due to COVID, especially working from home arrangements. Currently being reviewed by officers in relation to the transfer to the iTrent system and with regard to new immigration legislation. Review will progress after that work has been completed. Timetabled for completion before elections in May 2022				A
Officer performance appraisals include standards of conduct	In Core Competency Framework in ADR Procedure. Annual appraisals of all staff. Process rolled out across staff in June 2016. Part of People Strategy. Model Induction process includes Employee Code of Conduct. New Framework for Managing Performance under development on 2018/19, ready for approval at PDSP and committee in March 2020, interrupted by COVID-19, approved at committee in October 2020. Management guidance issued				G

DATA LABEL: PUBLIC

A3. Respecting the rule of law		12 green	2 amber	Zero red	14 in total
(a) Ensuring members and staff demonstrate a strong commitment to the rule of the law as well as adhering to relevant laws and regulations					
(b) Creating the conditions to ensure that the statutory officers, other key post holders, and members, are able to fulfil their responsibilities in accordance with legislative and regulatory requirements					
(c) Striving to optimise the use of the full powers available for the benefit of citizens, communities and other stakeholders					
(d) Dealing with breaches of legal and regulatory provisions effectively					
(e) Ensuring corruption and misuse of power are dealt with effectively					
Evidence		RAG			
Reports on standard template including council values, relevance to Corporate Plan and Local Improvement Plan	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes relevance to Corporate Plan. Requires updating and revision to refer to LOIP and new Corporate Plan and priorities. Work on revised template commenced in 2019/20. Delayed by COVID. To be completed before elections in May 2022	A			
Reports ensure demonstration that legal advice has been considered	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes section on law and policy and separate section on consultations which covers legal and other professional advice	G			
Standing Orders to ensure professional advice is given	Standing Order 10 requires chairs to allow officers to address the meeting. SO 15, 19 and 20 require chairs to allow financial advice to be given on financial implications. Scheme of Delegation allows Chief Social Work Officer direct access to council or committee.	G			
Scheme of Administration containing committee remits and powers	Scheme covers all committees and other bodies with member involvement. Remits and powers defined. Available on internet and intranet. Reviewed and adopted in December 2016. Re-adopted in May 2017. Can only be amended by full council on notice given. Ongoing review of decision-making arrangements instructed in February 2018. Changes approved by council and committee in stages throughout 2019/20 and continuing in 2020/21. Completion interrupted by COVID, remaining issues to be reported for decision before elections in May 2022	G			

DATA LABEL: PUBLIC

A3. Respecting the rule of law		12 green	2 amber	Zero red	14 in total
Scheme of Delegation to Officers	Scheme made and maintained in accordance with legislation. Refreshed and republished quarterly under delegated powers to reflect committee decisions and changes in legislation or management structure. Available on internet and intranet. Updating process continued unaffected by COVID. More extensive review due before elections in May 2022				G
Role descriptions for members	Approved November 2016, post-election Induction Pack, review required during administrative term. To be scheduled in 2020/21 for review date to allow completion before local government elections in May 2022 and to take account of expected revisions to Code of Conduct and Guidance				G
Finance Officer role identified and supported (CIPFA's Statement on the Role of the Chief Financial Officer in Local Government (CIPFA, 2016))	Role and responsibilities recognised and allocated in Scheme of Delegations to Officers, as a proper Officer position. Role description appended to Scheme. Statutory Officer status reflected in reporting to full council. Role description being reviewed following adoption of CIPFA Financial Code in February 2021, due by mid-2021				G
Committee support provided free of political influence	Committee Officers managed by Chief Solicitor. Officers trained and aware of need for political neutrality and independence from members, including Chairs. Agendas and minutes prepared without reference to or involvement of elected members				G
Record maintained of legal advice provided by officers	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes section on consultations which covers legal and other professional advice. Minutes record significant legal advice given during meetings. Council-wide Objective records management system				G
Monitoring Officer role identified and supported	Role and responsibilities recognised and allocated in Scheme of Delegations to Officers, as a Proper Officer position. Role description appended to Scheme. Includes statutory right of access to members and meetings.				G
Annual compliance statements	Annual compliance statements produced annually in relation to significant corporate policies and procedures. Collated and signed by relevant senior officers. Used to inform annual governance statement and other reporting on corporate governance. Available on internet as part of annual report on corporate governance. New process introduced in 2018/19 using work streams in Objective, embedded for 2019/20 onwards following that testing. Removal of RIPSA statement to become stand-alone annual report in 2019/20				G

DATA LABEL: PUBLIC

A3. Respecting the rule of law		12 green	2 amber	Zero red	14 in total
Independent Internal Audit function (PSIAS)	Internal Audit service provided in accordance with PSIAS. Independence secured via Internal Audit Charter. Annual Plan approved at Audit Committee. Plan for 2020/21 delayed for three months due to suspension of meetings due to COVID, approved in June as soon as meetings resumed. Annual Report including review of system of internal control considered at Governance & Risk Committee and Audit Committee in June each year				G
Anti-fraud and corruption policy and procedures	New policy approved at Council Executive on 1 March 2016, review scheduled for September 2019. Annual Counter Fraud Plan and end of year reports to Audit Committee. Annual Compliance Statement with report on corporate governance. Review of policy was due by September 2019, not yet completed. New Counter-Fraud procedures introduced in April 2019. Anti Money Laundering Policy approved in September 2019. Review and updating of Anti Fraud & Corruption Policy started in late 2020 but reporting and approval is overdue				A
Governance Manager appointment	Governance manager appointed in non-service position to coordinate with Monitoring Officer and Audit, Risk & Counter Fraud Manager on governance issues, including ethical standards, Code of Corporate Governance, annual compliance statements. Carries responsibility and proper Officer appointments in Scheme of Delegation for annual governance statement and other aspects of the job description				G

A	37 green	8 amber	Zero red	45 in total
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DATA LABEL: PUBLIC

B. Ensuring openness and comprehensive stakeholder engagement

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

B1. Openness		14 green	5 amber	Zero red	19 in total
(a) Ensuring an open culture through demonstrating, documenting and communicating the council's commitment to openness					
(b) Making decisions that are open about actions, plans, resource use, forecasts, outputs and outcomes. The presumption is for openness. If that is not the case, a justification for the reasoning for keeping a decision confidential should be provided					
(c) Providing clear reasoning and evidence for decisions in both public records and explanations to stakeholders and being explicit about the criteria, rationale and considerations used. In due course, ensuring that the impact and consequences of those decisions are clear					
(d) Using formal and informal consultation and engagement to determine the most appropriate and effective interventions/ courses of action					
Evidence		RAG			
Council's goals and values and priorities	Values in West Lothian Way, noted in committee report template. Priorities set and explained in Corporate Plan. Corporate Plan, supporting strategies and local outcomes Improvement Plan define outcome and performance indicators. Corporate Plan 2018/2012 approved 13 February 2018 with agreed priorities, covering report included council's values per West Lothian Way. Corporate Plan includes mission statement, values and corporate priorities. WLW reviewed in 2019/20. Compulsory e-learning module introduced in 2020/21 on working to the council's values and priorities	G			
FOISA/EIRS publication scheme	Publication Scheme in accordance with FOISA2002 and OSIC Guidance. Published and available on internet in 2017. Monthly report to CMT. Annual report to PDSP. Incorporated in umbrella Information Governance Policy developed in 2018/29, reported to PDSP and committee in June 2019. Bi-annual reports to G&RB on Information Governance compliance. FOISA publication scheme is now online – i.e. our webpages are our publication scheme. ILOs to ensure that information is regularly published and at least the last two years information is available online. Detailed review being undertaken by ILOs monitored by Information Management Working Group	G			

DATA LABEL: PUBLIC

B1. Openness		14 green	5 amber	Zero red	19 in total
Council website	Responsibility for website allocated in Scheme of Delegation, maintained by Corporate Communications. Refreshed in 2016. Guidance on web content and administration on intranet. Performance reported in April 2018. New design and content and responsibility introduced in 2019/20. Improvements and outcomes reporting via Digital Transformation Strategy and annual strategy performance report. Software in place to identify and highlight any incompatibility with accessibility standards. Formal process in place from Monday 24 May 2021				G
Online service information	Website and intranet contain extensive service information pages with an A-Z index and search facility. Responsibility for maintaining updating content devolved to services in accordance with corporate guidance. Part of digital transformation process. Improvements and outcomes reporting due via Digital Transformation Strategy and annual corporate strategy performance reports				G
Online application processes	Online application process in place for some applications. Content being reviewed and user survey underway. Improvements and outcomes reporting due via Digital Transformation Strategy in June 2018. Improvements and outcomes reporting due via Digital Transformation Strategy and annual corporate strategy performance reports. Speedy improvements resulting from COVID-19 emergency measures				A
Decision-making rules (Standing Orders)	Available on internet and intranet. Reviewed and adopted in December 2016. Re-adopted in May 2017. Amended since via reports to council. Can only be amended by full council on notice given. Ongoing review of decision-making arrangements instructed in February 2018. Changes approved by council and committee in stages throughout 2019/20 and continuing in 2020/21. Completion interrupted by COVID, remaining issues to be reported for decision before elections in May 2022				G
Calendar of dates for submitting and publishing reports	Calendar of ordinary meetings approved annually by committee in March each year. Consultation beforehand with senior officers and chairs. Published and maintained on Coins. Schedule for reports attached to committee remit in Coins. Standing Orders state when reports to be submitted and then published. Calendar in 2019/20 interrupted due to COVID. Revised short-term calendar published in May 2020, then extended in September 2020 and return to normal arrangements in March 2021. Remote access meetings till 30 September 2021, to be reviewed thereafter				G

DATA LABEL: PUBLIC

B1. Openness		14 green	5 amber	Zero red	19 in total
Assessment and review of information provided for decision-making	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes sections for significant legal and financial implications. Draft reports assessed and checked by Heads of Service, as responsible officers, prior to submission. Reports of corporate significance considered at EMT or CMT. Agenda-setting arrangements for committees and PDSPs. Bi-annual training on report-writing by Governance Manager. Template requires updating. Work on revised template commenced in 2019/20, postponed due to COVID, to be completed in 2021/22				A
Committee report templates	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes relevance to Corporate Plan. Requires updating and revision to refer to LOIP and new Corporate Plan and priorities. Work on revised template commenced in 2019/20, postponed due to COVID, to be completed in 2021/22				A
Public engagement strategy	Consultation pages on website. "You said/we did". Youth Participation and Engagement by Community Learning and Development Youth Services. Open and closed consultations collected and reported on service by service basis. Webpages show closed and current consultations. Tenant engagement/participation strategy. Use of social media. Community Choices pilots, especially using CONSUL. Community Engagement Plan developed by Community Planning Partnership. Agreement in 2020 to renew Citizens' Panel. Face-to-face consultation meetings hampered by COVID, remote access meetings and social media surveys utilised				G
Citizen survey/inspection	Citizen survey and inspection programme in place. Citizen Panel programme. Quality of Life Survey. Refreshed and relaunched in 2017/18 as response to BVAR recommendation and agreed action plan. Progress reported to Performance Committee in March 2019. New programme due for 2019/20, not put in place. Update report scheduled for Performance Committee before summer break in 2020, postponed due to COVID-19 and diversion of relevant staff to other duties. Work further postponed to wait till post-pandemic to ensure engagement is at the right time and will provide the best response				A
Use of consultation feedback	Consultation feedback reported to PDSP and committee when undertaken. Analysed and responded and fed into recommendations and reports. "You said, we did" information on website. Record on website of all closed and open consultations				G
Record of professional advice in reaching decisions	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes section on consultations which covers legal and other professional advice. Minutes record significant legal advice given during meetings.				G

DATA LABEL: PUBLIC

B1. Openness		14 green	5 amber	Zero red	19 in total
Record of decision making and supporting materials	Action Notes issued within 3 days of meetings. Minutes prepared in house style, refreshed in 2019. Report template includes section on background references. All retained in accordance with statutory rules and Records Management Plan				G
Meeting reports show details of advice given	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes section on consultations which covers legal and other professional advice. Report template requires updating. Work on revised template commenced in 2019/20, delayed due to COVID, should be completed in 2020/21. Approach to minutes agreed in 2019, captures significant advice given at meeting				A
Equality impact assessment procedure	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes section on IIAs. Procedures and guidance available on intranet for process and publication. Updated for new Fairer Scotland duty, incorporated into Integrated Impact Assessment process.				G
Regular public performance reporting	WLAM reporting to Performance Committee. Service performance to PDSP quarterly. SPI service reporting through website. Performance themes reporting. Process reviewed in response to BVAR recommendations and agreed actions. Factfile produced and published each year. Corporate and service performance and benchmarking information published on webpages, including Local Government Benchmarking Scheme. Reports on corporate strategies scheduled for PDSPs and other committees in mid-2020, delayed due to COVID-19, reporting commenced in autumn/winter 2020				G
Annual performance report	Factfile produced annually. Webpages cover service and corporate performance. Annual report to committee on performance through Local Government Benchmarking Framework. Reports on corporate strategies scheduled for PDSPs and other committees in mid-2020, delayed due to COVID-19, reporting commenced in autumn/winter 2020				G
Complaints procedure	Corporate Procedure adopted in accordance with SPSO requirements. Publicised on internet and at council offices. Recorded and managed via CRM. Quarterly reports to CMT and Performance Committee. Annual performance report to Performance Committee and P&R PDSP. Performance reported on website. Participation in national benchmarking. Annual SPSO report to Council Executive. Adoption of revised Complaints Procedure in May 2021 as required by SPSO				G

DATA LABEL: PUBLIC

B2. Engaging comprehensively with institutional stakeholders		Zero green	4 amber	Zero red	4 in total
(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					
Evidence					RAG
Database of stakeholders with whom the authority should engage	Management Plans include list of partners including institutional partners. Engagement and consultation strategy includes institutional consultees.				A
Partnership working – protocols, guidance and agreed values	Partnership Guidance available on intranet. Made in 2010, reviewed in 2012 and August 2018. Ongoing work to have them incorporated into guidance on engagement with ALEOs and other outside bodies. Completed August 2018, trialled in 2018/19 in relation to possible ALEO for instrumental music tuition. Extent of use and compliance should be checked				A
Partnership records	Partnership Guidance available on intranet. Made in 2010. Last reviewed in 2012. Ongoing work to have them incorporated into guidance on engagement with ALEOs and other outside bodies. Includes requirement for records and lists to be maintained by services. Completed August 2018, trialled in 2018/19. Extent of use and compliance should be checked				A
Partnership performance assessment and reporting	Partnership Guidance available on intranet. Made in 2010. Last reviewed in 2012. Ongoing work to have them incorporated into guidance on engagement with ALEOs and other outside bodies. Includes requirement for reporting on performance where deemed appropriate by application of guidance. Completed August 2018, trialled in 2018/19. Extent of use and compliance should be checked				A

B3. Engaging with individual citizens and service users effectively		6 green	1 amber	Zero red	7 in total
(a) Establishing a clear policy on the type of issues that the council will meaningfully consult with or involve communities, individual citizens, service users and other stakeholders to ensure that service (or other) provision is contributing towards the achievement of intended outcomes					

DATA LABEL: PUBLIC

B3. Engaging with individual citizens and service users effectively		6 green	1 amber	Zero red	7 in total
(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		RAG			
Public engagement strategy	Consultation pages on website. "You said/we did". Youth Participation and Engagement by Community Learning and Development Youth Services. Open and closed consultations collected and reported on service by service basis. Webpages show closed and current consultations. Tenant engagement/participation strategy. Use of social media. Community Choices pilots, especially using CONSUL. Community Engagement Plan developed by Community Planning Partnership. Agreement in 2020 to renew Citizens' Panel. Face-to-face consultation meetings hampered by COVID, remote access meetings and social media surveys utilised	G			
Communications guidance and standards	West Lothian Way. Reviewed in 2018/19 and republished on intranet, regularly updated and communicated to staff. Includes the council's Media Strategy and Social Media Guidance and practical information to ensure consistent and corporate standard	G			
Citizen survey/inspection	Citizen survey and inspection programme in place. Citizen Panel programme. Quality of Life Survey. Refreshed and relaunched in 2017/18 as response to BVAR recommendation and agreed action plan. Progress reported to Performance Committee in March 2019. New programme due for 2019/20, not put in place. Update report scheduled for Performance Committee before summer break in 2020, postponed due to COVID-19 and diversion of relevant staff to other duties. Work further postponed to wait till post-pandemic to ensure engagement is at the right time and will provide the best response	A			
Record of public consultations	Consultation feedback reported to PDSP and committee when undertaken. Analysed and responded and fed into recommendations and reports. Open and closed consultations published on website	G			

DATA LABEL: PUBLIC

B3. Engaging with individual citizens and service users effectively		6 green	1 amber	Zero red	7 in total
Use of consultation feedback	Consultation feedback reported to PDSP and committee when undertaken. Analysed and responded and fed into recommendations and reports. Open and closed consultations published on website				G
Strategic needs assessment	Undertaken in relation to health and social care services and commissioning plans.				G
Complaints procedure	Corporate Procedure adopted in accordance with SPSO requirements. Publicised on internet and at council offices. Recorded and managed via CRM. Quarterly reports to CMT and Performance Committee. Annual performance report to Performance Committee. Participation in national benchmarking. Annual SPSO report to Council Executive. Revised procedure to be approved in May 2021 per SPSO requirements. Performance reported on public performance reporting pages in website				G

B	20 green	10 amber	Zero red	30 in total
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DATA LABEL: PUBLIC

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

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

C1. Defining outcomes		11 green	2 amber	Zero red	13 in total
(a) Having a clear vision, which is an agreed formal statement of the council's purpose and intended outcomes containing appropriate performance indicators, which provide the basis for the council's overall strategy, planning and other decisions					
(b) Specifying the intended impact on, or changes for, stakeholders including citizens and service users. It could be immediately or over the course of a year or longer					
(c) Delivering defined outcomes on a sustainable basis within the resources that will be available					
(d) Identifying and managing risks to the achievement of outcomes					
(e) Managing service users' expectations effectively with regard to determining priorities and making the best use of the resources available					
Evidence		RAG			
Goals, values and priorities	Values in West Lothian Way, noted in committee report template. Priorities set and explained in Corporate Plan approved 13 February 2018 includes mission statement, values and priorities. Corporate Plan, supporting strategies and local outcomes improvement plan define outcome and performance indicators. Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes relevance to Corporate Plan. Template requires updating and revision to refer to LOIP and new Corporate Plan and priorities. Compulsory e-training module introduced in 2021 on working to council's values and priorities	G			
Corporate plan	Corporate Plan 2018/23 approved on 13 February 2018. Supporting strategies approved in 2018/19. Council priorities identified with performance measures and outcomes. Annual performance reports for each corporate strategy. To be renewed in 2022/23 after local government elections in May 2022	G			

DATA LABEL: PUBLIC

C1. Defining outcomes		11 green	2 amber	Zero red	13 in total
Management plans	Management Plans prepared in accordance with Golden Thread from Corporate Plan. Approved at senior management level and to members and public via PDSPs each year. Set out activities, services, savings, budgets and performance measures. Annual reporting delayed due to COVID, recommenced to PDSPs in November/December 2020				G
Activity budgets	Included in Management Plans (above)				G
Local Outcomes Improvement Plan	LOIP replaced SOAC. Agreed via Community Planning Partnership Board. LOIP under revision with partners to reflect agreed priorities and outcomes. Work ongoing in 2019/20 and 2020/21, delayed due to COVID, not yet completed. SOAC/LOIP to 2023 remains in place. Planned for completion post-pandemic to incorporate reaction to impact of COVID				A
Public engagement strategy	Consultation pages on website. "You said/we did". Youth Participation and Engagement by Community Learning and Development Youth Services. Open and closed consultations collected and reported on service by service basis. Webpages show closed and current consultations. Tenant engagement/participation strategy. Use of social media. Community Choices pilots, especially using CONSUL. Community Engagement Plan developed by Community Planning Partnership. Agreement in 2020 to renew Citizens' Panel. Face-to-face consultation meetings hampered by COVID, remote access meetings and social media surveys utilised				G
Regular reporting on delivery of outcomes	WLAM reporting to Performance Committee. Service performance to PDSP quarterly. SPI service reporting through website. Performance themes reporting. Process reviewed in 2017/18 as response to BVAR recommendations and agreed actions. Annual reports to PDSP on Corporate Strategies supporting Corporate Plan, delayed by CPVID, reporting recommenced to PDSPs in late 2020.				G
Annual report on delivery of outcomes	Factfile produced annually. "You said/we did" reports on website. Webpages cover service and corporate performance. Annual report to committee on performance through Local Government Benchmarking Framework.				G
Community Planning Partnership	Structure and reporting arrangements in place. Structure and purposes being reviewed in 2017/18. Complete in 2018/19. New structures in place. LOIP under review in 2019/20 and 2020/21.				G

DATA LABEL: PUBLIC

C1. Defining outcomes		11 green	2 amber	Zero red	13 in total
Risk Management strategy	Risk Management Strategy end of term report. Corporate Plan strategy approved in 2018/19 following adoption of Corporate Plan on 13 February 2018. Annual reports to PDSP and G&RC on Corporate Strategy supporting Corporate Plan. Risk Management Policy revised in 2020 via PDSP, G&RC and due to be approved at Council Executive on 24 March 2020, postponed due to COVID-19, approved on 6 October 2020				G
Risk management guidance and protocols	Guidance and protocols on internet. Overseen and advised by Audit, Risk & Counter Fraud Manager. Risk Champions appointed. Risk Management Working Group overseen by Governance & Risk Board. Risk Management Standards and related guidance and procedures reviewed and updated in April 2020				G
Scrutiny of risk arrangements	Management scrutiny through service management teams, high risks to Executive Management Team, and reporting to Governance & Risk Board. Member scrutiny via Governance & Risk Committee established in June 2017. Standing/recurring items for high risks and for strategic risks. Corporate risks reported biannually. Themed and <i>ad hoc</i> reports on work plan.				G
Best Value Framework	Best Value Framework approved in April 2014. Annual compliance statements. Checklists for service use. Timetabled for review in 2020/21 to fit with post-Brexit consequences and changes. Review not complete due to diversion of resources to COVID. To be progressed in summer 2021 and reported for approval after that				A

C2. Sustainable economic, social and environmental benefits		16 green	2 amber	Zero red	18 in total
(a) Considering and balancing the combined economic, social and environmental impact of policies and plans when taking decisions about service provision					
(b) Taking a longer-term view with regard to decision making, taking account of risk and acting transparently where there are potential conflicts between the council's intended outcomes and short-term factors such as the political cycle or financial constraints					
(c) Determining the wider public interest associated with balancing conflicting interests between achieving the various economic, social and environmental benefits, through consultation where possible, in order to ensure appropriate trade-offs					
(d) Ensuring fair access to services					

DATA LABEL: PUBLIC

C2. Sustainable economic, social and environmental benefits		16 green	2 amber	Zero red	18 in total
Evidence		RAG			
Goals, values and priorities	Values in West Lothian Way, noted in committee report template. Corporate Plan 2018/2022 approved 13 February 2018 includes mission statement, values and corporate priorities. Corporate Plan, supporting strategies and local outcomes improvement plan define outcome and performance indicators. Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes relevance to Corporate Plan. Compulsory e-training module introduced in 2020/21 on working to council values and priorities	G			
Financial strategy long term, revenue	Three-year budgets and further two year plan approved on 13 February 2018 and renewed in February 2019 and February 2020. Quarterly monitoring reports to CMT and members at PDSP and Council Executive. Financial Regulations reflect long-term strategy requirements. New procedure for Involvement of Elected Members in Financial Planning approved in June 2018 and implemented for budget-setting in February 2019, 2020 and 2021. CIPFA Financial Management Code adopted in February 2021. Renewed medium-term financial plan/strategy to be introduced in 2022 after elections in May 2022	G			
Financial strategy (long-term, capital)	10 year capital programme approved on 13 February 2018 and renewed in February 2019 and February 2020. Quarterly monitoring reports to CMT and members at PDSP and Council Executive. Financial Regulations reflect long-term strategy requirements. New statutory capital asset strategy approved at full council in March 2019 and annually after. Annual strategy performance reports to members in June each year, delayed due to COVID, recommenced reporting in November/December 2020	G			
Capital programme	Capital programme supported by Asset Management Strategy and six plans. Quarterly monitoring reports to CMT and to members at PDSP and Council Executive. Property Asset Management Plan (2018/19 to 2027/28) approved in December 2018. Programme renewed at annual budget-setting meetings. Performance against Asset Plans reported publicly through website pages on public performance reporting	G			
Strategic environment assessment	Scheme of Delegations allocates responsibility. Committee report template includes reference to SEA in Part C. Guidance available on intranet. Revised Scheme of Delegations for planning service, including SEAs, under development in 2019/20, reported for approval in January 2021, approved in April 2021, implemented on 4 May 2021	G			

DATA LABEL: PUBLIC

C2. Sustainable economic, social and environmental benefits		16 green	2 amber	Zero red	18 in total
Decision-making rules (Standing Orders)	Available on internet and intranet. Reviewed and adopted in December 2016. Re-adopted in May 2017. Amended since via reports to council. Can only be amended by full council on notice given. Ongoing review of decision-making arrangements instructed in February 2018. Changes approved by council and committee in stages throughout 2019/20 and continuing in 2020/21. Completion interrupted by COVID, remaining issues to be reported for decision before elections in May 2022				G
Financial Regulations	Made in accordance with legislation. Part of Standing Orders. Responsibility allocated in Scheme of Delegations. Reviewed and updated in 2016 and then again in August 2019. Amended in response to committee and council decisions when required. Updated following adoption of CIPFA Financial Code in February 2021				G
Risk Management strategy	Risk Management Strategy end of term report. Corporate Plan strategy approved in 2018/19 following adoption of Corporate Plan on 13 February 2018. Annual reports to PDSP and G&RC on Corporate Strategy supporting Corporate Plan. Risk Management Policy revised in 2020 via PDSP, G&RC and due to be approved at Council Executive on 24 March 2020, postponed due to COVID-19, approved on 6 October 2020				G
Risk management guidance and protocols	Guidance and protocols on internet. Overseen and advised by Audit, Risk & Counter Fraud Manager. Risk Champions appointed. Risk Management Working Group overseen by Governance & Risk Board. Risk Management Standards and related guidance and procedures reviewed and updated in April 2020				G
Scrutiny of risk arrangements	Management scrutiny through service management teams, high risks to Executive Management Team, and reporting to Governance & Risk Board. Member scrutiny via Governance & Risk Committee established in June 2017. Standing/recurring items for high risks and for strategic risks. Corporate risks reported biannually. Themed and <i>ad hoc</i> reports on work plan				G
Citizen survey	Citizen survey and inspection programme in place. Citizen Panel programme. Quality of Life Survey. Refreshed and relaunched in 2017/18 as response to BVAR recommendation and agreed action plan. Progress reported to Performance Committee in March 2019. New programme due for 2019/20, not put in place. Update report scheduled for Performance Committee before summer break in 2020, postponed due to COVID-19 and diversion of relevant staff to other duties. Work further postponed to wait till post-pandemic to ensure engagement is at the right time and will provide the best response				A

DATA LABEL: PUBLIC

C2. Sustainable economic, social and environmental benefits		16 green	2 amber	Zero red	18 in total
Use of consultation feedback	Consultation feedback reported to PDSP and committee when undertaken. Analysed and responded and fed into recommendations and reports. "You said, we did" information on website. Website has lists of closed and open consultations				G
Record of professional advice in reaching decisions	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes section on consultations which covers legal and other professional advice. Minutes record significant legal advice given during meetings.				G
Record of decision making and supporting materials	Action Notes issued within 3 days of meetings. Minutes prepared in house style, updated and approved in 2019. Report template includes section on background references. All retained in accordance with statutory rules. Change to style of minutes approved in 2019				G
Public Sector Equality Duty reporting	Mainstreaming report in accordance with legislation in June 2017, April 2019, May 2021. Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes section on EQIAs. Procedures and guidance available on intranet for process and publication. Updated for new Fairer Scotland duty, incorporated into Integrated Impact Assessment process				G
Equality impact assessment procedure	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes section on EQIAs. Procedures and guidance available on intranet for process and publication. Updated for new Fairer Scotland duty, incorporated into Integrated Impact Assessment process. .				G
Best Value framework	Best Value Framework approved in April 2014. Annual compliance statements. Checklists for service use. Timetabled for review in 2020/21 to fit with post-Brexit consequences and changes. To be progressed in summer 2021 and reported for approval after that				A
Corporate Procurement Policy (non-commercial benefits)	Corporate Procurement Strategy 2018/19 to 2022/23 approved in February 2018. Outcomes include achievement of community benefits and promotion of good working practices. Annual review of strategy and performance, last to PDSP in December 2020. Contracts Standing Orders fully revised and approved in 2020. Contract strategies must deal with these requirements. Sustainable procurement features in proposed approach to community wealth building				G

C	27 green	4 amber	Zero red	31 in total
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DATA LABEL: PUBLIC

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

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

D1. Determining interventions		8 green	5 amber	Zero red	13 in total
(a) Ensuring decision makers receive objective and rigorous analysis of a variety of options indicating how intended outcomes would be achieved and associated risks. Therefore ensuring best value is achieved however services are provided					
(b) Considering feedback from citizens and service users when making decisions about service improvements or where services are no longer required in order to prioritise competing demands within limited resources available including people, skills, land and assets and bearing in mind future impacts					
Evidence					RAG
Decision-making rules (Standing Orders)	Available on internet and intranet. Reviewed and adopted in December 2016. Re-adopted in May 2017. Amended since via reports to council. Can only be amended by full council on notice given. Due for review in administrative term. Review ongoing per council decision on 13 February 2018, variety of changes approved via PDSP, committee and council. Remaining elements ready for reporting in late 2019/20, delayed due to CPVID-19, due for completion before elections in May 2022.				G
Calendar of dates for submitting and publishing reports	Calendar of ordinary meetings approved annually by committee in March each year. Consultation beforehand with senior officers and chairs. Published and maintained on Coins. Schedule for reports attached to committee remit in Coins. Standing Orders state when reports to be submitted and then published. Calendar in 2019/20 interrupted due to COVID. Revised short-term calendar published in May 2020, then extended in September 2020 and return to normal arrangements in March 2021. Remote access meetings till 30 September 2021, to be reviewed thereafter				G
Assessment and review of information provided for decision-making	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes sections for significant legal and financial implications. Draft reports assessed and checked by heads of Service, as responsible officers, prior to submission. Reports of corporate significance considered at EMT or CMT. Agenda-setting arrangements for committees and PDSPs. Template requires updating, to be completed before elections in May 2022				A

DATA LABEL: PUBLIC

D1. Determining interventions		8 green	5 amber	Zero red	13 in total
Committee report templates	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes relevance to Corporate Plan. Requires updating and revision to refer to LOIP and new Corporate Plan and priorities. Work on revised template commenced in 2019/20. Delayed by COVID. To be completed before elections in May 2022				A
Public engagement strategy	Consultation pages on website. "You said/we did". Youth Participation and Engagement by Community Learning and Development Youth Services. Open and closed consultations collected and reported on service by service basis. Webpages show closed and current consultations. Tenant engagement/participation strategy. Use of social media. Community Choices pilots, especially using CONSUL. Community Engagement Plan developed by Community Planning Partnership. Agreement in 2020 to renew Citizens' Panel. Face-to-face consultation meetings hampered by COVID, remote access meetings and social media surveys utilised				G
Citizen survey/inspection	Citizen survey and inspection programme in place. Citizen Panel programme. Quality of Life Survey. Refreshed and relaunched in 2017/18 as response to BVAR recommendation and agreed action plan. Progress reported to Performance Committee in March 2019. New programme due for 2019/20, not put in place. Update report scheduled for Performance Committee before summer break in 2020, postponed due to COVID-19 and diversion of relevant staff to other duties. Work further postponed to wait till post-pandemic to ensure engagement is at the right time and will provide the best response				A
Use of consultation feedback	Consultation feedback reported to PDSP and committee when undertaken. Analysed and responded and fed into recommendations and reports. Access to all closed and open consultations on webpages				G
Options appraisal	Report template requires options to be appraised and compared. Professional and financial advice required and reported. SBCs used for capital projects. Procurement Strategies required by Contracts Standing Orders and Corporate Procurement Procedures				A
Financial strategy (long-term)	Three-year budgets and further two year plan approved on 13 February 2018 and renewed in February 2019 and February 2020. Quarterly monitoring reports to CMT and members at PDSP and Council Executive. Financial Regulations reflect long-term strategy requirements. New procedure for Involvement of Elected Members in Financial Planning approved in June 2018 and implemented for budget-setting in February 2019, 2020 and 2021. CIPFA Financial Management Code adopted in February 2021. Renewed medium-term financial plan/strategy to be introduced in 2022 after elections in May 2022				G

DATA LABEL: PUBLIC

D1. Determining interventions		8 green	5 amber	Zero red	13 in total
Record of professional advice in reaching decisions	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes section on consultations which covers legal and other professional advice. Minutes record significant legal advice given during meetings. Style of minutes reviewed and changes approved in 2019				G
Record of decision making and supporting materials	Action Notes issued within 3 days of meetings. Minutes prepared in house style. Report template includes section on background references. All retained in accordance with statutory rules. Change to style of minutes approved in 2019				G
Meeting reports show details of advice given	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes section on consultations which covers legal and other professional advice. Change to style of minutes approved in 2019, requires record of significant advice given at meetings where additional to advice in report				A
Equality impact assessment procedure	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes section on EQIAs. Procedures and guidance available on intranet for process and publication. Updated for new Fairer Scotland duty, incorporated into Integrated Impact Assessment process. .				G

D2. Planning interventions		15 green	1 amber	Zero red	16 in total
(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					

DATA LABEL: PUBLIC

D2. Planning interventions		15 green	1 amber	Zero red	16 in total
(g) Preparing budgets in accordance with objectives, strategies and the medium term financial plan					
(h) Informing medium and long term resource planning by drawing up realistic estimates of revenue and capital expenditure aimed at developing a sustainable funding strategy					
Evidence		RAG			
Corporate Plan	Corporate Plan 2018/23 approved on 13 February 2018. Supporting strategies approved in 2018/19. Council mission statement values and priorities identified with performance measures and outcomes. Annual reports to PDSP on progress with corporate strategies. Delayed in mid-2020 due to COVID, started again in November/December 2020	G			
Management Plans	Management Plans prepared in accordance with Golden Thread from Corporate Plan. Approved at senior management level and to members and public via PDSPs. Set out activities, services, savings, budgets and performance measures. Delayed in mid-2020 due to COVID, started again in November/December 2020	G			
Activity budgets	Included in Management Plans (above).	G			
Calendar of dates for developing and submitting plans and reports	Major strategies supporting Corporate Plan being approved in June 2018 following approval of Corporate Plan on 13 February 2018. Annual approval of management plans and annual reports to PDSP on progress with corporate strategies. Performance monitoring reports and annual reports timetabled thereafter. Scrutiny committees operate through work plans.	G			
Alignment of plans, priorities, outcomes and budgets	Corporate Plan, Strategies, Outcomes, Financial Plans, Management Plans, Work Plans and financial and activity budgets all aligned through the Golden Thread approach.	G			
Communications guidance and standards	West Lothian Way. Reviewed in 2018/19 and republished on intranet, regularly updated and communicated to staff. Includes the council's Media Strategy and Social Media Guidance and practical information to ensure consistent and corporate standard	G			

DATA LABEL: PUBLIC

D2. Planning interventions		15 green	1 amber	Zero red	16 in total
Risk Management strategy	Risk Management Strategy end of term report. Corporate Plan strategy approved in 2018/19 following adoption of Corporate Plan on 13 February 2018. Annual reports to PDSP and G&RC on Corporate Strategy supporting Corporate Plan. Risk Management Policy revised in 2020 via PDSP, G&RC and due to be approved at Council Executive on 24 March 2020, postponed due to COVID-19, approved on 6 October 2020				G
Risk management guidance and protocols	Guidance and protocols on internet. Overseen and advised by Audit, Risk & Counter Fraud Manager. Risk Champions appointed. Risk Management Working Group overseen by Governance & Risk Board. Risk Management Standards and related guidance and procedures reviewed and updated in April 2020				G
Scrutiny of risk arrangements	Management scrutiny through service management teams, high risks to Executive Management Team, and reporting to Governance & Risk Board. Member scrutiny via Governance & Risk Committee established in June 2017. Standing/recurring items for high risks and for strategic risks. Corporate risks reported biannually. Themed and <i>ad hoc</i> reports on work plan				G
Financial Regulations	Made in accordance with legislation. Part of Standing Orders. Responsibility allocated in Scheme of Delegations. Reviewed and updated in 2016 and then again in August 2019. Amended in response to committee and council decisions when required. Updated following adoption of CIPFA Financial Code in February 2021				G
Financial strategy (long-term)	Three-year budgets and further two year plan approved on 13 February 2018 and renewed in February 2019 and February 2020. Quarterly monitoring reports to CMT and members at PDSP and Council Executive. Financial Regulations reflect long-term strategy requirements. New procedure for Involvement of Elected Members in Financial Planning approved in June 2018 and implemented for budget-setting in February 2019, 2020 and 2021. Budget reporting and decisions took count of COVID impacts and pressures. CIPFA Financial Management Code adopted in February 2021. Renewed medium-term financial plan/strategy to be introduced in 2022 after elections in May 2022				G
Performance measures are relevant, useful and clear	Pentana used to record and monitor and report on PIs. Guidance on setting PIs on intranet. PIs reviewed at management team level. WLAM reporting and assessment by Chief Executive's WLAM Panel. Performance Committee reporting. WLAM reviewed in 2018/19, reporting arrangements to Performance Committee reviewed by committee. Service standards and public performance indicator performance on council webpages				G

DATA LABEL: PUBLIC

D2. Planning interventions		15 green	1 amber	Zero red	16 in total
Performance monitoring and reporting	Pentana performance monitoring and reporting. WLAM reporting and assessment by Chief Executive's WLAM Panel. Performance Committee reporting. WLAM reviewed in 2018/19, reporting arrangements to Performance Committee reviewed by committee. Local Government Benchmarking.				G
Scrutiny of financial performance	Service budget monitoring at Senior Management Teams. Quarterly monitoring reports to CMT, PDSP and Council Executive. Quarterly reports to PDSPs on service performance to cover financial performance as well from June 2018. Mentoring reports in 2020/21 included relevant information about COVID				G
Scrutiny of service performance	WLAM reporting to Performance Committee. Service performance to PDSP quarterly. SPI service reporting through website. Performance themes reporting. Process reviewed in 2017/18 as response to BVAR recommendations and agreed actions. Factfile produced and published. Annual reports to PDSPs on corporate strategies, delayed in mid-2020 due to COVID, recommenced in November/December 2020.				G
Partnership working – protocols, guidance and agreed values	Partnership Guidance available on intranet. Made in 2010, reviewed in 2012 and August 2018. Ongoing work to have them incorporated into guidance on engagement with ALEOs and other outside bodies. Completed August 2018, trialled in 2018/19 in relation to possible ALEO for instrumental music tuition. Extent of use and compliance should be checked				A

D3. Optimising achievement of intended outcomes		7 green	1 amber	Zero red	8 in total
(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					
Evidence					RAG

DATA LABEL: PUBLIC

D3. Optimising achievement of intended outcomes		7 green	1 amber	Zero red	8 in total
Long-term financial strategy aligns service and financial information and performance	Three-year budgets and further two year plan approved on 13 February 2018 and renewed in February 2019 and February 2020. Quarterly monitoring reports to CMT and members at PDSP and Council Executive. Financial Regulations reflect long-term strategy requirements. New procedure for Involvement of Elected Members in Financial Planning approved in June 2018 and implemented for budget-setting in February 2019, 2020 and 2021. CIPFA Financial Management Code adopted in February 2021. Renewed medium-term financial plan/strategy to be introduced in 2022 after elections in May 2022				G
Corporate Plan demonstrates social value	Corporate Plan incorporates mission statement, council values and priorities. Priorities reflect community needs and interests. Priorities include reducing poverty and protecting the elderly. Commitment to Corporate Governance principles including exercising powers in the public interest				G
Management Plans demonstrate social value	Management Plans prepared in accordance with Golden Thread from Corporate Plan. Approved at senior management level and to members and public via PDSPs. Set out activities, services, savings, budgets and performance measures.				G
Local outcomes Improvement Plan demonstrates social value	LOIP replaced SOAC. Agreed via Community Planning Partnership Board. LOIP under revision with partners to reflect agreed priorities and outcomes. Work ongoing in 2019/20 and 2020/21, not yet completed. SOAC/LOIP to 2023 remains in place. Planned for completion post-pandemic to incorporate reaction to impact of COVID				A
Financial Regulations	Made in accordance with legislation. Part of Standing Orders. Responsibility allocated in Scheme of Delegations. Reviewed and updated in 2016 and then again in August 2019. Amended in response to committee and council decisions when required. Updated following adoption of CIPFA Financial Code in February 2021				G
Corporate Procurement Strategy	Corporate Procurement Strategy 2013/18 ended in 2018. End of strategy reporting carried out. New Corporate Procurement Strategy approved in February 2019. Annual reporting on achievement of agreed strategic outcomes, last in December 2020				G
Standing Orders for Contracts, procurement policy and procedures include commitment to ethical values	Contracts Standing Orders and supporting Corporate Procurement Procedures approved and on intranet. Both refer to anti-fraud and corruption and whistleblowing obligations and to compliance with statutory regimes such as data protection and FOISA and living wage where competent. Full review completed in 2020/21 through cross-service working group, approved at committee in October 2020				G

DATA LABEL: PUBLIC

D3. Optimising achievement of intended outcomes		7 green	1 amber	Zero red	8 in total
Budget monitoring reporting	Quarterly monitoring reports to CMT and members at PDSP and Council Executive. Financial Regulations reflect long-term strategy requirements. Reporting in 2020/21 covered COVID impacts on funding, spending and budget pressures				G

D	30 green	7 amber	Zero red	37 in total
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DATA LABEL: PUBLIC

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

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

E1. Developing the entity's capacity		11 green	1 amber	Zero red	13 in total
(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					
Evidence		RAG			
Regular reviews of activities, outputs and planned outcomes	Management Plans approved annually. Aligned to Corporate Plan. Performance indicators defined in hierarchy below corporate plan outcomes. Pentana performance monitoring. Service and financial performance reported quarterly to PDSPs from June 2018. Corporate procurement strategies include high-level outcomes and scorecards for monitoring and reporting on an annual basis	G			
Budget monitoring arrangements	Budget monitoring at management teams. Quarterly reports to CMT. Pressures identified and mitigating actions taken and monitored. Quarterly monitoring reports to Council Executive. Service and financial performance reported quarterly to PDSPs from June 2018. Reporting in 2020/21 covered COVID impacts on funding, spending and budget pressures	G			
Capital Asset Strategy and Plan	Capital programme supported by Asset Management Strategy and six plans. Quarterly monitoring reports to CMT and members at Council Executive. New strategy approved in December 2018. Annual reports on performance against strategic performance indicators, reported to member and on council's webpages for public access	G			

DATA LABEL: PUBLIC

E1. Developing the entity's capacity		11 green	1 amber	Zero red	13 in total
Benchmarking arrangements	WLAM includes benchmarking as a standard. Service arrangements and networks. Reporting to Chief Executive's WLAM Panel and onward to Performance Committee. National Local Government Benchmarking scheme. Annual reporting to Performance Committee				G
Partnership working – protocols, guidance and agreed values	Partnership Guidance available on intranet. Made in 2010, reviewed in 2012 and August 2018. Ongoing work to have them incorporated into guidance on engagement with ALEOs and other outside bodies. Completed August 2018, trialled in 2018/19 in relation to possible ALEO for instrumental music tuition. Extent of use and compliance should be checked				A
WLAM	WLAM reporting to Chief Executive's Panel then to Performance Committee. Service performance to PDSP quarterly. SPI service reporting through website. Performance themes reporting. Process reviewed in 2017/18 as response to BVAR recommendations and agreed actions. Factfile produced and published. Annual reports on corporate strategies scheduled for PDSPs, delayed due to COVID but resumed and completed in November/December 2020				G
Performance monitoring and reporting	Pentana used to record and monitor and report on PIs. Guidance on setting PIs on intranet. PIs reviewed at management team level. WLAM reporting and assessment by Chief Executive's WLAM Panel. Performance Committee reporting. Local Government Benchmarking. EQAC. Quarterly PDSP reports.				G
People Strategy	People Strategy 2018/23 approved in February 2018 as corporate strategy supporting Corporate Plan. HR policies aligned to strategy. Supported by Employee Engagement Framework and Employee Well-being Framework. Management Development programmes delivered for all managers including head teachers in 2018/19. E-learning modules developed and introduced				G
Staff survey	Part of Employee Engagement Framework supporting People Strategy. Annual staff survey carried out. Rolled out to all employees in 2017/18 and repeated annually thereafter. Results analysed and reported to services. Focus Groups held to identify improvements. Actions developed and recorded. Impacts of COVID and working from home to be captured				G
APR	Part of Employee Engagement Framework supporting People Strategy. Mandatory appraisal procedure and framework including personal development plan. HR Framework for supporting performance under development in 2018/19, delayed due to COVID-19, approved in October 2020				G

DATA LABEL: PUBLIC

E1. Developing the entity's capacity		11 green	1 amber	Zero red	13 in total
Workforce development plan	People Strategy requires a structured approach to workforce and succession planning. Requires an updated Workforce Plan each financial year as a baseline for managing resource issues. Summary in Management Plan and aligned with activity based budgets. Internal audit carried out in 2018/19, reported to Audit Committee in June 2019. Control found to be satisfactory. Report due to G&RC in June 2021	G			
Succession planning	People Strategy requires a structured approach to workforce and succession planning. Requires an updated Workforce Plan each financial year as a baseline for managing resource issues. Summary in Management Plan and aligned with activity based budgets. Internal audit of workforce planning carried out in 2018/19, reported to Audit Committee in June 2019. Control found to be satisfactory	G			

E2. Developing the capability of the council's leadership and other individuals		14 green	Zero amber	Zero red	14 in total
(a) Developing protocols to ensure that elected and appointed leaders negotiate with each other regarding their respective roles early on in the relationship and that a shared understanding of roles and objectives is maintained					
(b) Publishing a statement that specifies the types of decisions that are delegated and those reserved for the collective decision making of the council					
(c) Ensuring the leader and the chief executive have clearly defined and distinctive leadership roles within a structure whereby the chief executive leads in implementing strategy and managing the delivery of services and other outputs set by members and each provides a check and a balance for each other's authority					
(d) Developing the capabilities of members and senior management to achieve effective leadership and to enable the council to respond successfully to changing legal and policy demands as well as economic, political and environmental changes and risks by: - <ul style="list-style-type: none"> ensuring members and staff have access to appropriate induction tailored to their role and that ongoing training and development matching individual and organisational requirements is available and encouraged ensuring members and officers have the appropriate skills, knowledge, resources and support to fulfil their roles and responsibilities and ensuring that they are able to update their knowledge on a continuing basis ensuring personal, organisational and system-wide development through shared learning, including lessons learnt from governance weaknesses both internal and external 					
(e) Ensuring that there are structures in place to encourage public participation					

DATA LABEL: PUBLIC

E2. Developing the capability of the council's leadership and other individuals		14 green	Zero amber	Zero red	14 in total
(f) Taking steps to consider the leadership's own effectiveness and ensuring leaders are open to constructive feedback from peer review and inspections					
(g) Holding staff to account through regular performance reviews which take account of training or development needs					
(h) Ensuring arrangements are in place to maintain the health and wellbeing of the workforce and support individuals in maintaining their own physical and mental wellbeing					
Evidence		RAG			
Role descriptions for members	Approved November 2016, post-election Induction Pack, review required during administrative term. To be scheduled in 2020/21 for review date to allow completion before local government elections in May 2022 and to take account of expected revisions to Councillors' Code of Conduct and Guidance	G			
Job descriptions for officers	All posts have role descriptions and core competencies for recruitment and job evaluation purposes.	G			
Liaison between Chief Executive and Council Leader	Formal 1-2-1 sessions and other informal liaison and access arrangements in place. Joint attendance at COSLA Leaders. Chief Executive attends meetings chaired by Leader (e.g., Council Executive, P&R PDSP)	G			
Liaison between Chief Executive and political group leaders	Formal 1-2-1 liaison and access arrangements in place.	G			
Liaison between senior officers and Executive Councillors	Formal and informal liaison and access arrangements in place. Agenda-setting arrangements for PDSP meetings. Senior officers appointed as Lead Officers for each PDSP	G			
Standing Orders for Meetings, Scheme of Delegations, Scheme of Administration, Financial Regulations	Available on internet and intranet. Reviewed and adopted in December 2016. Re-adopted in May 2017. Amended since via reports to council. Can only be amended by full council on notice given. Due for review in administrative term. Review ongoing per council decision on 13 February 2018, variety of changes approved via PDSP, committee and council. Remaining elements ready for reporting in late 2019/20, delayed due to COVID-19. Requires to be completed before elections in May 2022	G			

DATA LABEL: PUBLIC

E2. Developing the capability of the council's leadership and other individuals		14 green	Zero amber	Zero red	14 in total
Members' training (induction and ongoing, personal development plans)	Post-election arrangements made through officer working group. Included feedback and input from elected members for induction and ongoing training. Allocation of training days in calendar of meetings. Training for regulatory committees compulsory via Scheme of Administration. Officer group on Members Training commenced in 2018/19. Survey of all members' training needs carried out with accompanying visits to group meetings. Results reported and actions agreed followed by further consultation and training programme. Training delivered in accordance with survey results and up-to-date requests. Intranet page established with repository in Objective for training materials. Expanded information reported to Council Executive in May 2021 as part of annual report on remuneration, expenses and allowances				G
Staff induction and training	Covered by People Strategy. Model Induction Process in place with supporting guidance and materials revised March 2020. Staff training provided via E-learning platform Bitesize sessions, bespoke sessions when appropriate and toolbox talks. Training covered as part of personal development plan in APR procedures				G
Officer ADR	Covered by People Strategy. ADR rolled out from 2016/17, now covers all staff up to DCE level. Built round a framework of Core Competencies including delivering outcomes in ways consistent with the council's values and strategies, championing the goals and values of the council. Guidance and procedures available for managers and employees. Framework for supporting performance approved on 6 October 2020				G
Succession planning	People Strategy requires a structured approach to workforce and succession planning. Requires an updated Workforce Plan each financial year as a baseline for managing resource issues. Summary in Management Plan and aligned with activity based budgets. Internal audit of workforce planning carried out in 2018/19, reported to Audit Committee in June 2019. Control found to be satisfactory				G
HR policies to support officers	HR Policies aligned to People Strategy. All available on MyToolkit. TU liaison and negotiation agreements and input. HR Policies reviewed every administrative term on a cyclical basis. Performance Management Framework approved in October 2020. Annual compliance statement by Head of Service in relation to most significant corporate policies and procedures				G
Communications guidance and standards	West Lothian Way. Reviewed in 2018/19 and republished on intranet, regularly updated and communicated to staff. Includes the council's Media Strategy and Social Media Guidance and practical information to ensure consistent and corporate standard				G

DATA LABEL: PUBLIC

E2. Developing the capability of the council's leadership and other individuals		14 green	Zero amber	Zero red	14 in total
Public engagement strategy	Consultation pages on website. "You said/we did". Youth Participation and Engagement by Community Learning and Development Youth Services. Open and closed consultations collected and reported on service by service basis. Webpages show closed and current consultations. Tenant engagement/participation strategy. Use of social media. Community Choices pilots, especially using CONSUL. Community Engagement Plan developed by Community Planning Partnership. Agreement in 2020 to renew Citizens' Panel. Face-to-face consultation meetings hampered by COVID, remote access meetings and social media surveys utilised				G
Stakeholder forums	Citizen-led inspection programme renewed in 2018/19 as part of BVAR actions. Establishment of new programme in 2019/20 not effected. Citizens Panel. Quality of Life Survey. Tenants Panel. Senior People's Forum. Licensing Forum. Consultation Forum. Citizens' Panel being refreshed in mid-2020. Formal recognition of Joint Forum of Community Councils in September 2019				G

E	25 green	1 amber	Zero red	26 in total
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DATA LABEL: PUBLIC

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		8 green	Zero amber	Zero red	8 in total
(a) Recognising that risk management is an integral part of all activities and must be considered in all aspects of decision making					
(b) Implementing robust and integrated risk management arrangements and ensuring that they are working effectively					
(c) Ensuring that responsibilities for managing individual risks are clearly allocated					
Evidence		RAG			
Risk management strategy/policy formally approved, adopted, reviewed and updated on a regular basis	Risk Management Strategy end of term report. Corporate Plan strategy approved in 2018/19 following adoption of Corporate Plan on 13 February 2018. Annual reports to PDSP and G&RC on Corporate Strategy supporting Corporate Plan. Risk Management Policy revised in 2020 via PDSP, G&RC and due to be approved at Council Executive on 24 March 2020, postponed due to COVID-19, approved on 6 October 2020	G			
Corporate risk register	Maintained on Pentana. Overseen by Audit, Risk & Counter Fraud Manager. Reviewed at EMT. High risks quarterly to Governance & Risk Committee. Corporate risks biannually. Guidance and protocols on internet. Overseen and advised by Audit, Risk & Counter Fraud Manager. Risk Champions appointed. Risk Management Working Group overseen by Governance & Risk Board. Risk Management Standards and related guidance and procedures reviewed and updated in April 2020	G			

DATA LABEL: PUBLIC

F1. Managing risk		8 green	Zero amber	Zero red	8 in total
Service risk registers	Maintained on Pentana. Overseen by CMT. Reviewed at SMT meetings. High risks and strategic risks to EMT and to Governance & Risk Committee. Risk Champions appointed. Management scrutiny through service management teams, high risks to Executive Management Team, and reporting to Governance & Risk Board. Member scrutiny via Governance & Risk Committee established in June 2017. Standing/recurring items for high risks and for strategic risks. Corporate risks reported biannually. Themed and ad hoc reports on work plan. Resumption of services' reporting on their own highest risks, commencing in June 2021				G
Identification of actions and allocation of responsible officers	Pentana includes provision for mitigation measures to be listed and mitigations actions identified and monitored for completion. Reports to senior management teams in services. Risk Working Group and Governance & Risk Board. Risk actions recorded in Pentana and behind schedule are reported by exception to Audit Committee. Pentana records responsible officers' names beside risk actions				G
Risk Working Group and Risk Champions	Champions designated for services. Members of Risk Working Group, reporting to Governance & Risk Board. Focus of risk advice and guidance between services and G&RB. Group has defined remit, reviewed annually.				G
Governance & Risk Board	Chaired by Depute Chief Executive. Members include Monitoring Officer, the Audit Risk and Counter Fraud Manager, the Governance Manager, the Chief Solicitor and senior managers across all service areas. Reports from officer working groups on risk and corporate governance. Monitors corporate and high risks. Considers the annual report on corporate governance and the compliance statements and annual governance statement. Extended in 2019/20 to monitor work of Information Management Working Group, covering Information Management Policy including DPA and FOISA. Continued to meet during pandemic				G
Governance & Risk Committee	Remit and powers defined in Scheme of Administration. Receives standing and <i>ad hoc</i> reports on risk and governance. Chaired by non-administration member. Self-assessment carried out annually. Approves annual governance statement. Non-councillor member added and recruited in March 2020. Maintains work plan for year ahead				G
Risk Management Annual Plan	Annual Plan approved by Governance & Risk Committee. Sets out proactive and reactive work and allocation of resources. Includes performance indicators. Annual report on progress/completion. Delayed for three months due to pandemic but approved as soon as committee meetings resumed in June 2020				G

DATA LABEL: PUBLIC

F2. Managing performance		18 green	3 amber	Zero red	21 in total
(a) Monitoring service delivery effectively including planning, specification, execution and independent post implementation review					
(b) Making decisions based on relevant, clear objective analysis and advice pointing out the implications and risks inherent in the council's financial, social and environmental position and outlook					
(c) Ensuring an effective scrutiny or oversight function is in place which provides constructive challenge and debate on policies and objectives before, during and after decisions are made thereby enhancing the council's performance and that of any organisation for which it is responsible					
(d) Providing members and senior management with regular reports on service delivery plans and on progress towards outcome achievement					
(e) Ensuring there is consistency between specification stages (such as budgets) and post implementation					
Evidence					RAG
Identification of outcomes in Corporate Plan and Local Outcomes Improvement Plan	Corporate Plan and LOIP have high-level outcomes and performance measures. Based on corporate and community planning priorities. Corporate Plan renewed every administrative term. LOIP under review in 2019/20 and 2020/21 with community planning partners. Process delayed due to pandemic but resumed in early 2021				G
Management plans aligned to Corporate Plan	Management Plans prepared in accordance with Golden Thread from Corporate Plan. Approved at senior management level and to members and public via PDSPs. Set out activities, services, savings, budgets and performance measures. Approval delayed in 2020/21 by COVID, resumed and completed when committee and PDSP meetings resumed in autumn 2020				G
Calendar of dates for submitting, publishing and distributing timely reports that are adhered to	Calendar of ordinary meetings approved annually by committee in March each year. Consultation beforehand with senior officers and chairs. Published and maintained on Coins. Schedule for reports attached to committee remit in Coins. Standing Orders state when reports to be submitted and then published. Delayed in March 2019 due to COVID-19, shorter-term calendars approved in June 2020 and September 2020, back to normal in March 2021				G
Agreement on the information that will be needed and timescales	Report template sets out requirements for committee reports. Timetable of meetings confirms meeting dates. Separate timetable provided for officers for submission of reports for agenda-setting and actual meetings. Formal agenda-setting arrangements in place for council and main committees				G

DATA LABEL: PUBLIC

F2. Managing performance		18 green	3 amber	Zero red	21 in total
Committee remits and powers defined	Scheme of Administration shows remits and powers and restrictions. Scheme updated when required following council decisions. Can only be amended by full council. Reviewed once each administrative term. Review instructed in February 2018 by full council, various changes reported and approved in 2018/19 and 2019/20 via PDSP, committee and council. Remaining elements for reporting in mid-2020, delayed due to COVID-19. Incorporated into schedule of corporate documents requiring review before elections in May 2022				A
Pre-decision consideration at PDSPs	Policy changes (new and amendments) and consultation responses require prior consideration at PDSP meetings. Outcome of consideration to be included in information provided to committee when decisions are made. Process for dealing with consultation responses tightened in 2019/20. Addition in 2019/20 of Joint Forum of Community Councils to list of groups sending representatives. Meetings suspended March – June 2020 due to COVID. Members and community body representatives consulted off-line by email for committee business from June 2020 till September 2020. Normal procedures resumed in October 2020				G
Publication of agendas, reports and minutes of meetings	Standing Orders set deadlines and procedures for publication of agendas and reports. Publication is via internet. Minutes are published when agenda for following meeting is issued. Public reporting is default position				G
Discussion between members and officers on the information needs of members to support decision making	Post-election arrangements made through officer working group. Included feedback and input from elected members for induction and ongoing training. Planning of training reflects needs expressed by members. Allocation of training days in calendar of meetings. PDPs offered to all. Training for regulatory committees compulsory via Scheme of Administration. Officer group on Members Training commenced in 2018/19. Survey of all members' training needs carried out with accompanying visits to group meetings. Results reported and actions agreed followed by further consultation and training programme. Training delivered in accordance with survey results and up-to-date requests throughout 2019/20 and 2020/21. Intranet page established with repository in Objective for training materials. Report on training activities and plans in annual report on councillors remuneration, allowances				G
The role and responsibility for scrutiny has been established and is clear	Scrutiny is established through remits and powers of PDSPs and committees in Scheme of Administration. Training is offered to members. Improvement Service training on scrutiny in 2018/19. Chairs of Audit Committee and Governance & Risk Committee to be from outwith administration group. Minutes of scrutiny committees are reported to full council for noting. Performance Committee reviewed its reporting arrangements in 2018/19. Annual self-assessment for G&RC and Audit Committee. Lay members added and recruited to Audit Committee and Governance & Risk Committee in March 2020				G

DATA LABEL: PUBLIC

F2. Managing performance		18 green	3 amber	Zero red	21 in total
Agenda, reports and minutes of scrutiny meetings	Agendas and reports are prepared and circulated in accordance with Standing Orders. Minutes record members' concerns and questioning during meetings. Minutes of scrutiny committees are reported to full council for noting				G
Establishment, recording and review of performance indicators	Performance management and monitoring arrangements ensure PIs are identified and are regularly reviewed to ensure continuing fitness for purpose. Pentana available for recording performance and explanations for failures. WLAM procedures involve performance assessments. Performance Committee reviewed its reporting and scrutiny arrangements in 2019.				G
Measurement of performance and recording of performance against indicators	Pentana identifies officers responsible for monitoring and maintaining records. Regular monitoring and reporting at management teams, PDSPs and Performance Committee. WLAM procedures involve performance assessments. Performance Committee reviewed its reporting and scrutiny arrangements in 2019. Public reporting on KPIs, PPIs and service standards via website				G
Training for members	Post-election arrangements made through officer working group. Included feedback and input from elected members for induction and ongoing. Planning of training reflects needs expressed by members. Allocation of training days in calendar of meetings. PDPs offered to all. Training for regulatory committees compulsory via Scheme of Administration. Officer group on Members Training commenced in 2018/19. Survey of all members' training needs carried out with accompanying visits to group meetings. Results reported and actions agreed followed by further consultation and training programme. Training delivered in accordance with survey results and up-to-date requests throughout 2019/20. Intranet page established with repository in Objective for training materials. Report on training activities and plans in annual report on councillors remuneration, expenses and allowances				G
Membership of scrutiny bodies to reflect political parties and balance	All parties represented on four scrutiny committees and all PDSPs. PDSPs include representatives from community organisations. Proportions of member representation determined as a political decision. Chairs of G&RC and Audit Committee now reserved to non-administration members. Chair of other two scrutiny committees is from outwith the administration group. No administration members chair scrutiny committees.				A
Chairs independent of administration group	Chairs of Audit and Governance & Risk Committees cannot be from the administration. No such provision for other scrutiny committees but in practice non-administration members chair those too				A

DATA LABEL: PUBLIC

F2. Managing performance		18 green	3 amber	Zero red	21 in total
Reporting on corporate performance	BVAR identified need to review effectiveness of corporate performance reporting. Review carried out and ongoing at year end. Concluded by end June 2018. Emphasis on corporate aspects via Performance Committee. Financial performance reported alongside service performance to PDSPs. Public reporting of SPIs via website and Factfile. Annual updates to committee on progress against outcomes and PIs set as part of the corporate strategies supporting the Corporate Plan	G			
Financial Regulations	Made in accordance with legislation. Part of Standing Orders. Responsibility allocated in Scheme of Delegations. Reviewed and updated in 2016 and then again in August 2019. Amended in response to committee and council decisions when required, including approval of CIPFA FM Code in February 2021	G			
Linkage of service performance and financial performance	BVAR identified need to review effectiveness of performance reporting and bring service and financial reporting together. Review carried out and ongoing at year end. Concluded by end June 2018. Quarterly PDSP performance reports include budget/financial information alongside service performance data.	G			
Benchmarking arrangements	WLAM includes benchmarking as a standard part of scoring/assessment. Service arrangements and networks. Reporting to Chief Executive's WLAM Panel and onward to Performance Committee. National benchmarking exercise. Local Government Benchmarking scheme. Annual reporting to Performance Committee	G			
Public performance reporting	WLAM reporting to Performance Committee. Service performance to PDSP quarterly. SPI service reporting through website. Performance themes reporting. Process reviewed in 2017/18 as response to BVAR recommendations and agreed actions. Factfile 2019. Annual updates to committee on progress against outcomes and PIs set as part of the corporate strategies supporting the Corporate Plan	G			
Annual reports to the public	Factfile produced annually. Webpages cover service and corporate performance. Annual report to committee on performance through Local Government Benchmarking Framework. Annual updates to committee on progress against outcomes and PIs set as part of the corporate strategies supporting the Corporate Plan	G			

F3. Robust internal control	16 green	4 amber	Zero red	20 in total
(a) Aligning the risk management strategy and policies on internal control with achieving objectives				

DATA LABEL: PUBLIC

F3. Robust internal control		16 green	4 amber	Zero red	20 in total
(b) Evaluating and monitoring risk management and internal control on a regular basis					
(c) Ensuring effective counter fraud and anti-corruption arrangements are in place					
(d) Ensuring additional assurance on the overall adequacy and effectiveness of the framework of governance, risk management and control is provided by the internal auditor					
(e) Ensuring an audit committee or equivalent group/function, which is independent of the executive and accountable to the council, provides a further source of effective assurance regarding arrangements for managing risk and maintaining an effective control environment, and that its recommendations are listened to and acted upon					
Evidence		RAG			
Internal Audit function, independent, resourced and maintained	Independent internal audit function maintained in accordance with legislation and PSIAS. Annual report on activity and compliance. Part of system of internal control. Peer review carried out periodically. Resourcing is reported and any impact on ability to complete annual plan is reported and noted. Internal auditor presents reports in own name and has direct access to the Chief Executive if required	G			
Internal Audit plan	Annual Internal Audit Plan reported through Governance & Risk Board to Audit Committee for approval. Plan for 2020/21 delayed for three months due to suspension of meetings due to COVID, approved in June 2020	G			
Internal Audit reports	Internal audit reports of significance are reported to Audit Committee via G&RB. Reports include agreed actions to be noted by committee. Actions recorded in Pentana and progress/completion reported biannually to committee.	G			
Annual Internal Audit report	Annual report to committee to advise of completion (or not) of annual plan. Includes reactive work. Interim report at half-year stage. Includes prioritisation. Includes annual review of the system of internal control	G			
Risk management strategy/policy has been formally approved and adopted and is reviewed and updated on a regular basis	Risk Management Strategy end of term report. Corporate Plan strategy approved in 2018/19 following adoption of Corporate Plan on 13 February 2018. Annual reports to PDSP and G&RC on Corporate Strategy supporting Corporate Plan. Risk Management Policy revised in 2020 via PDSP, G&RC and due to be approved at Council Executive on 24 March 2020, postponed due to COVID-19, approved on 6 October 2020	G			
Risk Management plan	Annual Plan reported through Governance & Risk Board to Governance & Risk Committee for approval. Plan for 2020/21 delayed for three months due to suspension of meetings due to COVID, approved in June 2020	G			

DATA LABEL: PUBLIC

F3. Robust internal control		16 green	4 amber	Zero red	20 in total
Risk Management Annual Report	Annual report to committee to advise of progress towards or completion of annual plan. Includes reactive work. Interim report at half-year stage. Includes prioritisation.				G
Corporate risk register	Maintained on Pentana. Overseen by Audit, Risk & Counter Fraud Manager. Reviewed at EMT. High risks quarterly to Governance & Risk Committee. Corporate risks biannually. Guidance and protocols on internet. Overseen and advised by Audit, Risk & Counter Fraud Manager. Risk Champions appointed. Risk Management Working Group overseen by Governance & Risk Board. Risk Management Standards and related guidance and procedures reviewed and updated in April 2020				G
Service risk registers	Maintained on Pentana. Overseen by CMT. Reviewed at SMT meetings. High risks and strategic risks to EMT and to Governance & Risk Committee. Risk Champions appointed. Management scrutiny through service management teams, high risks to Executive Management Team, and reporting to Governance & Risk Board. Member scrutiny via Governance & Risk Committee established in June 2017. Standing/recurring items for high risks and for strategic risks. Corporate risks reported biannually. Themed and ad hoc reports on work plan				G
Counter Fraud Annual plan (Code of Practice on Managing the Risk of Fraud and Corruption, CIPFA, 2014)	Annual Plan reported through Governance & Risk Board to Governance & Risk Committee for approval. Includes performance standards and prioritisation. New investigating procedures and guidance introduced in 2019/20. Anti-Money Laundering Policy approved in September 2019. Plan for 2020/21 delayed for three months due to suspension of meetings due to COVID, approved in June 2020. New Procedures for the Investigation of Suspected Fraud, Corruption and Irregularities approved in June 2020.				G
Counter Fraud Annual Report	Annual report to committee to advise of completion (or not) of annual plan. Includes reactive work. Interim report at half-year stage. Includes prioritisation.				G
Annual review of system of internal control	Carried out by Audit Risk & Counter Fraud Manager. Compliant with PSIAS and Accounts Regulations 2014. Reported as part of Internal Audit Annual report to Governance & Risk Committee and then to Audit Committee. Informs annual governance statement. CIPFA Guidance on COVID incorporated in 2020/21 reporting				G

DATA LABEL: PUBLIC

F3. Robust internal control		16 green	4 amber	Zero red	20 in total
Annual governance statement	Responsibility of Governance Manager in Scheme of Delegations. Completed annually via Governance & Risk Board and to Governance & Risk Committee in June each year. Completed in accordance with CIPFA/SOLACE Framework (2016). Bi-annual interim reports on progress on issues identified made to G&RC. Adjusted in 2019/20 to include commentary on COVID-19 and improvements from comparisons against statements for seven other councils. Incorporates in 2020/21 the renewed CIPFA advice on commentary on impacts of COVID and on compliance with CIPFA FM Code (adopted February 2021)				G
Committee remits and powers	Scheme covers all committees and other bodies with member involvement. Remits and powers defined. Available on internet and intranet. Includes separate remits for Audit Committee and Governance & Risk Committee. Both committees carry out annual self-assessment exercises. Can only be amended by full council on notice given. Ongoing review of decision-making underway in 2018/19, instructed in February 2018. Various changes reported and approved via PDSP, committee and council in 2018/19 and 2019/20. Remaining elements incorporated into schedule of corporate documents requiring review before elections in May 2022				A
Audit committee complies with best practice	Audit Committee operates in accordance with legislation and best practice, including PSIAS. Defined remit and powers. Minutes reported to full council for information. Annual self-assessment carried out. Lay member added and recruited in March 2020				G
Governance & Risk Committee	Defined remit and powers. Approves annual governance statement. Minutes reported to full council for information. Annual self-assessment carried out. Lay member added and recruited in March 2020, position vacant since March 2021				G
Anti-Fraud and Corruption Policy and procedures	New policy approved at Council Executive on 1 March 2016, review scheduled for September 2019. Annual Counter Fraud Plan and end of year reports to Audit Committee. Annual Compliance Statement with report on corporate governance. Review of policy was due by September 2019, not yet completed. New Counter-Fraud procedures introduced in April 2019. Anti Money Laundering Policy approved in September 2019. Review and updating of Anti Fraud & Corruption Policy started in late 2020 but reporting and approval is overdue				A

DATA LABEL: PUBLIC

F3. Robust internal control		16 green	4 amber	Zero red	20 in total
Training for members	Post-election arrangements made through officer working group. Included feedback and input from elected members for induction and ongoing training. Planning of training reflects needs expressed by members. Allocation of training days in calendar of meetings. PDPs offered to all. Training for regulatory committees compulsory via Scheme of Administration. Officer group on Members Training commenced in 2018/19. Survey of all members' training needs carried out with accompanying visits to group meetings. Results reported and actions agreed followed by further consultation and training programme. Training delivered in accordance with survey results and up-to-date requests throughout 2019/20. Intranet page introduced with repository in Objective for training materials. Extended reporting in annual report on members' remuneration and expenses	G			
Membership of scrutiny bodies to reflect political parties, political balance and independence of administration group	All parties represented on four scrutiny committees and all PDSPs. Proportions determined as a political decision. Chairs of G&RC and Audit Committee now reserved to non-administration members. Chair of other two scrutiny committees is from outwith the administration group. No administration members chair scrutiny committees	A			
Chairs independent of administration group	Chairs of Audit and Governance & Risk Committees cannot be from the administration, embedded in Standing Orders. No such formal provision for other scrutiny committees but in practice non-administration members chair those too	A			

F4. Managing data		9 green	1 amber	Zero red	10 in total
(a) Ensuring effective arrangements are in place for the safe collection, storage, use and sharing of data, including processes to safeguard personal data					
(b) Ensuring effective arrangements are in place and operating effectively when sharing data with other bodies					
(c) Reviewing and auditing regularly the quality and accuracy of data used in decision making and performance monitoring					
Evidence		RAG			

DATA LABEL: PUBLIC

F4. Managing data		9 green	1 amber	Zero red	10 in total
Designated Data Protection Officer	Head of Corporate Services appointed in course of implementation of GDPR. Recorded in Scheme of Delegations. Chairs Information Management Working Group and sits on Governance & Risk Board. Internal Audits of Information Asset Register, Information Security, Cybersecurity and GDPR reported to Audit Committee between March 19 and June 2019. Monitoring by DPO via Information Management Working Group, reporting to Governance & Risk Board from 2019.20				G
Designated ILO	ILOs identified for all services. Training provided with access to appropriate software. Meetings of IMWG. Role reviewed via process for approval of a global-overarching Information Management policy				G
Data protection policies and procedures, including data security and labelling	Policies reviewed in preparing for GDPR in May 2018. Compulsory e-training for all staff with annual compulsory refresher. IT Strategy approved based on Corporate Plan. Annual compliance statement. Policies reviewed regularly. Global/overarching Information Management policy approved in June 2019. Supporting guidance reviewed and available on My ToolKit. Internal Audits of Information Asset Register, Information Security, Cybersecurity and GDPR reported to Audit Committee between March 19 and June 2019. Follow-up on process for information security breaches to Audit Committee in 2020/21				G
Data sharing agreements in place	Policies reviewed in preparing for GDPR in May 2018. Training provided for all ILOs to ensure appropriate agreements in place. Contracts provide for data sharing where required. IMWG oversees compliance, new responsibility for DPO under GDPR. Global/overarching Information Management policy approved in June 2019. Supporting guidance reviewed and available on My ToolKit				G
Data processing agreements in place	Policies reviewed in preparing for GDPR in May 2018. Training provided for all ILOs to ensure appropriate agreements in place. Contracts provide for data sharing where required. IMWG oversees compliance, reporting to G&RB since 2019/20. Global/overarching Information Management policy approved in June 2019. Supporting guidance reviewed and available on My ToolKit. Review underway on 2020/21 of extent and sufficiency of data processing agreements				G
IT/software protection	IT services provide up-to-date and secure protection against data theft or data loss. Compulsory e-training for all staff. Risk register records risk of breach and mitigating actions and measures. Audit Committee and G&RC scrutiny of IT risks in 2018/19. Internal Audits of Information Asset Register, Information Security, Cybersecurity and GDPR reported to Audit Committee between March 19 and June 2019. Follow-up on procedures for information security breaches to Audit Committee in 2020/21				G

DATA LABEL: PUBLIC

F4. Managing data		9 green	1 amber	Zero red	10 in total
Records Management compliance	PRSA compliance under DPO. Compulsory e-training for all staff. Introduction of Objective. Annual reporting via PDSP. Policies reviewed in preparing for GDPR in May 2018. Plan revised and approved by the Keeper in April 2018. Kept under annual review. Approval of a global-overarching Information Management Policy in June 2019 included records management. Came under oversight of Governance & Risk Board in 2019/20. Statutory Records Management Plan reviewed in 2020/21 to reflect new statutory guidance. Revised Plan to PDSP in April 2021, approved at Council Executive on 22 May 2021	G			
Procedures for responding to subject access requests	Policies reviewed in preparing for GDPR in May 2018. CRM use. ILOs responsible for compliance. Use of Objective to ensure prompt reporting and investigating. Approval of a global-overarching Information Management Policy in June 2019. Came under oversight of Governance & Risk Board in 2019/20. Quarterly reports to G&RB and CMT on compliance	G			
Data breach procedure – reporting and risk assessment	Procedures and mechanisms in place. Internal audit report found control to be unsound. Followed up at Audit Committee in March 2018. Remedial actions agreed and actions to be monitored in Pentana. Follow-up report by Internal Audit. in January 2020. Reviewed as part of preparation for GDPR. Approval of a global-overarching Information Management Policy in June 2019 included records management. Came under oversight of Governance & Risk Board in 2019/20. Workstream introduced in Objective in 2019/20 to ensure prompt and timeous reporting and investigating. Follow-up on procedures for information security breaches to Audit Committee in 2020/21	G			
Information Management Working Group	IMWG meets regularly, Chaired by DPO. Attended by ILOs for all services. Compliance with SARs reviewed. Reports to G&RB, CMT and PDSP on compliance. Came under oversight of Governance & Risk Board in 2019/20. Annual compliance statement. Role of IMWG and ILOs reviewed via process underway for approval of a global-overarching Information Management policy, introduced in 2019/20	A			

F5. Strong public financial management		13 green	0 amber	Zero red	13 in total
(a) Ensuring financial management supports both long term achievement of outcomes and short-term financial and operational performance					
(b) Ensuring well-developed financial management is integrated at all levels of planning and control, including management of financial risks and controls					
Evidence					RAG

DATA LABEL: PUBLIC

F5. Strong public financial management		13 green	0 amber	Zero red	13 in total
Finance Officer role identified and supported (CIPFA's Statement on the Role of the Chief Financial Officer in Local Government, CIPFA, 2016)	Role and responsibilities recognised and allocated in Scheme of Delegations to Officers, as a proper Officer position. Role description appended to Scheme. Statutory Officer status reflected in reporting to full council. Role description being reviewed following adoption of CIPFA FM Code in February 2021.				G
Financial Regulations	Made in accordance with legislation. Part of Standing Orders. Responsibility allocated in Scheme of Delegations. Reviewed and updated in 2016. Amended in response to committee and council decisions when required. Date to be fixed for review this administrative term. Updated following adoption of CIPFA Financial Code in February 2021				G
Budget control and monitoring guidance	Financial Regulations cover budget control procedure and responsibilities. Supported by additional guidance and allocated officer from FMU. Guidance and procedures reviewed and refreshed to address particular pressures such as TYC projects. Financial Regulations updated following adoption of CIPFA Financial Code in February 2021				G
Budget and financial information passed to committee	Report template requires information on financial implications and on advice from FMU to be noted. Quarterly budget monitoring reports to PDSP and committee. In 2020/21, included information on COVID impacts on funding, spending and budget pressures				G
FMU support and advice through designated officers	Officers allocated to services to ensure good working knowledge of service pressures and good working relationships. Financial Regulations set out budgetary processes and controls. Financial Regulations updated following adoption of CIPFA Financial Code in February 2021				G
Mid to long-term financial strategy and planning	Three-year detailed budgets and further two-year financial strategy agreed in February 2018, renewed and extended in 2019 and 2020. Financial strategy and financial planning maintained during pandemic, budget made provision for reserves to meet continuing and unknown COVID challenges				G
Budget monitoring at service levels	Three-year budgets and further two year plan approved on 13 February 2018 and renewed in February 2019 and 2020. Quarterly monitoring reports to CMT and members at PDSP and Council Executive. Financial Regulations reflect long-term strategy requirements. Financial Regulations updated following adoption of CIPFA Financial Code in February 2021. Processes continued during pandemic to inform corporate planning and reporting				G

DATA LABEL: PUBLIC

F5. Strong public financial management		13 green	0 amber	Zero red	13 in total
Budget monitoring at Corporate Management Team	Three-year budgets and further two year plan approved on 13 February 2018 and renewed in February 2019 and 2020. Quarterly monitoring reports to CMT and members at PDSP and Council Executive. Financial Regulations reflect long-term strategy requirements. Financial Regulations updated following adoption of CIPFA Financial Code in February 2021. Processes continued during pandemic to inform corporate planning and reporting				G
Budget monitoring at Executive Management Team	Three-year budgets and further two year plan approved on 13 February 2018 and renewed in February 2019 and 2020. Monitoring reports to EMT and CMT. Financial Regulations reflect long-term strategy requirements. New procedure for Involvement of Elected Members in Financial Planning approved in June 2018. Financial Regulations updated following adoption of CIPFA Financial Code in February 2021. Processes continued during pandemic to inform corporate planning and reporting				G
Quarterly budget monitoring reports to members	Budget monitoring reports quarterly to PDSP and committee. Required by Financial Regulations. Interrupted by suspension of PDSP meetings between March 2020 and September 2020 due to COVID. Quarterly budget-monitoring reports continued to committee after committee meetings resumed in May 2020				G
Identification and registering of financial pressures and risks	Risk register maintained at corporate and service levels. Regular reviews via SMT and EMT. Actions required to address pressures are identified and progress tracked and reported. Horizon-scanning reports and on up-dates to budget models and assumptions made to PDSP quarterly. Reporting continued during COVID, included information on COVID funding, spending and budget pressures				G
Review of system of internal control	Carried out by Audit Risk & Counter Fraud Manager. Complaint with PSIAS and Accounts Regulations 2014. Reported as part of Internal Audit Annual report to Governance & Risk Committee. Informs annual governance statement. Includes COVID commentary in 2020/21 following CIFA guidance issued in 2021				G
External audit report	Report to full council by statutory deadline in September. Actions identified and agreed. Referred on to Audit Committee and/or G&RC for scrutiny. Pentana used to record actions and progress. Biannual reports back to committee on outstanding actions. Reporting on normal timetable maintained during COVID				G

F	64 green	8 amber	Zero red	72 in total
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DATA LABEL: PUBLIC

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

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

G1. Implementing good practice in transparency		6 green	1 amber	Zero red	7 in total
(a) Writing and communicating reports for the public and other stakeholders in a fair, balanced and understandable style appropriate to the intended audience and ensuring that they are easy to access and interrogate					
(b) Striking a balance between providing the right amount of information to satisfy transparency demands and enhance public scrutiny while not being too onerous to provide and for users to understand					
Evidence					RAG
Website	Responsibility for website allocated in Scheme of Delegation, maintained by Corporate Communications. Refreshed in 2016. Guidance on web content and administration on intranet. Performance reported in April 2018. New design and content and responsibility introduced in 2019/20. Improvements and outcomes reporting via Digital Transformation Strategy and annual strategy performance report				G
Communications guidance and standards	Council's guidance on compliance with legislation on political publicity. West Lothian Way. Reviewed in 2018/19 and republished on intranet, regularly updated and communicated to staff. Includes the council's Media Strategy and Social Media Guidance and practical information to ensure consistent and corporate standard				G
Report templates	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes relevance to Corporate Plan. Requires updating and revision to refer to LOIP and new Corporate Plan and priorities. Work on revised template commenced in 2019/20. Delayed by COVID. To be completed before elections in May 2022				A
Public performance reporting	WLAM reporting to Performance Committee. Service performance to PDSP quarterly. PPI service reporting through website. Performance themes reporting. Process reviewed in 2017/18 as response to BVAR recommendations and agreed actions. Factfile produced and published. Reports on corporate strategies in mid-2019. Annual reports delayed in 2020/21 due to COVID, carried out in October/November 2020 on resumption of meetings				G

DATA LABEL: PUBLIC

G1. Implementing good practice in transparency		6 green	1 amber	Zero red	7 in total
Annual performance report (Factfile)	Factfile produced annually. Webpages cover service and corporate performance. Annual report to committee on performance through Local Government Benchmarking Framework. Reports on corporate strategies scheduled for PDSPs in mid-2020. Annual reports delayed in 2020/21 due to COVID, carried out in October/November 2020 on resumption of meetings	G			
The Bulletin	Bulletin delivered quarterly to all households. Summer and Autumn 2020 editions due to the pandemic, due to pressure on resources and reduction in council news, apart from COVID. Social media used more extensively to compensate. Normal publication since resumed with focus on COVID news and guidance	G			
Social media usage	Social media extensively used and followed. West Lothian Way reviewed in 2018/19 and republished on Intranet. Social media policy brought into global Information Management Policy approved in June 2019. Increased use during pandemic to ensure adequate communication of public health messages and information concerning council services	G			

G2. Implementing good practices in reporting		4 green	0 amber	Zero red	4 in total
(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					
Evidence		RAG			
Annual report on performance (Fact File)	Factfile produced annually. Webpages cover service and corporate performance. Annual report to committee on performance through Local Government Benchmarking Framework. Reports on corporate strategies scheduled for PDSPs in mid-2020. Annual reports delayed in 2020/21 due to COVID, carried out in October/November 2020 on resumption of meetings	G			

DATA LABEL: PUBLIC

G2. Implementing good practices in reporting		4 green	0 amber	Zero red	4 in total	
Scrutiny committees	Scrutiny committees consider service and financial performance reports. They monitor completion of risk actions arising from internal and external audit reports. Chaired by non-administration members. Self-assessments carried out through BVAR actions. Lay members appointed to Audit Committee and Governance & Risk Committee in March 2020. Work plans produced and maintained with members' approval					G
Local Code of Corporate Governance	New Code adopted 22 April 2018. Complies with CIPFA/SOLACE Framework (2016). Completed annually via Governance & Risk Board and Corporate Management Team to Council Executive and Governance & Risk Committee. Full version reported to Council Executive and G&RC, interim report on progress to G&RC. Includes relevant notes on impacts of COVID on evidence					G
Annual Governance Statement	Responsibility of Governance manager in Scheme of Delegations. Completed annually via Governance & Risk Board and to Governance & Risk Committee in June each year. Completed in accordance with CIPFA/SOLACE Framework (2016). Interim report on issues identified made to G&RC. Report in 2020 included commentary on COVID impacts. In 2021 includes similar commentary on COVID and also on compliance with CIPFA FM Code adopted at committee in February 2021, both per further CIPFA guidance issued in 2020/21					G

G3. Assurance and effective accountability		5 green	1 amber	Zero red	6 in total	
(a) Ensuring that recommendations for corrective action made by external audit are acted upon						
(b) Ensuring an effective internal audit service with direct access to members is in place, providing assurance with regard to governance arrangements and that recommendations are acted upon						
(c) Welcoming peer challenge, reviews and inspections from regulatory bodies and implementing recommendations						
(d) Gaining assurance on risks associated with delivering services through third parties and that this is evidenced in the annual governance statement						
(e) Ensuring that when working in partnership, arrangements for accountability are clear and the need for wider public accountability has been recognised and met						
Evidence						RAG

DATA LABEL: PUBLIC

G3. Assurance and effective accountability		5 green	1 amber	Zero red	6 in total
Audit Committee reporting and monitoring	Audit Committee conducted in accordance with PSIAS. Significant Internal Audit reports to committee. Include agreed actions and timescales for noting, Actions recorded in Pentana. Biannual reports to committee on outstanding and overdue actions. Annual Plan and Annual Report to committee, including prioritisation. Lay member recruited and appointed in March 2020				G
Internal audit service (PSIAS and CIPFA complaint)	Independent internal audit function maintained in accordance with legislation and PSIAS. Annual report on activity and compliance. Part of system of internal control. Peer review carried out periodically. Resourcing is reported and any impact on ability to complete annual plan is reported and noted. Internal auditor presents reports in own name and has direct access to the Chief Executive if required. Plan for 2020/21 delayed for three months due to suspension of meetings due to pandemic, approved in June 2020				G
Reporting inspection outcomes to members and public	Inspection outcomes are reported to members at PDSP and/or appropriate committee. Reports available to public on council and inspecting agency websites. Reported together in "Audit, Inspections, and Awards" pages on website.				G
Annual governance statement	Responsibility of Governance manager in Scheme of Delegations. Completed annually via Governance & Risk Board and to Governance & Risk Committee in June each year. Completed in accordance with CIPFA/SOLACE Framework (2016). Interim report on issues identified made to G&RC. Report in 2020 included commentary on COVID impacts. In 2021 includes similar commentary on COVID and also on compliance with CIPFA FM Code adopted at committee in February 2021, both per further CIPFA guidance issued in 2020/21				G
Risk strategy and reporting	Risk Management Strategy end of term report. Corporate Plan strategy approved in 2018/19 following adoption of Corporate Plan on 13 February 2018. Annual reports to PDSP and G&RC on Corporate Strategy supporting Corporate Plan. Risk Management Policy revised in 2020 via PDSP, G&RC and due to be approved at Council Executive on 24 March 2020, postponed due to COVID-19, approved on 6 October 2020. Risk Management Working Group overseen by Governance & Risk Board. Management scrutiny through service management teams, high risks to Executive management Team, and reporting to Governance & Risk Board. Member scrutiny via Governance & Risk Committee established in June 2017. Standing item for high risks. Corporate risks reported biannually. Services' risk arrangements reported on rota. Themed and <i>ad hoc</i> reports on work plan.				G

DATA LABEL: PUBLIC

G3. Assurance and effective accountability		5 green	1 amber	Zero red	6 in total	
Partnership guidance	Partnership Guidance available on intranet. Made in 2010, reviewed in 2012 and August 2018. Ongoing work to have them incorporated into guidance on engagement with ALEOs and other outside bodies. Completed August 2018, trialled in 2018/19 in relation to possible ALEO for instrumental music tuition. Extent of use and compliance should be checked					A

G	15 green	2 amber	Zero red	17 in total
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Code	218 green	40 amber	Zero red	258 in total
	84%	16%	0%	100%

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APPENDIX 4

PROGRESS ON GOVERNANCE ISSUES 2020/21

The list is from paragraphs 13.1 and 14.1 of Annual Governance Statement 2019/20.

The following table shows the position reported to Governance & Risk Committee on 25 January 2021 and the current position. Those actions accepted by the committee to have been completed have been already removed:-

- “Completed” means the initial governance concern has been addressed, either (a) brought to a conclusion, or (b) by control, monitoring and progress having been assumed or incorporated in some other way or in some other place
- “Ongoing” means the issue is still to be completed and remains an issue for governance reporting

ISSUE		GOVERNANCE & RISK COMMITTEE, 25 JANUARY 2021	PROGRESS TO DATE
05	Community empowerment, including participatory budgeting and supporting the incorporation into Scots law of the European Charter of Local Self-Government (Annual Governance Statement 19/20, 14.4)	Ongoing (Community Choices). Progress delayed due to COVID-19. Programme resuming at end of 2020. Update to Council Executive on 15 December 2020	Completed – work ongoing but now being overseen by Council Executive Progress delayed due to COVID, pressure on resources and ability to engage fully during lockdown. Update on Delivery report to Council Executive in December 2020. Programme now resumed. Further update to Council Executive in June 2021
		Progressing local governance review. Ongoing. Delayed by COVID-19. Scottish Government/COSLA engagement restarted in October 2020, resubmission to COSLA on 4/11/20	Completed – future work required after new Scottish Government’s legislative intentions are clear, but this stage is complete Some exchange of views offline with COSLA and Scottish Government as to future direction of travel. No opportunity for formal engagement or progress due to approaching Holyrood elections. Party manifestos and electoral outcome will affect future progress. No actions possible pending clarity from incoming administration

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ISSUE		GOVERNANCE & RISK COMMITTEE, 25 JANUARY 2021	PROGRESS TO DATE
10	<p>Root and branch review of relationship with West Lothian Leisure and the ALEO model, per Scheme of Administration for WLLAC</p> <p>(Annual Governance Statement, 14.8)</p>	<p>Standing Orders require a wholesale review of the ALEO arrangement in 2020/21. Work on the review has been delayed due to COVID-19. Council and WLL management teams continue to prioritise work on planning for WLL's recovery from the impacts of the COVID-19 pandemic. These impacts have been felt by all organisations across the sports, leisure and culture sectors, regardless of operating model. Following recent strategic discussions between the management teams, WLL has undertaken to develop a budget for the next two financial years to demonstrate it can return to a sustainable position. It is anticipated that at the conclusion of both organisation's budget process for the upcoming financial year, senior officers will be in a position to prioritise work on this review.</p>	<p>Ongoing</p> <p>Work was delayed due to COVID and in particular the impact on WLL's finances. WLL has now finalised its COVID Business Recovery Plan and the council has agreed to it and the level of time-limited funding available. With the loosening of COVID restrictive measures, the priority has been to support WLL to re-open facilities quickly. The approach to was discussed with WLL on 18 May 2021. Timescales will be agreed with a view to completion and reporting in 2021/22</p>
11	<p>The momentum in relation to members' training arrangements should be continued through the Officer Working Group and continuing engagement with members</p> <p>(Annual Governance Statement, 14.9)</p>	<p>Ongoing. Working group meeting quarterly. Training days reserved in calendar of meetings at Council Executive on 6/10/20. Intranet site established for members as a portal for resources and signposting. Consultation with Groups in October 2020, results considered by Working Group. Online sessions being used. Working Group on post-elections Induction Programme to be established in early part of 2021/22</p>	<p>Completed – work will continue and will be picked up through new item in annual governance statement for 2020/21 on post-elections induction programme</p> <p>Work has continued through the Working Group. Allocation of members' training days to continue, as per calendar of meetings approved in March 2021. Sessions arranged on an <i>ad hoc</i> basis as well, e.g., on Councillors' Code of Conduct. Training sessions delivered by remote access platforms. Intranet site being added to incrementally. More detailed reporting on members' training arrangements included in annual report on members' remuneration, allowances and expenses (18 May 2021)</p>

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ISSUE		GOVERNANCE & RISK COMMITTEE, 25 JANUARY 2021	PROGRESS TO DATE
12	<p>The issues brought out in the MO annual compliance statement should be concluded where still outstanding</p> <p>(Annual Governance Statement, 14.10)</p>	Charging for the provision of planning pre-application advice without any statutory basis. Ongoing. Charging of fees suspended, further action under consideration between Monitoring Officer and Head of Service	Completed – all four matters have been or are being addressed to the Monitoring Officer's satisfaction
14	<p>Records Management Plan is to be updated and revised to reflect new statutory guidance</p> <p>(Annual Governance Statement, 14.12)</p>	Ongoing. Progressed through Information Management Working group, monitored by Governance & Risk Board, last on 30 November 2020. Submission date agreed with the Keeper is April 2021	<p>Completed</p> <p>Revised Plan via P&R PDSP on 23 April 2021, approved at Council Executive on 18 May 2021</p>
15	<p>The impact of COVID-19 to be assessed and debrief conducted of council's reactions and actions and planning for resumption of service provision</p> <p>(Annual Governance Statement, 14.13 and 15.12)</p>	Ongoing. COVID-19 added as standing item for G&RC from November 2020, first on 9/11/20. Recovery & Renewal Plan through Council Executive on 18 August 2020. Reopening Schools at Education Executive on 8/9/20, 17/11/20 and 19/1/21. Regular financial Monitoring and Horizon Scan reports. CSWO Annual Report, council on 2/11/20. Quarterly updates on Care Home Oversight Team (CHOT) to Council Executive, 23/6/20 and 6/10/20. Procurement Report at Council Executive on 19 January 2021. To be concluded through further <i>ad hoc</i>	<p>Completed – reporting now to take place to other committees and PDSPs</p> <p>Continued monitoring and reporting through PDSP and committee. Concurrent Risks report as a standing item at Governance & Risk Committee. Budget-monitoring reports continued to report on COVID funding, spending and budget pressures. Annual reports on internal audit and counter-fraud work will include any impact of COVID on completion. Complaints performance reporting noted COVID-related complaints. Quarterly reporting on CHOT continued at Council Executive. Reporting delayed during and by suspension of meetings (March to May 2021) was</p>

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ISSUE		GOVERNANCE & RISK COMMITTEE, 25 JANUARY 2021	PROGRESS TO DATE
		reporting and annual governance statement 2020/21	resumed and completed on a phased basis (e.g., Management Plans and annual reports on progress against Corporate Strategies). Scrutiny committee meetings resumed as soon as possible in May 2021 and carried out normal scrutiny functions and tasks. Reporting timetables for annual accounts and annual governance statement adhered to. Annual compliance statements include added information about COVID issues. Review of system of internal control will take account of additional reporting guidance by CIPFA. Annual governance statement and management commentary in annual accounts include COVID-related information, as per CIPFA guidance. Update on recovery and renewal plan to Council Executive on 22 June 2021
—	Schedule of significant corporate policies, procedures and guidance to be reviewed before local government elections in May 2022	Some items previously reported individually amalgamated into one matter, a list of items to be considered and reviewed before elections, timetable to be developed amongst officers and progress monitored through Governance & Risk Board and reports to this committee (see Appendix 2 to report on Governance Issues at committee on 25 January 2021)	Ongoing See Annex, below

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ANNEX TO APPENDIX 4

DOCUMENTS, POLICIES AND PROCEDURES FOR TERMLY REVIEW

A list of the documents, policies and procedures covered by this requirement were report to Governance & Risk Committee on 25 January 2021. Some had already been reviewed and no further work was necessary. Those have been removed from this table. The others are where some work had to be carried out and reported where appropriate before May 20200 but ideally before the end of December 2021. Some of those have been highlighted as having been completed since January's committee, or on the basis that there are firm plans that mean they will be completed. All those are to be proposed to G&RC for deletion.

	Item	Officer	Last review	Current position and action required
01	Appointed Members of Education Executive	CORP	Education Executive, 6 December 2016	Review of process to be approved at Education Executive in the second half of 2021
02	Anti-Fraud & Corruption	F&PS	Subject of annual compliance statement. Cross-referenced in Financial Regulations and Internal Audit etc. Corporate Strategy. Fundamental to the operations of the council. Review process in hand	Review process incomplete due to diversion of resources to COVID work. Review to be completed reported via PDSP to committee on 22 June 2021. No impact on work of Counter Fraud Team (see annual report) or limitation of scope on internal audit annual opinion
04	Best Value Regime	F&PS	Council Executive, 10 June 2014. Annual compliance statement 2019/20 stated review to be done before December 2021	Review delayed due to concentration on resources on other work, including payment of COVID grants. To be completed during 2021/22. Annual compliance statement does not indicate any issues arising from delay and the current Framework continues in operation
06	Corporate Complaints Procedure	CORP	Significant for council's operations and scrutiny. Statutory review required per SPSO Model Complaints Handling guidance	Revised Procedure considered at P&R PDSP on 23 April 2021, approved at Council Executive on 18 May 2021

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	Item	Officer	Last review	Current position and action required
08	Discipline, Grievance, Bullying & Harassment	CORP	Subject of annual compliance statement	Reviewed by officers only on periodic basis. Final review and report to members before elections in May 2022
09	Employee Code of Conduct	CORP	Significant for all staff, and due to its links and common ground with the Councillors' Code of Conduct. Last at committee in October 1999, reviewed by officers regularly since, last in January 2020. Internal Audit report in 2019/20 concluded control satisfactory	Review required with reporting to committee before elections in May 2022, including reflecting changes in new Councillors' Code of Conduct
14	Member Role Descriptions	GM	Council Executive, 20 December 2016. No changes since. Review required before December 2021, including reflecting changes in new Councillors' Code of Conduct	Await progress in Scottish Parliament on approval of new Code before progressing, to be completed before elections in May 2022
17	Members' Use of Council Facilities	GM	Full rewrite approved at Council Executive, 22 November 2016. No changes since. Review required before December 2021, including reflecting changes in new Councillors' Code of Conduct	Await progress in Scottish Parliament on approval of new Code before progressing, to be completed before elections in May 2022
19	Officer/Member Protocol	GM	Full rewrite approved at Council Executive, 22 November 2016. No changes since. Review required before December 2021, including reflecting changes in new Councillors' Code of Conduct	Await progress in Scottish Parliament on approval of new Code before progressing, to be completed before elections in May 2022

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	Item	Officer	Last review	Current position and action required
20	PVG policy & Procedure	CORP	Subject of annual compliance statement. Internal Audit report emerging with recommendations for review and changes	Policy and procedure reviewed and approved via P&R PDSP on 5 February 2021 at Council Executive on 23 February. Other actions agreed at Audit Committee in March 2021 to be followed up by internal audit and at Audit Committee
21	Report template	GM	Basic requirement across council for meeting legal obligations, securing “good” decisions. November 2016, minor updates since then. Changes required to update terminology	Process to be complete after summer recess 2021
23	Scheme of Administration	GM	Fully reviewed at Council Executive, 22 November 2016. Adopted again at full council in May and June 2017. Updated frequently on an ad hoc basis since then. Ongoing review per full council instruction of 13 February 2018. Frequent amendments between then and November 2020	Final check before end of 2021
24	Scheme of Delegations	GM	Full revision via Council Executive on 20 March 2012, agreed process for ongoing updates. Updated quarterly to reflect council and committee decisions and legislative and management changes. Statutory Officer role descriptions require review	Final check before end of 2021
25	Scheme of Members' Remuneration and Allowances	CORP	Is significant for members and political management and accountability	Reported and approved at Council Executive on 9 February 2021

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	Item	Officer	Last review	Current position and action required
26	Standing Orders for the Regulation of Meetings	GM	Fully reviewed at Council Executive, 22 November 2016. Adopted again at full council in May and June 2017. Updated frequently on an ad hoc basis since then. Ongoing review per full council instruction of 13 February 2018. Frequent amendments between then and November 2020	Final check before end of 2021
28	Unacceptable Actions Policy	CORP	Similar or related to Corporate Complaints Procedure, both under SPSO jurisdiction. Policy and Employee Guidance reviewed by officers in September 2020 (by officers)	Report for members' approval before elections in May 2022
29	Whistle-Blowing	CORP	Subject of annual compliance statement. Cross-referenced in Anti-Fraud & Corruption Policy. Currently Under Review – routine review likely to result in minor amendment	Policy reviewed by officers in January 2021, no changes proposed or reported to committee

Items already completed as reported to G&RC in January 2021 and removed from previous versions of the table above:-

- Anti-Money Laundering Policy
- Contracts Standing Orders
- Councillor Complaints Internal Procedure
- Financial Regulations
- Information Governance
- Internal Audit Charter
- Local Code of Corporate Governance
- Members' Involvement in Financial Planning
- Members' Register of Interests Procedure
- Corporate Occupational Health & Safety Policy
- Risk Management
- Treasury Management

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GOVERNANCE AND RISK COMMITTEE

INTERNAL AUDIT ANNUAL REPORT

REPORT BY AUDIT, RISK AND COUNTER FRAUD MANAGER

A. PURPOSE OF REPORT

To inform the Governance and Risk Committee of my conclusion on the council's framework of governance, risk management and control.

B. RECOMMENDATION

It is recommended that the Governance and Risk Committee notes my conclusion that the council's framework of governance, risk management and control is sound.

C. SUMMARY OF IMPLICATIONS

I Council Values	Being honest, open and accountable, making best use of our resources.
II Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)	<p>The Local Authority Accounts (Scotland) Regulations 2014 require the council to conduct, at least once in each financial year, a review of the effectiveness of its system of internal control. The findings of the review must be considered either by the council or a committee of the council whose remit includes audit or governance functions. Following consideration of the findings of that review, the council or that committee must approve an annual governance statement.</p> <p>The Public Sector Internal Audit Standards (PSIAS) require that the chief audit executive delivers an annual internal audit opinion on the overall adequacy and effectiveness of the council's framework of governance, risk management and control.</p>
III Implications for Scheme of Delegations to Officers	None.
IV Impact on performance and performance Indicators	Weaknesses in the council's framework of governance, risk management and control are likely to have an adverse impact on performance.
V Relevance to Single Outcome Agreement	Our public services are high quality, continually improving, efficient and responsive to local people's needs.
VI Resources - (Financial, Staffing and Property)	None.
VII Consideration at PDSP	None.

VIII Other consultations

Head of Finance and Property Services, internal audit staff.

D. TERMS OF REPORT

The Local Authority Accounts (Scotland) Regulations 2014 require the council or relevant committee to conduct, at least once in each financial year, a review of the effectiveness of its system of internal control. Following the review of the system of internal control, the regulations require the council or relevant committee to approve an annual governance statement. For the purposes of this council's compliance with the regulations, the relevant committee is the Governance and Risk Committee.

The requirement for a review of the system of internal control is discharged by the Governance and Risk Committee's review of the internal audit annual report. This also facilitates the Committee's consideration and approval of the annual governance statement.

The internal audit annual report for 2020/21 is attached as an appendix, includes details of the risk based internal audit work undertaken during the year, the results of that work, and my overall audit opinion.

During 2020/21 we identified one area where we considered control was unsound. This was in relation to the operation of the Protection of Vulnerable Groups (PVG) Referral Assessment Panel. This matter was reported to the Audit Committee on 22 March 2021.

As the Audit Committee's remit includes undertaking a corporate overview of the council's control environment, and monitoring the performance of internal audit, the internal audit annual report will be submitted to the Audit Committee on 21 June for further consideration.

E. CONCLUSION

I have concluded that the council's framework of governance, risk management and control is sound.

F. BACKGROUND REFERENCES

Report to the Audit Committee 22 June 2020: Internal Audit Plan 2020/21

Appendices/Attachments: Internal Audit Annual Report 2020/21

Contact Person: Kenneth Ribbons – Kenneth.ribbons@westlothian.gov.uk Tel No. 01506 281573

Kenneth Ribbons
Audit, Risk and Counter Fraud Manager

Date of meeting: 14 June 2021



INTERNAL AUDIT ANNUAL REPORT 2020/21

**Audit, Risk and Counter Fraud Unit
14 June 2021**

CONTENTS

	Section	Page
1.0	Introduction	1
2.0	Quality Assurance and Improvement Programme	1
3.0	Internal Audit Independence	2
4.0	Performance and Benchmarking	2
5.0	Internal Audit Work	3
6.0	Conclusion	4
	Appendix A: Performance Information	5
	Appendix B: Risk Based Audits 2020/21	7
	Appendix C: Audit Report Conclusion	8

1.0 INTRODUCTION

- 1.1. This report constitutes an overview of the activities and performance of the internal audit function for the financial year ending 31 March 2021.
- 1.2. The Local Authority Accounts (Scotland) Regulations 2014 require that local authorities operate an internal audit function. The Regulations stipulate that internal audit must be professional and objective, and be undertaken in accordance with recognised standards and practices in relation to internal auditing.
- 1.3. 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. The PSIAS require me to deliver an annual internal audit opinion on the overall adequacy and effectiveness of the council's framework of governance, risk management and control that can be used by the council to inform its governance statement. This opinion is included in section six of this report.

2.0 QUALITY ASSURANCE AND IMPROVEMENT PROGRAMME

- 2.1. The PSIAS require that a quality assurance and improvement programme is maintained. The objective is to determine whether the internal audit function complies with the PSIAS and produces audit work of an appropriate quality.
- 2.2. The main components of the quality assurance and improvement programme are as follows:
 - monthly team meetings and regular 1-1 meetings with staff;
 - review of audit work by a more senior auditor;
 - authorisation of audit reports prior to issue;
 - a comprehensive set of performance measures (appendix A);
 - consultation with customers at the conclusion of each audit;
 - benchmarking arrangements;
 - staff appraisal and development reviews (ADR) completed in accordance with corporate requirements.
- 2.3. 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.
- 2.4. The Unit had its last assessment on 23 September 2019 and achieved a score of 561, which was an above average 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 being in 2022.
- 2.5. An annual self-assessment exercise is undertaken against the requirements of the PSIAS. As reported in previous years, the self-assessment identified one non-conformance for which no action is proposed. There is a requirement that work programmes are approved prior to the commencement of an audit, and any adjustments to work programmes are documented and approved promptly. In my opinion internal audit staff are suitably

qualified and experienced, and given the resource constraints within the audit team, I do not consider that this would add value.

- 2.6. In my opinion this non-conformance does not have a material impact on the scope or operations of internal audit, and I therefore confirm compliance with the PSIAS.

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.
- 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 West Lothian Council, I am the chief audit executive as the council's Audit, Risk and Counter Fraud Manager.
- 3.3. The PSIAS require the chief audit executive to communicate and interact directly with the Audit Committee, and state that the chief audit executive must confirm, at least annually, the organisational independence of the internal audit activity.
- 3.4. Indicators of internal audit independence include:
- approval of the internal audit charter by the Audit Committee;
 - approval of the risk based internal audit plan by the Audit Committee;
 - the chief audit executive having direct and unrestricted access to senior management, the Chief Executive, the Chair of the Audit Committee, and the Audit Committee;
 - the Audit Committee receiving reports from the chief audit executive on internal audit's performance relative to its plan, and other matters.
- 3.5. Paragraph B.2.4 of the council's Financial Regulations states that the internal audit function is free from interference in determining the scope of internal auditing, performing work, and communicating results.
- 3.6. Paragraph B.2.5 of the council's Financial Regulations states that the Audit, Risk and Counter Fraud Manager has the right of direct access to the Chair of the Audit Committee and the Chief Executive.
- 3.7. The organisational status and independence of internal audit is also set out in the Internal Audit Charter which was approved by the Audit Committee on 8 October 2018.
- 3.8. Accordingly, I confirm the organisational independence of the internal audit function.

4.0 PERFORMANCE AND BENCHMARKING

- 4.1. Appendix A sets out the internal audit team's performance for 2020/21 based on performance measures held in Pentana, the council's performance management system.
- 4.2. During the financial year ended 31 March 2021 the internal audit team was working from home. Staff adapted to these arrangements and both the challenges and opportunities they present. This has included the use of appropriate communication tools including e-mail, telephone and extensive use of videoconferencing.

- 4.3. The internal audit plan for 2020/21 was approved by the Audit Committee on 22 June 2020. Approval of the plan was delayed by the coronavirus pandemic. Although audit work did not at any time stop, some audit work could not be undertaken, and some audits were delayed as it was considered inappropriate to conduct internal audits in those service areas which were at the forefront of the council's response to the pandemic. For these reasons the plan was not fully completed. A progress report was submitted to the Audit Committee on 25 January 2021 which included some amendments to the audit plan and as at 31 March 2021 85% of the audit plan had been completed. Where appropriate audit work not undertaken has been included in the 2021/22 internal audit plan.
- 4.4. Internal audit participates in benchmarking arrangements via the CIPFA Directors of Finance performance indicators. There are two indicators and the table below sets out internal audit's ranking for 2019/20, the latest year for which benchmarking information is available.

Performance Indicator	2019/20	Ranking (of 32 Scottish Councils)
Cost of internal audit per £1 million of West Lothian Council's net expenditure	£457	2
Percentage of planned productive audit days actually achieved for the year	99%	11

5.0 INTERNAL AUDIT WORK

Risk Based Audit

- 5.1. Internal audit work involves reviewing controls within council systems, both financial and non-financial, based on assessed risk. The results of our internal audit work are reported to management who are, where appropriate, asked to complete and return action plans.
- 5.2. The PSIAS require that a risk based audit plan be prepared and the methodology for doing this is set out in the plan. In summary, audits are included within the plan on the basis of a review of the corporate risk register, consultation with the Audit Committee and senior managers, consideration of previous internal audit and counter fraud work, and knowledge of the council and its operations. Audits in the plan are, where possible, referenced to the corporate risk register. The risks in the corporate risk register link to corporate priorities and enablers.
- 5.3. Appendix B sets out the risk based audits undertaken during the year, together with the conclusion reached. Appendix C explains the conclusion.
- 5.4. During 2020/21 we identified one area where we considered control was unsound. This was in relation to the operation of the Protection of Vulnerable Groups (PVG) Referral Assessment Panel. This matter was reported to the Audit Committee on 22 March 2021.
- 5.5. In accordance with a protocol agreed with the Governance and Risk Board, all internal audit recommendations ranked as being of "high" importance are entered into the council's corporate risk management system Pentana as risk actions. These are followed up by internal audit when marked as complete by the service in Pentana. Risk actions arising

from internal audit and other audit and inspection reports which remained outstanding were reported to the Audit Committee in October 2020 and January 2021.

Other Work

- 5.6. We undertake an annual audit of the council's Climate Change Declaration. This involved a review of the data in part 3 of the council's draft Climate Change Declaration for the year 2019/20. This section reports carbon emissions, targets, and estimated savings from projects.
- 5.7. We provide advice to services on internal control and services are encouraged to consult with us in relation to changes to procedures, and when implementing new systems. During 2020/21 the internal audit team provided advice to services in relation to changes to systems and procedures as a result of the pandemic. Both the internal audit and counter fraud teams provided advice on controls in relation to the various Covid related grant payments which were being disbursed. We also participated in the council's office remobilisation working group, and assisted our colleagues in Financial Management with the processes for recording the various pandemic related grants.
- 5.8. Internal audit work is also undertaken for external organisations. During 2020/21 we conducted internal audit work for the Improvement Service and the West Lothian Integration Joint Board. These bodies are separate legal entities and the resultant audit reports were submitted to their audit committees.

6.0. CONCLUSION








- 6.1. The PSIAS require that I deliver an annual internal audit opinion on the overall adequacy and effectiveness of the council's framework of governance, risk management and control, that can be used by the council to inform its governance statement.
- 6.2. My opinion is based on the internal audit work and counter fraud work undertaken during 2020/21, including follow up work. In forming my opinion I also have regard to the work of the council's Governance and Risk Board.
- 6.3. There were no limitations placed on the scope of the internal audit work.
- 6.4. I am of the opinion that overall the council's framework of governance, risk management and control is sound. As previously stated, the results of our internal audit work are reported to management who are, where appropriate, asked to complete and return action plans. Audit findings will be followed up during 2021/22 to determine whether agreed actions have been implemented. This will include the actions arising from our audit of the operation of the PVG Referral Assessment Panel.









Kenneth Ribbons
Audit, Risk and Counter Fraud Manager

APPENDIX A

Internal Audit - Performance Information

The information below sets out all public performance reporting and high level performance indicators, and selected other performance indicators.

Status	Performance Indicator	Current Target	2020/21 Value	2019/20 Value	2018/19 Value	2017/18 Value	2016/17 Value
	IA001_6a.1 Percentage of customers who rated internal audit's timeliness as good or excellent.	100%	100%	100%	100%	96%	100%
	IA002_6a.2 Percentage of respondents who rated the service delivered by internal audit as good or excellent.	100%	100%	100%	100%	88%	100%
	IA003_6a.3 Percentage of respondents who rated internal audit's communication as good or excellent.	100%	100%	100%	100%	96%	100%
	IA004_6a.4 Percentage of respondents who rated internal audit staffs' attitude as good or excellent.	100%	100%	100%	100%	100%	100%
	IA005_6a.5 Percentage of respondents who rated the professionalism of internal audit as good or excellent.	100%	100%	97%	100%	100%	100%
	IA006_6a.6 Percentage of customers who consider they were treated fairly by internal audit.	100%	100%	100%	100%	96%	100%
	P: IA007_6a.7 Percentage of customers who rated the overall quality of the service provided by internal audit as good or excellent.	100%	100%	100	100%	96%	96%

Status	Performance Indicator	Current Target	2020/21 Value	2019/20 Value	2018/19 Value	2017/18 Value	2016/17 Value
	IA009_6a.8 Percentage of respondents who rated the information provided by internal audit as good or excellent.	100%	100%	100%	100%	91%	100%
	P:IA012_9a.1a Cost of internal audit per £1 million of West Lothian Council's net expenditure (CIPFA Director of Finance Indicator).	£460	See note 2	£457	£458	£505	£454
	IA013_9b.1a Percentage of planned productive audit days actually achieved for the year (CIPFA Director of Finance Indicator).	100%	See note 2	99%	94%	102%	99%
	P: IA014_9b.1a Percentage of audits in the annual audit plan completed for the year.	100%	85%	100%	100%	100%	100%
	P: IA015_9b.1a Average length of time (in weeks) to issue draft audit reports.	10	11.3	8.3	9.2	8.8	10.4
	P: IA016_9b.1a Average length of time (in weeks) to issue final audit reports.	17	15.7	15.9	17.4	17.6	13.1
	IA051_7b.1 Cumulative percentage of sickness absence within the Audit, Risk and Counter Fraud Unit.	2.0%	0.13%	1.96%	1.65%	3.76%	1.24%
	IA066_6b.3 Total number of complaints received by Audit, Risk and Counter Fraud	0	0	0	0	0	1

Notes:

1. There were 21 customer questionnaire responses during the year.
2. At the time of writing, the CIPFA Director of Finance indicators for 2020/21 had not been calculated.
3. Sickness absence and complaints performance indicators relate to **all** audit, risk and counter fraud staff.

APPENDIX B

RISK BASED AUDITS 2020/21

Audit	Service	Status	Audit Conclusion	Report to Audit Committee
Climate Change Strategy	Council Wide	Issued	Satisfactory	
Concerto: Property System Ordering and Invoicing	Finance and Property	In Progress	Satisfactory	
Corporate Health and Safety	Corporate	Issued	Requires Improvement	22/3/21
Early Learning: Payments to Partner Providers and Child Minders	Education	Issued	Satisfactory	
Gas Safety Housing	Housing, Customer and Building	Issued	Effective	25/1/21
Gas Safety Operational Buildings	Finance and Property	Issued	Satisfactory	
Homelessness and Housing Need	Housing Customer and Building	Issued	Satisfactory	21/6/21
Leader Funding	Planning, Economic Development and Regeneration	Issued	Effective	
Looked After Children: Payments to Foster and Kinship Carers	Social Policy	Issued	Satisfactory	
Payroll System	Corporate	Issued	Requires Improvement	22/3/21
Procurement	Corporate	In Draft	Requires Improvement	
Protection of Vulnerable Groups	Council Wide	Issued	Requires Improvement / Unsound	22/3/21
Public Protection Committees	Social Policy	Issued	Requires Improvement	

APPENDIX C

AUDIT REPORT CONCLUSIONS

Overall Opinion	Definition
Effective	No recommendations ranked as 'High' importance. There may be a few 'Low' and 'Medium' recommendations.
Satisfactory	No recommendations ranked as 'High' importance. There are a moderate number of 'Low' and 'Medium' recommendations.
Requires Improvement	A few recommendations ranked as 'High' importance. There may also be a number of recommendations ranked as 'Low' and 'Medium' importance.
Unsound	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.



GOVERNANCE AND RISK COMMITTEE

CONCURRENT RISKS RESILIENCE AND PREPAREDNESS PLANNING

REPORT BY DEPUTE CHIEF EXECUTIVE

A. PURPOSE OF REPORT

The purpose of this report is to provide an update to the Governance and Risk Committee on the concurrent risks identified by the council in relation to the Covid-19 pandemic, the UK's withdrawal from the EU and other associated risks.

B RECOMMENDATION

It is recommended that Governance and Risk Committee:

1. Notes the latest position in relation to Covid-19 planning and guidance;
2. Notes the update on the latest EU Exit position;
3. Notes the high risks that have been assessed by officers in relation to Covid-19 and EU Exit, as set out in Appendices to the report.

C. SUMMARY OF IMPLICATIONS

I Council Values	Focusing on customers' needs, being honest, open and accountable, providing equality of opportunities, making best use of resources, working in partnership.
II Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)	Council officers continue to update a register of EU Exit and Covid-19 related risks identifying how these might impact on the council. Understanding local impacts will be an ongoing feature of the council's work.
III Implications for Scheme of Delegations to Officers	No implications at this stage.
IV Impact on performance and performance indicators	The concurrent risks the council faces due to EU Exit, Covid-19, winter and other risks may have a range of impacts on the council.
V Relevance to Single Outcome Agreement	The concurrent risks identified in the report may have an impact on the Local Outcome Improvement Plan.
VI Resources – (Financial, Staffing and Property)	None.
VII Consideration at PDSP	None.
VIII Other Consultations	Concurrent risk issues are considered by service areas represented on the Brexit Working Group and at regular concurrent risk meetings attended by the Chief Executive, Depute Chief Executives and Heads of Service.

D. TERMS OF REPORT

D.1 BACKGROUND

There are a number of concurrent scenarios that can potentially impact on the council's ability to deliver services. These include:

- An increase in the rate of Covid-19 infections
- Leaving the EU
- Periods of severe weather
- An increase in seasonal illnesses
- The associated economic challenges resulting from Covid-19 and leaving the EU.

There is a risk that these factors could have a compounding effect on a wide range of economic, social and health impacts which could affect both the council and our communities. The council therefore has a number of actions in place through its risk monitoring, business continuity planning and resilience and preparedness arrangements to respond to these risks occurring.

This report provides the latest commentary on the position in regards to the Covid-19 pandemic, leaving the EU, and other associated concurrent factors that can represent a risk to council services. It also provides details of the Covid-19 and EU Exit risks that officers currently assess to be 'high' risk.

D.2 COVID-19 UPDATE

Latest Covid-19 cases and vaccination data

On 1 June 2021, the First Minister announced to the Scottish Parliament the next steps with the easing of Covid-19 restrictions where case rates and prevalence allowed. From 5 June 2021, council areas were placed at the following protection levels.

- 14 local authorities remain at level 2
- 15 local authorities have moved to level 1
- The 3 island authorities have moved to level 0.

West Lothian currently sits within level 1 of the protection levels.

Positivity Levels

Over the seven-day period to 3 June 2021, there were 114 positive cases in West Lothian with a seven-day positive rate per 100,000 population of 62.3 and a seven-day positivity rate of 2.9%.

Over the same seven-day period there had been 4,813 positive cases in Scotland, with a positivity rate of 88.1 per 100,000 population, and a seven-day positivity rate of 3.3%. Across Scotland, there were 134 hospital admissions in the seven days up to 3 June 2021, including 9 ICU admissions.

Vaccinations

As at 6 June 2021, 3.367 million adults aged 18 and over in Scotland had received their first dose of the vaccine which represents a coverage rate of 75.6%, and 2.227 million people have received their second dose which represents a coverage rate of 50.1%.

In West Lothian, 116,116 adults aged 18+ have received their first dose (81% coverage) and 67,411 have received their second dose (47% coverage).

D.3 EU EXIT – CURRENT POSITION

The council continues to work with its partners, including SOLACE, COSLA and Scotland Excel to review the implications of the Trade and Cooperation Agreement with particular emphasis on monitoring continuity of the council's supply chain and price inflation.

D.4 COUNCIL RESILIENCE AND PREPAREDNESS

As previously reported to the Governance and Risk Committee, the council has a number of established plans and protocols in place that allows it to monitor, plan and react to potential disruptions to its workforce, buildings, systems and supplies, and services that are provided to our communities. These are reviewed regularly as part of our corporate approach to risk management, business continuity and resilience and preparedness planning.

Covid-19 Risk Register

There are 104 risks identified in relation to Covid-19. Of these 12 are currently considered to be high risk and relate to workforce planning and protection, financial/business resilience, people, governance and critical services. This represents a significant reduction in high risks from the previous quarter when 26 Covid-19 risks were assessed as high.

Details of the 'high' Covid-19 risks are attached in Appendix 1 of the report.

Leaving the EU Risks

There are 54 risks identified in the council's EU Exit Contingency Plan which was intended to monitor the six-month period following the UK's exit from the EU on 1 January 2021. The Brexit Working Group continue to monitor these risks along with the controls and measures to manage risks that are in place.

A new high risk has emerged in relation to delivery of the capital programme where ongoing engagement with suppliers and Scotland Excel has indicated there is a higher likelihood of there being issues with supply timescales, costs and availability of construction materials.

There are a number of concurrent factors causing these supply chain concerns, including increased post Brexit shipping costs, demand pressures, Covid-19 supply constraints and factors such as the recent Suez Canal container ship blockage. This risk will continue to be closely monitored by officers.

Details of the current high risks in relation to the EU exit are set out in Appendix 2 of the report.

Weather

Both weather related risks on the corporate risk register relating to severe weather leading to staff being unable to attend work and delivery of the winter maintenance service are currently scored as low. A review of winter services was recently reported to full Council on 25 May 2021, where the 2021/22 Winter Service Policy was also agreed.

Elections

To date, two elections (Livingston South By-Election and the Scottish Parliament election) have been successfully conducted whilst West Lothian has been subject to Covid-19 restrictions. Both have had significant infection control measures and physical distancing in place at polling places and the count venues, to ensure they were safe and ran effectively. As a result of the experience gained to date, the concurrent risk associated with staging an election during the pandemic is assessed as low.

E. CONCLUSION

Officers continue to monitor concurrent risks, making best use of data and information available. During the last quarter the number of high risks in relation to Covid-19 has decreased considerably, however officers will continue to ensure that the council has arrangements in place to help mitigate against any service disruptions that may occur from concurrent risks.

F. BACKGROUND REFERENCES

None

Appendices:

Appendix 1: Extract of Covid-19 Risk Register High Risks

Appendix 2: Extract of EU Exit Risk Register High Risks

Contact Person: David Maule, Corporate Transformation Manager 01506 281302; Caroline Burton, Emergency Planning Officer 01506 281651

Graeme Struthers
Depute Chief Executive
14 June 2021

Covid-19 Risk Register – High Risks

Service	Risk Register Reference	Risk Title	Theme	Risk Description	Current Impact	Current Likelihood	Current Score
Finance and Property Services	FP03	Failure to achieve the child poverty outcomes of the Anti-Poverty Strategy	Governance	Failure to effectively co-ordinate activities with national government or community planning partners may lead to failure to deliver the strategy and achieve the agreed outcomes. Scottish Government has set a target for 2023 to reduce relative child poverty to 18%.	4	4	16
Finance and Property Services	FP29	Revenues - Council Tax - failure to achieve budgeted income (REV001).	Financial Resilience	Adverse external factors linked to the coronavirus outbreak, recovery processes and income collection and impacting on the council's ability to deliver the financial plan for 2020/21 to 2022/23.	3	4	12
Finance and Property Services	FP30	Revenues - Business rates – failure to achieve collection rates	Financial Resilience	Adverse external factors linked to the coronavirus outbreak are impacting on the council's ability to deliver the financial plan for 2020/21 to 2022/23. Increased levels of rates reliefs are being applied both across the business rates caseload and for specific categories of businesses. Currently the amount to be collected for 2020/21 is £53.8m compared to £82.1m the previous year). The net amount due is likely to be further reduced as businesses fail, or downsize their occupancy of buildings leading to a further increase in rates relief.	3	4	12
Housing, Customer and Building Services	HCBS01	Risk to delivery of statutory functions within HCBS: BUS003 – failure to complete gas safety requirements	Workforce Planning and Protection	An increase in sickness absence relating to Test and Protect Strategy would result in more staff self-isolating and could impact on the service ability to deliver on our statutory functions.	4	4	16
Housing, Customer and Building Services	HCBS02	Risk to delivery of statutory functions within HCBS: BUS004 Failure to comply with electrical testing requirements	Workforce Planning and Protection	An increase in sickness absence relating to Test and Protect Strategy would result in more staff self-isolating and could impact on the service ability to deliver on our statutory functions.	4	4	16

Service	Risk Register Reference	Risk Title	Theme	Risk Description	Current Impact	Current Likelihood	Current Score
Housing, Customer and Building Services	HCBS03	Risk to delivery of statutory functions within HCBS: HCBS012 Breach of statutory homeless duty	Workforce Planning and Protection	An increase in sickness absence relating to Test and Protect Strategy would result in more staff self-isolating and could impact on the service ability to deliver on our statutory functions in repairs, homelessness, Registration, Libraries and Careline through lack of appropriate resources. Adverse impact of COVID-19 reducing the supply of permanent housing options causing reduction in throughput into temporary tenancies and increased reliance of more B&B accommodation for households with children and pregnant women.	4	4	16
Housing, Customer and Building Services	HCBS04	Risk of increased exposure to Covid	People	As restrictions ease, the re-introduction of non-essential services, the opening of public buildings, and re-entry into tenants' homes, both staff and members of the public to the potential for community spread of the virus.	5	4	20
Housing, Customer and Building Services	HCBS06	HCBS004 Overspend of allocated Housing Need budgets	Financial Resilience	Additional pressure on already stretched homeless budget if there is an increase in homelessness due to self-isolation in communities. Adverse impact of COVID-19 reducing the supply of permanent housing options causing reduction in throughput into temporary tenancies and increased reliance of costlier B&B accommodation. Additional dispersed temporary tenancies provided in response to COVID-19	4	5	20
Housing, Customer and Building Services	HCBS07	HQS002 Failure of contractor to deliver on time resulting in time delays/additional costs re new build housing.	Business Resilience	Failure to deliver the affordable housing new build programme. Increase in construction costs due to longer programmes and need to implement measures relating to infection control and social distancing. Building supply issues are now impacting – lead in times for a range of building components are being severely impacted due to the backlog of work. Prices are also being negatively impacted with increases in some areas (11% increase in timber, 15% increase in concrete).	3	4	12
Housing, Customer and Building Services	HCBS08	Risk to delivery of repairs and capital investment programme	Business Resilience	Non-essential repairs and restarting the capital programme are dependent on the safe phasing in of the Scottish Government recovery roadmap. It is likely that operational changes will be wide ranging in terms of how HCBS deliver services in tenants homes, and likely that this will have an impact on our ability to delivery within agreed timescales. Sub-contractor issues – lack of availability due to backlog of demand resulting in some	4	3	12

Service	Risk Register Reference	Risk Title	Theme	Risk Description	Current Impact	Current Likelihood	Current Score
				issues getting sub-contractors for building works. Nothing materially affected yet but could be an issue going forward.			
Housing, Customer and Building Services	HCBS09	CSC001 Failure to maintain Customer Service Centre, including Careline	Critical Services	Careline operates in-house and is a small service team. As a result of Trace and Protect strategy, exposure to symptoms could lead to the majority of the team self-isolating or becoming ill. There is very limited back-up for these skilled posts internally, and a new agent would take in excess of 4-6 weeks to fully train to competency. There is some contingency in terms of 4 days of disaster recovery where handling migrates to a paid, offsite service.	5	3	15
Social Policy	SP03	Residents of care homes are at risk of death or serious illness as a result of Coronavirus	People	Coronavirus pandemic leads to increased likelihood of deaths of services users or residents in care homes. Older People in care homes often have high levels of physical dependence and dementia and many of whom are in the last years or months of life.	4	4	16

RISK ASSESSMENT METHODOLOGY RISK MATRIX

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

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.

EU Exit Risk Register - High Risks

Service	Risk Register Reference	Risk Title	Theme	Risk Description	likelihood weight	severity weight	Score
Planning Economic Development and Regeneration	PEDR02	Food Safety	Legislation, Regulation and Public Safety	<p>Food Safety - concerns increased due to food supply chain related matters.</p> <p>This could include disruption of supply chain, increased risk of food crime and food fraud, increased opportunity for food incidents and unsafe food being provided. Imported food controls creating increased demand of checks for safety and quality and deferring of inspection from port authorities to inland authorities.</p>	3	4	12
Finance and Property	FP05	Capital Programme Additional Costs	Procurement and the Supply Chain	<p>Construction Contracts - Availability of building materials to construct buildings and potential impact of price inflation. Increases in costs of construction materials (e.g. metals, aggregates, plastics) may have a knock-on effect on supplier pricing as major commodity markets are priced in euros or US Dollars and markets are volatile.</p> <p>Could lead to additional costs or delays in relation to the capital programme.</p>	4	3	12

DATA LABEL: PUBLIC



GOVERNANCE & RISK COMMITTEE

MANAGING RISKS TO EDUCATIONAL ATTAINMENT

REPORT BY HEADS OF EDUCATION

A. PURPOSE OF REPORT

To inform the Governance and Risk Committee of the approach to managing risk ED014 – Failure to Achieve Target Progress and Attainment Levels.

B. RECOMMENDATION

It is recommended that the Governance and Risk Committee notes the approach taken to manage risk ED014 within Education Services.

C. SUMMARY OF IMPLICATIONS

I Council Values	Being honest, open and accountable; making best use of our resources.
II Policy and Legal	Education (Scotland) Act 1980 Children and Young People (Scotland) Act 2014 Education (Additional Support for Learning) (Scotland) Act 2014
III Implications for Scheme of Delegations to Officers	None
IV Impact on performance and performance Indicators	<p>The achievement of Curriculum for Excellence (CfE) Levels data is used to improve attainment, in line with the Council's Raising Attainment Strategy.</p> <p>Scottish Curriculum Qualification Framework (SCQF - Senior Phase) attainment is reflected in the key performance indicators of the service in line with the Council's Raising Attainment Strategy.</p> <p>Measures also form part of the Local Government Benchmarking Framework.</p>
V Relevance to Single Outcome Agreement	Achievement of CfE Levels provides performance information which will be used by schools and the authority to drive improvement as reflected in Single Outcome Agreement Performance Indicators.

SCQF attainment is reflected in the performance indicators contained in the Single Outcome Agreement.

VI Resources - (Financial, Staffing and Property)	School Devolved Budgets/Pupil Equity Funding
VII Consideration at PDSP	N/A
VIII Other consultations	None

D. TERMS OF REPORT

D1 Background

In response to the COVID 19 pandemic the Scottish Government took the decision to close all schools in March 2020. For the majority of children and young people in-school learning was replaced by remote learning. For vulnerable children and those with parents or carers employed as key workers, HUB facilities were established across the local authority. Schools reopened fully for in-school learning in August 2020. By December 2020, all exams were cancelled for Session 2020-21.

On 11 January 2021 there was a national move to a further period of remote learning for almost all pupils. Children with significant additional support needs or those with a high level of vulnerability were able to attend in-school learning.

The return to in-school learning began on 22 February for all P1 – P3 pupils and some Senior Phase pupils undertaking practical work. On 15 March all P4 – P7 pupils returned with secondary pupils returning on a blended basis. On 19 April 2021 all secondary pupils returned to schools.

All aspects of education recovery have regularly been reported to Education Executive and individual school improvement activities reported to Education Quality Assurance Committee.

D2 Risks

The COVID 19 pandemic and the resulting period of interrupted learning may contribute to learners not achieving their expected attainment levels. The West Lothian Raising Attainment Strategy provides a strategic focus to Education Services' activities in raising attainment. The Raising Attainment Strategy has four outcomes:

Raising Attainment for All in the Broad General Education (BGE) – Ensuring Excellence
Closing the Poverty Related Attainment Gap - Ensuring Equity
Raising Attainment for all in the Senior Phase – Ensuring Excellence
Closing the Poverty Related Attainment Gap in the Senior Phase – Ensuring Equity

D3 Control Measures

As a result of the impact of the pandemic on school education and the possible impact that interruptions may have on the progress and attainment of children and young people, the following responsive control measures have been put in place.

Initial Period of Remote Learning March – June 2020:

During the initial school closure period, West Lothian Council continued to provide the following key activities and deliver positive outcomes through engagement with school leaders and directly with teaching staff through virtual platforms:

- Curriculum Recovery Maps for Health and Wellbeing (HWB), Literacy and Numeracy were developed to guide and support schools in these key areas of the curriculum. The recovery maps support the delivery of high-quality learning, teaching and assessment, providing progression pathways, practical resources and relevant professional learning.
- High quality professional learning was provided to all teaching and support staff across the Council to develop confidence and share practice in using digital tools to support learning. West Lothian's priority for raising attainment and delivering positive outcomes for all learners continued to ensure the highest quality professional learning. This supported education staff to provide remote learning that delivers the core principles of Scotland's curriculum and the four fundamental capacities remain a priority for West Lothian schools. Through structured support, our schools are provided with latest national and local resource materials and collaborative opportunities that will provide necessary professional learning to ensure effective remote learning. Professional learning for staff has continued throughout Session 2020-21.
- Tracking of contact and support for vulnerable pupils was put in place.
- Detailed guidance was provided to ensure that all schools had a 2020/21 School Improvement and Recovery Phase Plan in place by June 2020. These plans were informed by national priorities and local, contextual data analysis of attainment and online learner engagement.
- Parent/carer information and support materials with a focus on wellbeing and supporting learning at home were created. As a result of the analysis of parent/carer surveys, key messages were shared with schools to consider for improving future online learning experiences.
- Initial tracking and monitoring of School Home Learning Engagement took place in May 2020. This gave an authority overview of the provision of home learning and the engagement taking place.
- Weekly briefing sessions were established with all headteachers across all sectors - Early Years, Primary, Secondary and ASN schools – these still continue.
- Significant investment in digital support for learners provided access to remote learning. All pupils who required devices were able to be accommodated between the purchase of 2095 additional devices and schools' own stock. Portable routers were also purchased and provided to identified families.

Return to School August – December 2020:

During the reopening of schools in August, West Lothian Council provided the following key activities to deliver positive outcomes:

- A central support and challenge model was developed which included 1:1 attainment meetings with link officers to analyse data and set clear and timeous actions; individual school meetings with the Performance Team to support understanding and interpretation of data; and bitesize professional development sessions at weekly Headteacher (HT) briefings.

- A digital focus since returning to school in August 2020 ensured that every teacher and learner in P4 –S6 had a level of confidence in using Microsoft 365 within Glow and Teams.
- West Lothian invested in an authority wide license of a digital application (SeeSaw) in response to feedback from parents to provide a tool for both in-school and remote learning for younger pupils, following the initial period of school closures. A strong focus was placed on ensuring all staff, pupils and parents/carers had a level of confidence in using SeeSaw.
- Further remote learning guidance was produced to support all schools with planning and preparation in case of further periods of remote learning. This led to an improvement in the remote learning offer during the next period ensuring that all learners have the opportunity to progress and extend their learning, interact and collaborate with their peers and work independently.
- Additional funding provided to schools for staffing and resources to target interventions to support learners.

Further Period of Remote Learning January – Easter 2021:

Key control measures during this phase included:

- An Early Learning and Childcare (ELC) Remote Learning Framework was put in place to ensure a strong focus on children's health and wellbeing and high-quality learning, teaching and assessment through a play-based approach. This has ensured that each setting has analysed their tracking data, identified gaps and is providing daily experiences in literacy and numeracy to promote children's learning and development.
- Refinements to tracking and monitoring of learner engagement and progress in learning were established. In primaries, this captures an overview of learner engagement within literacy, numeracy and HWB. In secondaries, engagement was captured across the curriculum. In ASN schools, individual targets in relevant subject areas was captured.
- School learner engagement guidance was developed which provided clear standards and expectations of learning and teaching, assessment, feedback, and high-quality interactions. This ensured that schools could quickly identify the quality of learner engagement through remote learning and how to support all learners to reach their full potential.
- Experiences of remote learning through a survey to all learners and parents/carers attending primary and secondary schools was captured. The feedback provided was extremely positive in terms of the delivery of remote learning across schools identifying significant strengths due to the authority's strategic approach and consistent guidance issued to schools. Areas for consideration were identified which informed bitesize professional learning sessions.
- Guidance was developed with secondary schools regarding the SQA's Alternative Certification Model (ACM). This included regular engagement with the Head teachers, the Depute Headteacher curriculum network, Principal Teachers Curriculum and network leaders. The West Lothian approach was commended by Education Scotland following review. At all levels, staff were clear about their roles and responsibilities regarding delivery of the ACM and felt positive about the leadership and collaboration across the authority. Additional Inset days focussed on moderation of pupils' evidence to ensure that assessment meets the national standard.

- Easter school, which supported learners in the Senior Phase, was delivered successfully in West Lothian via the national e-offer – West Lothian had the most unique user and course sign-ups in Scotland.

Full Return to School April – June 2021:

On return to school, control measures continue to be put in place:

- Weekly meetings with schools to ensure a robust understanding of expectations and attainment targets and standards.
- Work with schools to inform their own contextual analysis – in order that they can clearly identify any gaps in learning and match improvement activities accordingly
- Continual review of data in the Senior Phase in preparation for provisional results at the end of June.
- Regular high-quality interactive learning and teaching using technology or other remote methods ensure a balance of live learning and independent activity. It also provides access to key learning which is available for learners to revisit as often as necessary.
- Additional funding has been devolved to schools to provide resources and interventions clearly identified as a result of each school's contextual analysis. Primary Nurturing Schools Leads have been allocated across all primary schools. The funding will focus on supporting the wellbeing of children through the development of the nurturing school's approach.
- Secondary Nurture additional funding has provided the opportunity for schools to look at various options of either nurture, targeted home support or literacy and numeracy recovery through support for learning.
- Additional staffing, following confirmation of Scottish Government funding, has been targeted to deliver future recovery interventions. As part of this funding, a focused Equity Team will focus on driving forward the key recommendations arising from the Equity Audit January 2021. This team will clearly define how West Lothian Council Education Services is reflecting on, recovering from and planning future renewal as it emerges from the pandemic.
- Additional support is being provided for new student teachers and probationers to ensure the highest quality of learning and teaching moving forward.

E. CONCLUSION

Education Services has implemented measures to mitigate against identified risks and will continue to analyse data as it emerges to ensure further interventions are deployed and the impact of the identified risks are minimised.

F. BACKGROUND REFERENCES

West Lothian Raising Attainment Strategy (2018/19-2022/23)

https://www.westlothian.gov.uk/media/21374/WORKING2018-05-04-Latest-Draft-Raising-Attainment-Strategy/pdf/WORKING2018-05-04_Latest_Draft_Raising_Attainment_Strategy.pdf

Education Scotland Equity Audit (January 2021)

<https://www.gov.scot/binaries/content/documents/govscot/publications/impact-assessment/2021/01/equity-audit-deepening-understanding-impact-covid-19-school-building-closures-children-socio-economically-disadvantaged-backgrounds-setting-clear-areas-focus-accelerating-recovery/documents/equity-audit/equity-audit/govscot%3Adocument/equity-audit.pdf>

Appendices/Attachments:

Risk ED014: Failure to achieve target progress and attainment levels for young people

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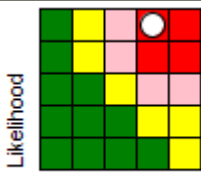
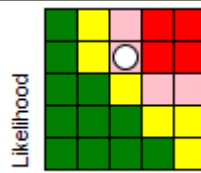


Date of meeting: 14 June 2021





Appendix: Risk ED014

Report Author: Kenneth Ribbons

Generated on: 02 June 2021 16:01

Report Layout: 11 (previously R09b) Original Score, Current Score, Internal Controls with linked Actions

	ED014 Failure to achieve target progress and attainment levels for young people	Failure of processes in place, amplified by the impact of Covid and the resultant control measures including school closures, leading to failure to achieve target progress and attainment levels for young people, and resulting in reputational damage to the council.							
Current Controls:		Raising attainment strategies in place. Monitoring through the central Quality Improvement Team and Performance Team with updates to the Head of Service and Deputy Chief Executives. Regular tracking and monitoring of attainment for children and young people across all schools from early level to senior phase. High quality professional learning was provided to all teaching and support staff across the Council to develop confidence and share practice in using digital tools to support learning. Devices distributed to pupils to access on line learning during remote learning periods. Quality Improvement Officers, working in partnership with school based staff, developed robust recovery curriculum maps for Health and wellbeing, literacy and numeracy to support all schools from August 2020 onwards. Quality Improvement Officers, working in partnership with school based staff, developed high quality learning, teaching and assessment approaches leading to continued progression in learning during periods of school closures. Monitoring of learner engagement across all schools during remote learning periods. Parent/carer information and support materials with a focus on wellbeing and supporting learning at home created and shared.							
Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked	Risk Actions	Original Due Date	Due Date	Progress	Description
20		12			ED20009_Ar Support and challenge meetings introduced for all schools on one to one basis	30-Jun-2021	30-Jun-2021		Quality Improvement Officers have established an updated model for support and challenge meetings. One to one meetings have a focus on identified gaps and interventions to support along with data prepared by the service Performance Team.

			ED20010_Ar Develop and implement authority wide guidance for the SQA Alternative Certification Model	30-Jun-2021	30-Jun-2021	 100%	Quality Improvement Officers have developed an approach to support understanding of SQA standards leading to robust evidence gathering and teacher confidence as required by SQA's alternative certification model.
			ED20008_Ar To Establish a Strategic Equity Team to support schools	30-Apr-2021	30-Apr-2021	 100%	Following publication of national Equity Impact Report, specific strategic post holders will work with officers and schools to deliver the required recommendations and actions from April 2021.

DATA LABEL: PUBLIC



GOVERNANCE AND RISK COMMITTEE

NON-SERVICE RISKS

REPORT BY HEAD OF FINANCE AND PROPERTY SERVICES

A. PURPOSE OF REPORT

To inform the Governance and Risk Committee of risks in the council's corporate risk register not attached to a head of service.

B. RECOMMENDATION

It is recommended that the Governance and Risk Committee considers the council's non-service risks.

C. SUMMARY OF IMPLICATIONS

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

D. TERMS OF REPORT

As the Committee will be aware, the council's corporate risk register is maintained on Pentana. There are currently 225 risks, almost all of which are assigned to a head of service.

However there are a small number of risks which are not assigned to a head of service (described as non-service risks). There are two risks attached to the Chief Executive's Office and eight risks attached to the Chief Executive and Depute Chief Executives.

The Chief Executive's Office risks are set out in appendix one and relate to emergency planning and business continuity.

The Chief Executive and Depute Chief Executive risks are set out in appendix two. These are council wide risks which are considered sufficiently important to require ownership at this level. Examples of these are risk WLC022 re Best Value and risk WLC045 re pandemic. The Committee will note that risk WLC004 is a high risk which is already reported to the Committee via the regular reporting cycle.

E. CONCLUSION

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

F. BACKGROUND REFERENCES

None.

Appendices/Attachments: (1) Chief Executive's Office Risks (2) Executive Management Team Risks (3) Risk Assessment Methodology

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

Donald Forrest
Head of Finance and Property Services





Date of meeting: 14 June 2021

Appendix 1 Chief Executive's Office Risks

Generated on: 04 June 2021 10:05

Report Layout: .. 02 Original Risk Score and Current Risk Score with Description and Assigned to

Traffic Light: Amber 1 Green 1







Risk Title	Risk Description	Original Risk Score	Original Traffic Light Icon	Current Impact	Current Likely	Current Risk Score	Current Traffic Light Icon	Assigned To
CEO002 Failure to maintain services in the event of an emergency or disaster	Major event such as explosion, fire, flood, severe weather or pandemic leading to loss of property, IT or staff. Resulting in an inability to maintain key Chief Executive Office services, including emergency planning as a designated WLC1 activity. Impact of Covid could exacerbate any difficulties.	15		4	2	8		Caroline Burton
CEO001 Inadequate response to an emergency situation	Failure to comply with statutory responsibilities in relation to emergency planning, leading to an inadequate response to a major incident. Key controls include ensuring that the major incident plan is up to date and tested, that training is provided and that good communications are in place for informing and warning the public. There is also a legislative requirement, for example, for COMAH (Control of Major Accident or Hazard) offsite plans and Major Accident Hazard Pipeline Plans. Impact of Covid on tried and tested response mechanisms	20		3	2	6		Caroline Burton


Appendix 2 Chief Executive and Depute Chief Executive Risks


Generated on: 04 June 2021 10:28





Report Layout: .. 03 Original Risk Score and Current Risk Score with Description and Ownership


Traffic Light: Red 1 Amber 2 Green 5

Risk Title	Risk Description	Original Risk Score	Original Traffic Light Icon	Current Impact	Current Likelihood	Current Risk Score	Current Traffic Light Icon	EMT Member
WLC004 Political uncertainty - impacting on service delivery	Political uncertainty relates to activity or changes in respect of: local government, Scottish government, UK government, or international political circumstances which may impact on the council. An inability to plan effectively for major changes may result in an adverse impact on service delivery and financial performance.	16		4	4	16		.Chief Executive (Graham Hope)
WLC045 Pandemic - failure to maintain critical services	Covid-19 local lockdown implemented leading to some staff being unable to attend work and resulting in disruption to council services.	25		4	2	8		.DCE Graeme Struthers
WLC010 Criminal activity - failure to comply with duties in respect of the Counter Terrorism Security Act 2015	The UK Government's Counter Terrorism and Security Act 2015 came into force on 1 July 2015 and the UK Government has a Counter Terrorism Strategy called CONTEST. There are four individual workstreams as follows: Prevent - deterring those who facilitate terrorism and those who encourage others to become	15		4	2	8		.DCE Graeme Struthers

Risk Title	Risk Description	Original Risk Score	Original Traffic Light Icon
	<p>terrorists, engaging in the battle of ideas by challenging the ideologies that extremists believe justify violence.</p> <p>Prepare - identifying the potential risks the UK faces, building the necessary capability to respond to attacks, evaluating and testing our preparedness</p> <p>Protect - strengthening border security, protecting key utilities by working with the private sector, reducing the risk and impact of attacks through security and protecting people going about their daily lives.</p> <p>Pursue - gather intelligence and improve our ability to identify and understand the terrorists threat.</p> <p>Disrupt activity and work with partners to strengthen our intelligence effort in the UK and beyond.</p> <p>The Council has a specific duty under the Prevent strand of the strategy, having a "due regard to the need to prevent people from being drawn into terrorism".</p>		
WLC005 Disaster or incident - failure to maintain critical services	Major event such as explosion, flood or fire, leading to loss of property and / or IT and resulting in an inability to maintain critical services, including designated WLC1 activities.	25	

Current Impact	Current Likelihood	Current Risk Score	Current Traffic Light Icon	EMT Member
3	2	6		.DCE Graeme Struthers

Risk Title	Risk Description	Original Risk Score	Original Traffic Light Icon
WLC009 Criminal activity - failure to control organised crime	Financial loss and reputational damage due to organised crime	15	
WLC024 Severe weather - failure to maintain critical services	Severe weather leading to staff being unable to attend work and resulting in an inability to maintain critical council services, including designated WLC1 activities.	15	
WLC022 Best Value - failure to achieve	Inadequate internal processes in place to deliver value for money and continuous improvement leading to failure to achieve statutory duty of Best Value. Resulting in sub optimal performance and reputational damage.	15	
WLC011 Failure to comply with the requirements of the Regulation of Investigatory Powers (Scotland) Act (RIPSA)	Corporate policy is not up to date, or is not effectively deployed, for example due to lack of corporate procedures, advice, support, or training. Leading to breaches of the surveillance legislation, including conducting surveillance which is unnecessary or disproportionate. Resulting in adverse publicity and reputational damage.	8	

Current Impact	Current Likelihood	Current Risk Score	Current Traffic Light Icon	EMT Member
3	2	6		.DCE Graeme Struthers
2	2	4		.DCE Graeme Struthers
3	1	3		.DCE Graeme Struthers
3	1	3		.DCE Graeme Struthers



RISK ASSESSMENT METHODOLOGY

RISK MATRIX

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

LIKELIHOOD 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 likelihood consider a three year time horizon and use your knowledge and experience of previous issues, both within the council and elsewhere.

IMPACT TABLE

Each risk is scored 1-5 for impact. In assessing impact each column is independent. Use the highest score.

<u>Hazard / Impact of Risk</u>	Personal safety	Property loss or damage	Regulatory / statutory / contractual	Financial loss or increased cost of working	Impact on service delivery	Personal privacy infringement	Community / environmental	Impact on Reputation
Insignificant 1	Minor injury or discomfort to an individual	Negligible property damage	None	<£10k	No noticeable impact	None	Inconvenience to an individual or small group	Contained within service unit
Minor 2	Minor injury or discomfort to several people	Minor damage to one property	Litigation, claim or fine up to £50k	£10k to £100k	Minor disruption to services	Non sensitive personal information for one individual revealed / lost	Impact on an individual or small group	Contained within service
Significant 3	Major injury to an individual	Significant damage to small building or minor damage to several properties from one source	Litigation, claim or fine £50k to £250k.	>£100k to £500k	Noticeable impact on service performance.	Non sensitive personal information for several individuals revealed / lost	Impact on a local community	Local public or press interested
Major 4	Major injury to several people	Major damage to critical building or serious damage to several properties from one source	Litigation, claim or fines £250k to £1m	>£500k to £2m	Serious disruption to service performance	Sensitive personal information for one individual revealed / lost	Impact on several communities	National public or press interest
Catastrophic 5	Death of 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

DATA LABEL: PUBLIC



GOVERNANCE AND RISK COMMITTEE

HIGH RISKS

REPORT BY HEAD OF FINANCE AND PROPERTY SERVICES

A. PURPOSE OF REPORT

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

B. RECOMMENDATION

It is recommended that the Governance and Risk Committee:

1. notes the council's high risks, and the action being taken to mitigate them;
2. provides feedback to officers on the risks, controls and mitigating actions.

C. SUMMARY OF IMPLICATIONS

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

D. TERMS OF REPORT

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

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

The council's high risks are set out in detail in appendix one. There are now 13 high risks, one more than reported to the Committee in March 2021. Three risks have been added and two risks removed as follows:

- risk REV002 "Business rates – failure to achieve collection rates" has been added as a high risk;
- risk CSg002 "Capital programme additional costs" has been added as a high risk;
- risk CPU001 "Failure to manage the procurement plan" is now considered a high risk;
- risk WLC045 "Pandemic - failure to maintain critical services" is no longer considered to be a high risk;
- risk WLC031 "West Lothian Leisure - failure to deliver financial plan 2020/21 to 2022/23 with a resultant financial impact on the council and / or changes to the scope of services delivered by WLL" is no longer considered a high risk.

In relation to appendix one:

- the traffic light icon in the top left corner of each risk represents the risk ranking. As this is a report of high risks only, this icon is either high or medium high. The traffic light icons are explained in the table at the start of appendix one;
- there is a code, title and description for each risk;
- the original risk score represents the risk without controls in place, and provides an appreciation of the potential impact if controls are absent or fail;
- the current risk score represents the current risk, i.e. assuming that current controls are in place and effective;
- the internal controls are those processes which are currently in place and which reduce the risk from the original risk score to the current risk score;
- the risk actions are those measures which are intended to further reduce the current risk.

The risk actions have a title and code, an original due date, a revised due date, a progress bar which is an assessment of their percentage completion, and a description. The report only contains risk actions which are in progress, i.e. which are not complete. Once marked as complete, risk actions should be included as internal controls and taken account of when assessing the current risk score.

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

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

E. CONCLUSION

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

F. BACKGROUND REFERENCES

None.

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

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

Donald Forrest
Head of Finance and Property Services

Date of meeting: 14 June 2021



Appendix 1 High Risks

Report Author: Kenneth Ribbons




Generated on: 04 June 2021 09:29


Report Layout: .. 10 (previously R09b) Original Score, Current Score, Internal Controls with linked Actions (outstanding only)

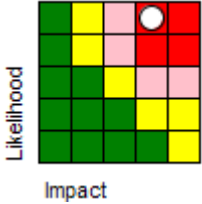




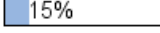
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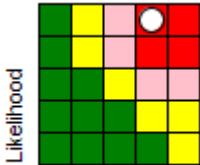
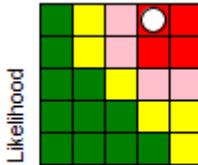


Icon	Score	Meaning
	16-25	High
	12-15	Medium High


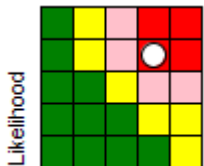
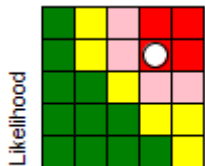
Key to Action Status


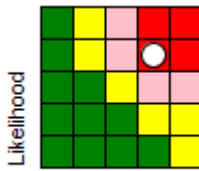
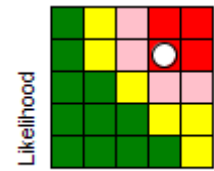
Icon	Status
	Overdue
	Approaching Due Date
	In progress


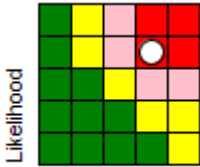
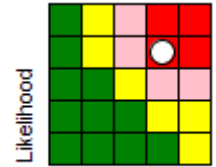
	HCBS004 Overspend of allocated Housing Need budgets	<p>Increased demand for homeless services. This may also result in an overspend of allocated budgets.</p>
<p>Current Controls:</p>	<p>Through the implementation of the 5 Year West Lothian Rapid Rehousing Plan a number of controls are in place aimed at reducing demand through prevention and increasing temporary accommodation to meet demand during the pandemic. Although there was a slight reduction in demand for homeless services for 2019/20, during 2020/21 the demand for homeless services has increased due to the pandemic . In particular there has been an increase in demand in Qu4 of 2020/21 for temporary and emergency accommodation. Due to the reduction of permanent housing options available this has resulted in longer stays in temporary accommodation. The West Lothian RRTP has been updated with the outturn position for 2020/21 and the action plan has been reviewed to ensure priorities are targeting the current position. A number of additional controls are in place as follows:</p> <p>Agreement between the council and the four main providers of social rented housing in West Lothian to allocate an average of 69% of social rented lets to homeless applicants requiring permanent accommodation for 2019/20 increased to 75% for 2020/21 in response to the pandemic. The council and RSLs are in the process of finalising target lets to homeless for 2021/22.</p> <p>Reduce use of B&B accommodation through increasing the number and capacity of Temporary Tenancies through Private Sector Leasing and sharing accommodation model.</p> <p>Reduce expenditure on homeless transport by ensuring where possible homeless families are allocated temporary tenancies within school catchment.</p> <p>Monitor length of stay in temporary accommodation, ensuring people move on to permanent accommodation as quickly as possible.</p> <p>Monitor numbers of people in hotel accommodation and reduce length of stay.</p> <p>Move to a prevention approach to homelessness to reduce demand. This will be achieved through the transition to a wider housing options approach to prevent homelessness and introduction of Personal Housing Plans as part of the implementation of the Allocations Policy review.</p>	



Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked Risk Actions	Original Due Date	Due Date	Progress	Description
20		20		 <p>HQSR RTP4 Overspend of Allocated Housing Need Budget - R RTP Homeless Prevention and Supply</p>	30-Mar-2024	31-Mar-2024		<p>Through actions within the Rapid Rehousing Transition Plan (R RTP) reduce the number of people presenting as homeless through shifting to a wider prevention approach and through implementation of a new approach to housing options, review of the current housing allocations policy, improved partnership working with Education, Access to Work and the Advice Shop and expansion of mediation and conflict resolution. Reduce the backlog of open homeless cases through increasing percentage of lets to homeless for 2020/21 across the social rented sector. Delivery of the balance of the 3,000 affordable houses by end March 2022 and seek Scottish Government Grant for 2022/23 and 2023/24 to ensure a minimum of 300 affordable homes be completed each year.</p>
				 <p>HQSR RTP5 Overspend of Allocated Homeless Budget Support</p>	31-Mar-2024	31-Mar-2024		<p>Through actions within the Rapid Rehousing Transition Plan (R RTP) support people to sustain their homes to prevent homelessness and support homeless people to sustain their of allocation of permanent housing. This will be delivered through a range of actions including piloting of a Housing First Service for people with addictions and a Housing First Service for young people, creation of a rapid resettlement team to assist people to successful move to permanent accommodation, and delivery of the new build unit and temporary accommodation for younger people.</p>


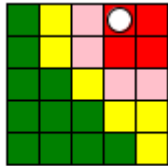
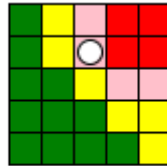
	HCBS012 Breach of statutory homeless duty	Lack of adequate accommodation due to increased demand results in Housing, Customer and Building Services (HCBS) breaching our statutory duties to accommodate unintentionally homeless people in suitable accommodation.							
Current Controls:		<p>Agreement by the council and 4 main housing associations to allocate an average of 69% social rented lets in 2019/20 and 75% of social rented lets in 2020/21 to homeless has helped to move families from temporary tenancies into permanent accommodation more quickly. Confirmation of agreed percentage of social rented lets to homeless for 2021/22 will be provided by end of June 2021. Through new build and open market acquisitions the council has aimed to increase its stock of larger accommodation for families to reduce bottle neck in temporary accommodation. The council monitors number of larger dispersed temporary tenancies to accommodate families to avoid use of B&B accommodation.</p> <p>Monitor numbers of families and pregnant females in bed and breakfast accommodation to avoid use and limit stay to below 7 days where B&B has to be used in an emergency.</p> <p>Prevention of homelessness through implementation of a wider housing Options approach in West Lothian.</p> <p>Use of flexible fund to enable families to access the private rented sector as a housing option.</p> <p>Increase number of PSL temporary tenancies by additional 65.</p>							
Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked	Risk Actions	Original Due Date	Due Date	Progress	Description
20		20			HQSRRTP6 Breach of Statutory Homeless Duty - R RTP	01-Apr-2024	01-Apr-2024	 33%	There are a number of actions being taking forward to ensure compliance through the West Lothian Rapid Rehousing Transition Plan (R RTP) to prevent homelessness. R RTP actions also include increasing temporary accommodation in line with the R RTP targets using council and registered social landlords properties as well as the private letting leasing scheme. Increase capacity by providing temporary tenancies which can be shared by two people. New build temporary accommodation for Young People at Deans, Livingston creating 24 units. Working with the Scottish government regarding guidance on the extension of the Unsuitable Accommodation Order to all homeless people as of 1 October 2021 and mapping out current provision and future needs to comply.


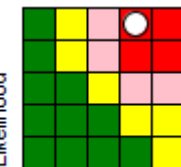
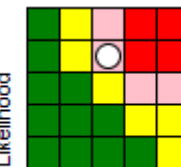
	APS007 Failure to achieve the child poverty outcome of the Anti-Poverty Strategy			Failure to effectively co-ordinate activities with national government or community planning partners may lead to failure to deliver the strategy and achieve the agreed outcomes. Scottish Government has set a target to eradicate child poverty by 2030. An interim target has been set for 2023 to reduce relative child poverty to 18%.				
Current Controls:				<p>Anti-Poverty Strategy links to other strategic plans including the Local Outcome Improvement Plan, Children and Families Strategic Plan and the Rapid Rehousing Transition Plan</p> <p>The strategy has a strategic scorecard which links to the council's corporate plan and the Community Planning Partnership Plan</p> <p>The strategy is overseen by the Anti-Poverty Taskforce which meets 4 times per year and is chaired by a Councillor</p> <p>An annual action plan is agreed and there are regular updates and scrutiny at the Task Force</p> <p>There is an annual progress report to the CPP Board</p> <p>The practitioners forum meets bi-monthly with membership from the third sector, council services and community planning partners</p> <p>There is a statutory requirement to publish a Local Child Poverty Annual Report in partnership with NHS Lothian</p> <p>New Covid-19 scorecard introduced which is monitored by multi service group and reported regularly to CPP Board</p>				
Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked Risk Actions	Original Due Date	Due Date	Progress	Description
16		16						


		CSg002 Capital programme additional costs		The combined impact of EU Exit and Covid-19 leading to supply chain constraints and increases in the price of building materials. Resulting in increases in construction costs and therefore additional costs in relation to the capital programme.					
Current Controls:				Scotland Excel are carefully managing price variation requests and holding ongoing dialogue with awarded suppliers. Ongoing supplier engagement and review and monitoring of contracts. Appraisal of projects and potential cost inflations and delivery timescales are regularly reviewed as part of the ongoing management of the capital programme.					
Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked Risk Actions		Original Due Date	Due Date	Progress	Description
16		16							


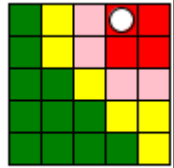
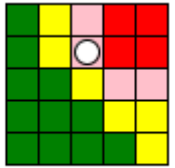

	WLC004 Political uncertainty - impacting on service delivery	Political uncertainty relates to activity or changes in respect of: local government, Scottish government, UK government, or international political circumstances which may impact on the council. An inability to plan effectively for major changes may result in an adverse impact on service delivery and financial performance.						
Current Controls:		Timely response to government consultation. Lobby via COSLA and other appropriate forums. Plans / strategies in place for major anticipated changes. Performance management system. Quarterly horizon scanning reports to Policy Development and Scrutiny Panel. Quarterly risk reporting to the Governance and Risk Committee.						
Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked Risk Actions	Original Due Date	Due Date	Progress	Description
16		16						


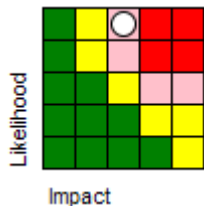
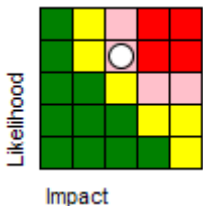
	NLCS013 Failure to control the spread of ash die back in trees across West Lothian causing an increase in dangerous trees			There is a likelihood that up to 80% of ash trees across West Lothian will become infected with ash die back disease. If left unmanaged there is a high level of risk that tree limbs and trees will fall endangering members of the public and road users. This could also cause significant financial implications as well as habitat loss.																																																						
Current Controls:				Carried out detailed survey and report submitted to Scottish Government in January 2021 to add detail of the national picture. Woodland Management and Safety Plans are in place for the three Country Parks. The tree inspection process has been reviewed and a hierarchy approved. Woodland Management and Tree Safety Policy approved and implemented. Cyclical tree inspection process implemented. Use of appropriate contractors to do work. Roadside survey completed to identify the immediate risk. Remedial works Programme being developed for 2021/22 to undertake tree safety work in high risk areas. Action plan being developed to manage medium/long terms impacts of the disease.																																																						
Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked Risk Actions	Original Due Date	Due Date	Progress	Description																																																		
20	<div><div>Likelihood</div><table><tr><td>Green</td><td>Yellow</td><td>Pink</td><td>Red</td><td>Red</td></tr><tr><td>Green</td><td>Yellow</td><td>Pink</td><td>Red</td><td>Red</td></tr><tr><td>Green</td><td>Green</td><td>Yellow</td><td>Pink</td><td>Pink</td></tr><tr><td>Green</td><td>Green</td><td>Green</td><td>Yellow</td><td>Yellow</td></tr><tr><td>Green</td><td>Green</td><td>Green</td><td>Green</td><td>Yellow</td></tr></table><div>Impact</div></div>	Green	Yellow	Pink	Red	Red	Green	Yellow	Pink	Red	Red	Green	Green	Yellow	Pink	Pink	Green	Green	Green	Yellow	Yellow	Green	Green	Green	Green	Yellow	15	<div><div>Likelihood</div><table><tr><td>Green</td><td>Yellow</td><td>Pink</td><td>Red</td><td>Red</td></tr><tr><td>Green</td><td>Yellow</td><td>Pink</td><td>Red</td><td>Red</td></tr><tr><td>Green</td><td>Green</td><td>Yellow</td><td>Pink</td><td>Pink</td></tr><tr><td>Green</td><td>Green</td><td>Green</td><td>Yellow</td><td>Yellow</td></tr><tr><td>Green</td><td>Green</td><td>Green</td><td>Green</td><td>Yellow</td></tr></table><div>Impact</div></div>	Green	Yellow	Pink	Red	Red	Green	Yellow	Pink	Red	Red	Green	Green	Yellow	Pink	Pink	Green	Green	Green	Yellow	Yellow	Green	Green	Green	Green	Yellow	<div></div> <div>NLCS20101_Ar Development of a management plan for ash die back</div>	31-Mar-2021	31-Mar-2021	<div><div></div>80%</div>	Once developed, the individual actions highlighted in the plan will be added to the risk
Green	Yellow	Pink	Red	Red																																																						
Green	Yellow	Pink	Red	Red																																																						
Green	Green	Yellow	Pink	Pink																																																						
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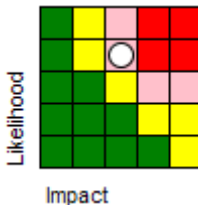


	ED014 Failure to achieve target progress and attainment levels for young people	<p>Failure of processes in place, amplified by the impact of Covid and the resultant control measures including school closures, leading to failure to achieve target progress and attainment levels for young people, and resulting in reputational damage to the council.</p>						
<p>Current Controls:</p>		<p>Raising attainment strategies in place. Monitoring through the central Quality Improvement Team and Performance Team with updates to the Head of Service and Depute Chief Executives. Regular tracking and monitoring of attainment for children and young people across all schools from early level to senior phase. Education Scotland reports and authority school reviews (using Validate Self Assessment (VSE) approach) which are reported to committee. CLPL needs analysis identification for school staff. Devices distributed to pupils to access on line learning during remote learning periods. Quality Improvement Officers, working in partnership with school based staff, developed robust recovery curriculum maps for Health and wellbeing, literacy and numeracy to support all schools from August 2020 onwards. Quality Improvement Officers, working in partnership with school based staff, developed high quality learning, teaching and assessment approaches leading to continued progression in learning during periods of school closures. Monitoring of learner engagement across all schools during remote learning periods.</p>						
Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked Risk Actions	Original Due Date	Due Date	Progress	Description
<p>20</p>	<p>Likelihood</p>  <p>Impact</p>	<p>12</p>	<p>Likelihood</p>  <p>Impact</p>					


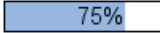
	REV001 Council Tax - failure to achieve budgeted income	Adverse external factors linked to the Coronavirus pandemic affecting recovery processes and impacting on income collection and the council's ability to deliver the financial plan for 2020/21 to 2022/23.							
Current Controls:		Income collection and level of debt for both current and previous years is monitored and reported on a monthly basis detailing monthly trends across all years for analysis and action planning. Council Tax Reduction is monitored and reported on a monthly basis detailing monthly trends cross years for analysis and action planning. Direct debit take up is monitored and reported on a monthly basis for analysis and action planning. Income from the Sheriff Officer and DWP is monitored and reported on a monthly basis detailing monthly trends across all years for analysis and action planning. Council Tax recovery action is programmed for the year in advance and sets out, month to month, the date on which specific action is to be progressed (i.e. issue of reminder notices, final notices, summary warrant notices, water direct requests to DWP). A schedule of post summary warrant action is programmed in advance and sets out, week to week, the date on which specific action is to be progressed (e.g. transfer of debt cases to and back from the Sheriff Officer, issue of applications to the DWP for attachment of debtors benefit, monitoring of summary warrant payment arrangements and default follow up action). Monthly data extracts of all debt accounts are taken from the Open Revenues and the Corporate Arrears Recovery Systems which facilitates debtor profiling. This information is reviewed and analysed monthly by the Revenues Income Improvement Group for targeted arrears action. Customer accounts where recovery action has been held due to an ongoing enquiry/dispute are reviewed monthly to ensure timely resolution and progression of action as required. A top 200 debtor report is produced monthly for review by Revenues Managers for targeted action.							
Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked	Risk Actions	Original Due Date	Due Date	Progress	Description
20		12		▶	REV21002_Ar Inhibition Actions	31-Mar-2022	31-Mar-2022	0%	Identify appropriate debtor accounts for Inhibition Action to secure debt due to the Council to mitigate the impact of legal restrictions imposed as a result of the Covid-19 pandemic.


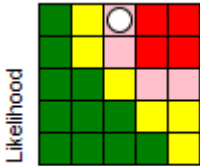
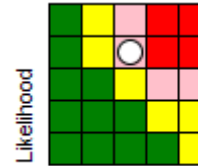

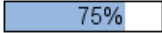

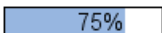
			REV21001_Ar Aged Debt Project Team	31-Jul-2021	31-Aug-2021	0%	A proposal has been put forward for additional funding to resource a project aimed at targeting aged council tax debt. The resourcing of the project is still to be approved.
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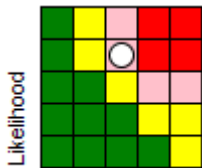
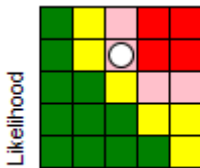

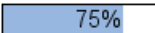
	REV002 Business rates – failure to achieve collection rates	Adverse external factors linked to the Coronavirus pandemic affecting recovery processes and impacting on income collection.							
Current Controls:		<p>Income collection and level of debt for both current and previous years is monitored and reported on a monthly basis detailing monthly trends across all years for analysis and action planning.</p> <p>Levels of rates reliefs being applied across the business rates caseload and for specific categories of businesses is monitored and reported on a monthly basis for analysis and action planning.</p> <p>Income from the Sheriff Officer is monitored and reported on a monthly basis detailing monthly trends across all years for analysis and action planning.</p> <p>Business Rates recovery action is programmed for the year in advance and sets out, month to month, the date on which specific action is to be progressed (i.e. issue of reminder notices, final notices, summary warrant notices). A schedule of post summary warrant action is programmed in advance and sets out, week to week, the date on which specific action is to be progressed (e.g. transfer of debt cases to and back from the Sheriff Officer, monitoring of summary warrant payment arrangements and default follow up action).</p> <p>Monthly data extracts of all debt accounts are taken from the Open Revenues. This information is reviewed and analysed monthly for targeted arrears action.</p> <p>Customer accounts where recovery action has been held due to an ongoing enquiry/dispute are reviewed monthly to ensure timely resolution and progression of action as required.</p>							
Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked Risk Actions		Original Due Date	Due Date	Progress	Description
20		12			REV21003 Implement Monthly Reminders	01-Oct-2021	01-Oct-2021	<input type="text" value="0%"/>	Implement monthly statutory reminder notices for Business Ratepayers who fail to pay their monthly instalments

	CPU001 Failure to manage the procurement plan	Corporate Procurement Unit and service area staff resources are insufficient to deal with the volume of sourcing activity, which may result in the failure to deliver the procurement plan and/or may require contracts to be extended rather than tendered which may impact on ability to achieve best value. These resource issues may be exacerbated by internal factors such as staff absence and vacancies as well as external factors, such as Brexit and the COVID-19 Pandemic, as suppliers / contractors may fail to deliver goods / provide contracted services, either as a result of failure of the supply chain or going out of business, leading to additional work for the CPU in letting replacement contracts, and resulting in operational delays, external challenge or litigation, or failure to deliver best value. Where resource is not available in CPU there would be an impact on delivery of the workplan with resource unavailable to deliver activity.						
Current Controls:		Review of workplan and monitoring of progress. Regular progress meetings with services, either monthly or quarterly. Agreement with services on priorities and plan re-baselined where required. Put a hold on elements of work plan for critical resource issues. Procurement staff in attendance at Brexit Working Group. Comprehensive Brexit related risk register including procurement related risks. Use of flexibility available for COVID19 offered by SPPN04/20 and SPPN05/20. Recruitment to fill vacancies as they arise and/or internal secondments/backfill Report on risk to the board						
Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked Risk Actions	Original Due Date	Due Date	Progress	Description
15		12						

	ED004 Mainstream Schools: attacks on or violence towards staff			Physical and/or verbal violence from pupils, and parents of pupils, to members of staff working in schools, leading to injury or stress.					
Current Controls:				Promoting Positive Behaviour Policy in place and applied/staff aware of policy. Restricted access to schools for parents e.g. reception area only during the school day. Risk assessment to consider security factors when meeting with parents/carers e.g. more than 1 member of staff present or alternative meeting locations considered. 4 weekly monitoring of incidents recorded in Sphera in schools by the Education Senior Management Team. Raise awareness of staff on how to deal/report violent incidents in Sphera, annual reminder at August in service day. Trainers trained in de-escalation techniques, to commence rollout of training for all staff/schools from January 2020. Rollout targeted at schools with high levels of reported incidents. Education Services Health and safety committee in place and meets on a quarterly basis (membership management /professional associations / trade unions).					
Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked Risk Actions		Original Due Date	Due Date	Progress	Description
15		12			ED20003_Ari MAPA Training Programme for Schools (Risk Actions to Monitor Progress)	30-Jun-2020	30-Jun-2022	<div><div>45%</div></div>	MAPA training programme for schools has been prepared and is required to be rolled out. The decision has been taken to use an external training provider to deliver Managing Actual and Potential Aggression (MAPA) training to a team of West Lothian trainers. This will enable Education Services to become self-sufficient in the delivery of this training over time.
					ED20006_Ari Personal Safety Guidance for Education Services - Positive Behaviour Policy	30-Apr-2021	30-Jun-2021	<div><div>75%</div></div>	Personal safety guidance for education staff to be covered as part of the updated Positive Behaviour Policy.

			ED20007_Ari Monitoring of SPHERA Risk Assessments for Violence to Staff	30-Apr- 2021	30-Jun- 2021	 75%	Monitoring reports to be made available from SPHERA to enable the review of the completion of risk assessments in relation to violence to staff.
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	ED005 Additional Support Needs (ASN) schools and units: attacks on or violence towards staff	Physical and/or verbal violence from pupils to members of staff working in schools, leading to injury or stress. Due to the nature of the pupils placed in ASN schools and units attached to a mainstream school it is therefore more difficult to stop an such incidents occurring. There is also potential for physical or verbal abuse from parents/carers which may lead to injury or stress.							
Current Controls:		Education Service have a 'Promoting Positive Behaviour Policy' in place for school which all staff are aware of. annual reminder at August in service day. 4 weekly monitoring of incidents in schools by the Education Senior Management Team. Raise awareness of staff on how to deal/report violent incidents in Sphera, annual reminder at August in service day. All ASN school staff have received MAPA training on how to deal with violent /aggressive incidents by young people. Restricted access to schools for parents e.g. reception area only during the school day. Risk assessment to consider security factors when meeting with parents/carers e.g. more than 1 member of staff present or alternative meeting locations to be considered. Education Services Health and safety committee in place and meets on a quarterly basis (membership management / professional associations / trade unions).							
Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked Risk Actions		Original Due Date	Due Date	Progress	Description
15		12			ED20006_Ari Personal Safety Guidance for Education Services - Positive Behaviour Policy	30-Apr- 2021	30-Jun- 2021	 75%	Personal safety guidance for education staff to be covered as part of the updated Positive Behaviour Policy.
					ED20007_Ari Monitoring of SPHERA Risk Assessments for Violence to Staff	30-Apr- 2021	30-Jun- 2021	 75%	Monitoring reports to be made available from SPHERA to enable the review of the completion of risk assessments in relation to violence to staff.

	HQS002 Failure of contractor to deliver on time resulting in time delays/additional costs re new build housing			Ineffective performance of external contractors managed by Housing Strategy and Development in delivery of the new build housing, leading to time delays, additional pressure due to failure to allocate secondary lets, increasing waiting list time and numbers, and reputational damage due to additional costs and allocation delays.					
Current Controls:				SBCC conditions of contract utilised providing mechanism to apply penalties/determination of contract. Employers Agent appointed for all new build projects. Financial evaluation of all bidders / tenders in advance of contract award. Project officer assigned to manage each project and maintain records in ERMS. Regular contractor meetings held to monitor performance. Performance Bond in place on all contracts over £1million. Mobilisation/planning period incorporated into overall project programme. Regular site inspections carried out by Clerk of Works/Project Officer and recorded.					
Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked	Risk Actions	Original Due Date	Due Date	Progress	Description
12		12			HCBS20008_A Increased housing supply and new build social homes for rent.	31-Mar-2021	31-Mar-2022		Work with partners to deliver new build and increased supply of social housing, implementing the Local Housing Strategy and Strategic Housing Investment Plan.



RISK ASSESSMENT METHODOLOGY

RISK MATRIX

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

LIKELIHOOD 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 likelihood consider a three year time horizon and use your knowledge and experience of previous issues, both within the council and elsewhere.

IMPACT TABLE

Each risk is scored 1-5 for impact. In assessing impact each column is independent. Use the highest score.

<u>Hazard / Impact of Risk</u>	Personal safety	Property loss or damage	Regulatory / statutory / contractual	Financial loss or increased cost of working	Impact on service delivery	Personal privacy infringement	Community / environmental	Impact on Reputation
Insignificant 1	Minor injury or discomfort to an individual	Negligible property damage	None	<£10k	No noticeable impact	None	Inconvenience to an individual or small group	Contained within service unit
Minor 2	Minor injury or discomfort to several people	Minor damage to one property	Litigation, claim or fine up to £50k	£10k to £100k	Minor disruption to services	Non sensitive personal information for one individual revealed / lost	Impact on an individual or small group	Contained within service
Significant 3	Major injury to an individual	Significant damage to small building or minor damage to several properties from one source	Litigation, claim or fine £50k to £250k.	>£100k to £500k	Noticeable impact on service performance.	Non sensitive personal information for several individuals revealed / lost	Impact on a local community	Local public or press interested
Major 4	Major injury to several people	Major damage to critical building or serious damage to several properties from one source	Litigation, claim or fines £250k to £1m	>£500k to £2m	Serious disruption to service performance	Sensitive personal information for one individual revealed / lost	Impact on several communities	National public or press interest
Catastrophic 5	Death of 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

DATA LABEL: PUBLIC



GOVERNANCE AND RISK COMMITTEE

RISK MANAGEMENT ANNUAL REPORT

REPORT BY HEAD OF FINANCE AND PROPERTY SERVICES

A. PURPOSE OF REPORT

To inform the Governance and Risk Committee of the risk management annual report for 2020/21.

B. RECOMMENDATION

It is recommended that the Governance and Risk Committee notes the progress made on risk management and business continuity planning during 2020/21.

C. SUMMARY OF IMPLICATIONS

I Council Values	Being honest, open and accountable, making best use of our resources.
II Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)	<p>The council's Risk Management Policy requires the council to effectively manage its risks.</p> <p>Section 2(1)(c) of the Civil Contingencies Act 2004 requires the council to maintain plans for the purpose of ensuring, so far as is reasonably practicable, that if an emergency occurs it is able to continue to perform its functions</p>
III Implications for Scheme of Delegations to Officers	None.
IV Impact on performance and performance Indicators	Weaknesses in the council's risk management arrangements are likely to have an adverse impact on performance.
V Relevance to Single Outcome Agreement	Our public services are high quality, continually improving, efficient and responsive to local people's needs.
VI Resources - (Financial, Staffing and Property)	None.
VII Consideration at PDSP	None.
VIII Other consultations	None.

D. TERMS OF REPORT

The risk management annual report sets out the risk management work undertaken during 2020/21 and is attached as an appendix. As set out in the report, the Audit, Risk and Counter Fraud Manager acts as the council's corporate risk manager and is responsible for ensuring that arrangements are in place within the council to enable managers to effectively manage risks to their business objectives.

The Audit Risk and Counter Fraud Manager discharges this responsibility by:

- preparing and maintaining corporate procedures on risk management and business continuity planning;
- administering the council's corporate risk register;
- providing advice and information to services on risk management and business continuity matters;
- monitoring services' management of risk;
- providing training as considered necessary.

Appendix A of the report sets out the risk management performance indicators for 2020/21.

The risk management plan 2020/21 included provision for conducting a desktop test of the business continuity arrangements for an operational building. This had to be postponed due to the impact of the Covid-19 pandemic. A desktop test was therefore included in the 2021/22 risk management plan and a test of the arrangements at Whitehill Service Centre is planned for August 2021.

E. CONCLUSION

The council has established processes to ensure that effective risk management and business continuity planning arrangements are in place at a corporate and service level.

F. BACKGROUND REFERENCES

Report to the Governance and Risk Committee 24 February 2020: Risk Management Plan 2020/21.

Appendices/Attachments: Risk Management Annual Report 2020/21

Contact Person: Kenneth Ribbons – Kenneth.ribbons@westlothian.gov.uk Tel No. 01506 281573

Donald Forrest
Head of Finance and Property Services

Date of meeting: 14 June 2021



RISK MANAGEMENT ANNUAL REPORT 2020/21

**Audit, Risk and Counter Fraud Unit
14 June 2021**

CONTENTS

	Section	Page
1.0	Introduction	1
2.0	Risk Management and Business Continuity	1
3.0	Conclusion	3
	Appendix: Performance Information	4

1.0 INTRODUCTION

- 1.1 This report sets out the risk management work undertaken during the financial year ending 31 March 2021.
- 1.2 Heads of Service are responsible for ensuring that risks to their business objectives are effectively managed. The Audit, Risk and Counter Fraud Manager acts as the council's corporate risk manager and is responsible for ensuring that arrangements are in place within the council to enable managers to effectively discharge these responsibilities.
- 1.3 This is done by:
- preparing and maintaining corporate procedures on risk management and business continuity planning;
 - administering the council's corporate risk register;
 - providing advice and information to services on risk management and business continuity matters;
 - monitoring services' management of risk;
 - providing training as considered necessary.
- 1.4 The council's corporate risk register is held on Pentana, the council's performance management system, and contains 225 risks.
- 1.5 Performance information relevant to risk management is set out in appendix A to this report.

2.0 RISK MANAGEMENT AND BUSINESS CONTINUITY

Risk Management Policy

- 2.1. A revised Risk Management Policy was considered by the Partnership and Resources Policy Development and Scrutiny Panel on 7 February 2020 and the Governance and Risk Committee on 24 February 2020. Following a delay due to the Covid-19 pandemic, the Policy was approved by Council Executive on 6 October 2020.

Governance and Risk Committee

- 2.2. The remit of the Governance and Risk Committee requires it to maintain an overview of the council's risk management arrangements.
- 2.3. The Committee met four times during 2020/21. Every meeting of the Committee received reports on the council's high risks, and on the management of health and safety. At its November 2020 and March 2021 meetings the Committee received reports on the council's strategic risks.
- 2.4. A variety of other risk related reports were submitted to the Committee during the year including reports on:
- concurrent risks including the impact of EU exit and Covid-19;
 - the council's insurance arrangements;
 - the management of risk within operational properties including legionella, gas safety, fire safety, and asbestos;

- workforce planning.
- 2.5. On 25 January 2021 the Committee received a report on progress in relation to the council's corporate risk management strategy.

Executive Management Team

- 2.6. The Executive Management Team (EMT) is the council's most senior management body and comprises the Chief Executive, Depute Chief Executives, and the Head of Finance and Property Services. The EMT considers reports on the council's high and strategic risks every two months. The EMT also receives reports on outstanding audit and inspection recommendations, and considers progress in completing them.

Governance and Risk Board

- 2.7. The Governance and Risk Board is an officer group chaired by the Depute Chief Executive (Corporate, Operational and Housing) which meets quarterly to review risk management, business continuity, and governance matters. The Audit, Risk and Counter Fraud Manager and Senior Auditor attend the meetings and assist with the administration by preparing the agendas and action notes.
- 2.8. The Board approves its workplan each March and examples of risk related matters considered by the Board during 2020/21 include:
- the council's high and strategic risks;
 - health and safety risks;
 - information technology related risks;
 - business continuity planning arrangements;
 - statutory compliance (legionella, asbestos, fire safety) performance indicators;
 - insurance claims statistics;
 - outstanding audit and inspection recommendations.

EU Exit Working Group

- 2.9. The EU Exit Working Group continued to meet on a regular basis during 2020/21 to consider risks arising from EU exit and maintain an overview of the EU exit risk register. As stated previously, the Governance and Risk Committee has been updated on developments via the concurrent risks reports.

Risk Management Working Group

- 2.10. The Risk Management Working Group is an officer group comprised of representatives from all services ("risk champions") which meets quarterly. The council's HR Manager (Health and Safety) is a member of the group and is the risk champion for Corporate Services. The group is chaired by the Audit, Risk and Counter Fraud Manager and its purpose is to disseminate advice and information on risk management and business continuity matters, act as a forum for the discussion of risk management matters,

encourage the effective management of risk within services, and to promote effective business continuity arrangements within services.

Gallagher Bassett Risk Review

- 2.11. The council's risk consultant, Gallagher Bassett, provides free risk consultancy and training as part of the insurance contract. Gallagher Bassett undertook an occupational stress risk management review during 2020/21 which was reported to the Governance and Risk Committee on 25 January 2021.
- 2.12. The report included an agreed action plan completed by management and the agreed actions will be followed up by the internal audit team in 2021/22 to determine progress in implementing them.

Service Management Teams

- 2.13. The Audit Risk and Counter Fraud Manager works with all services to review and where necessary improve the quality of their risks in the corporate risk register, for example in relation to descriptions, risk scores, key controls and mitigating actions. All service management teams were visited at least twice during 2020/21.

Risk Management and Business Continuity Procedures

- 2.14. The council's risk management and business continuity procedures were reviewed and updated during the year. These are resident on the Audit Risk and Counter Fraud Unit's intranet site and are accessible to all services.

Corporate Business Continuity Plan

- 2.15. The council's corporate business continuity plan is reviewed annually. The revised plan was submitted to the Governance and Risk Board on 30 November 2020. The Board asked for further consideration to be given to the council's response to the Covid-19 pandemic and a further revised plan was submitted to the Board on 17 May 2021. The plan is held on Pentana, which is externally hosted, and the plan would therefore be available in the event of a loss of the council's IT network.

Desktop Test

- 2.16. The risk management plan 2020/21 included provision for conducting a desktop test of the business continuity arrangements for an operational building. This had to be postponed due to the impact of the Covid-19 pandemic. A desktop test was therefore included in the 2021/22 risk management plan and a test of the arrangements at Whitehill service Centre is planned for August 2021.






3.0 CONCLUSION

- 3.1. The Audit, Risk and Counter Fraud Manager works with the Executive Management Team, Governance and Risk Board, service management teams and risk champions to ensure that effective risk management arrangements are in place within the council which enable services to identify, assess and manage risks to their objectives.

Kenneth Ribbons
Audit, Risk and Counter Fraud Manager

APPENDIX A

Risk Management - Performance Information

Status	Reference	Performance Indicator	Comment	Current Target	2020/21 Value	2019/20 Value	2018/19 Value	2017/18 Value
	P:IA020	Percentage of customers who rated the overall quality of risk management advice as good or excellent.	Based on the annual survey of customers.	100%	100%	95%	100%	100%
	P:IA021	Percentage of risks subject to annual documented risk assessment in Pentana.	Based on the position at 31 March of the financial year.	100%	100%	95%	100%	95%
	P:IA022	Percentage of risk actions outstanding after their original due date.	In relation to all risk actions due for completion in the previous four years.	2%	8% (see note)	8%	6%	8%
	IA024	Percentage of customers who rated the overall quality of business continuity advice as good or excellent.	Based on the annual survey of customers.	100%	100%	100%	94%	100%
	P:IA025	Percentage of WLC1 activities with an up to date Business Continuity Plan.	Based on responses received from heads of service.	100%	100%	100%	100%	N/A

Note

P:IA022 Percentage of risk actions outstanding after their original due date: progress will be more closely monitored during 2021/22 and there will be greater engagement with services with a view to encouraging timeous completion.

DATA LABEL: PUBLIC



GOVERNANCE AND RISK COMMITTEE

HEALTH & SAFETY GOVERNANCE

REPORT BY HEAD OF CORPORATE SERVICES

A PURPOSE OF REPORT

To provide the Governance and Risk Committee with an overview on health and safety governance in place to monitor the management of health and safety.

B RECOMMENDATIONS

It is recommended that the Governance and Risk Committee note the governance arrangements in place to monitor the management of health and safety.

C. SUMMARY OF IMPLICATIONS

I Council Values	Being honest, open and accountable, making best use of our resources.
II Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)	The Councils Health and Safety Policy requires the council to effectively manage risks. Legal requirements for Health and Safety are made under statutory obligations in the Health and Safety at Work Act 1974 and Fire Scotland Act 2005. There are numerous associated secondary statutory instruments made under both Acts that are applicable to health and safety in the workplace.
III Implications for Scheme of Delegations to Officers	None.
IV Impact on performance and performance Indicators	Ineffective risk management arrangements may adversely affect performance.
V Relevance to Single Outcome Agreement	Our public services are high quality, continually improving, efficient and responsive to local people's needs.
VI Resources - (Financial, Staffing and Property)	None
VII Consideration at PDSP / Executive Committee	N/A

D TERMS OF REPORT

D.1 Background

The management of health and safety aims to create and maintain safe and healthy workplaces. Health and safety management systems are based on the plan, do, check, act framework and implementing actions in each part of the framework's cycle. Management of safety is not based solely on reliance of complying with set procedures but to achieve continual cycles of improvement. A key aspect of continuous improvement is overseeing performance to ensure appropriate attention is given to health and safety commensurate with the hazards and risks in each area of the organisation.

The Health and Safety Executive (HSE) which is the regulatory body for Health and Safety state drivers for effective health and safety management are :

- The moral imperative to do the right thing;
- The financial objective to reduce avoidable losses;
- Avoiding damage to the organisation's reputation;
- The legal obligation to comply with statutory provisions

D.2 Health & Safety Policy and Procedures

The Health and Safety at Work Act, 1974 (HSAWA), the Fire Scotland Act 2005 and legislation made under those Acts outline statutory obligations in relation to health and safety. Section 2(3) of HSAWA places a duty on all employers of five or more employees to have a written statement of their policy in respect of Health and Safety and to bring the policy and its revision to the notice of employees. A policy should provide clear explanation as to who does what, when and how in relation to workplace safety.

A revised Health and Safety Policy was approved at Council Executive in February 2021. It continues to follow the general guidance on policies published by the HSE.

The revised policy included extended information in three areas – Safe People, Safe Procedures and Safe Equipment. The expansion of these areas was primarily as a result of monitoring activities carried out as part of the management system since its previous review. There had been no significant regulatory changes.

In addition to the policy, a suite of topic specific procedural documents support and provide guidance to ensure local arrangements are sufficient where a particular topic applies to the work activities carried out in that service.

Reviews of corporate policies and procedures are monitored through the Corporate Health and Safety Committee, HR Programme Board and the Governance and Risk Board.

D.3 Health and Safety Plans

All services have annual health and safety plans that detail actions to be achieved in relation to health and safety. These are devised in conjunction with service aligned health and safety advisers. Plans must detail key actions that will be taken, who will be responsible for completing the task and how the actions will be completed. Services monitor completion of identified actions.

D.4 Sphera Safety Management System

Sphera is a multi-function online safety management tool used by all services in West Lothian Council. The system is used in partnership with East and Mid Lothian Councils. The system captures data on incidents, investigation, risk assessments, Control of Substances Hazardous to health (COSHH), audits, performance reports and version control of safety related documents e.g. policies and procedures. Use of the system is monitored by service managers and the Health and Safety team.

The ability to create, store and share risk assessments online assists in meeting statutory compliance in ensuring a suitable and sufficient assessment of risk is carried out. Electronic reminders prompt reviews of assessments, associated actions and linked timescales.

The management of documents and policies provides additional central documentation storage in addition to My Toolkit that aids robust version control and attestation of review of procedures and policies.

Using the software to assess compliance with procedural requirements assists in demonstrating that due diligence is being exercised.

D.5 Monitoring Health and Safety Performance

Monthly Health and Safety update reports are provided to the Corporate Management Team to inform them of safety issues/ concerns that have or could affect the working arrangements and delivery of services of West Lothian Council. Information in the report includes upcoming changes to legislation, reportable incidents, incidents of note, near misses, incidents of violence and aggression, completion of investigations in line with timescales stipulated in corporate procedures, employer liability claim payments and training completed.

Similar reports are also presented to the HR Programme Board, Governance and Risk Board and Governance and Risk Committee.

Health and Safety advisers provide monthly reports to each service management team highlighting service relevant issues and also attend service management meetings on a minimum of a quarterly basis. The data analysis within these reports is also accompanied by recommendations for actions.

There is a requirement for health and safety to be included as a standing item on the agenda for team meetings to provide additional opportunity for relevant service issues to be discussed and to provide further opportunity for employees to raise concerns and ideas they may have.

Health and Safety performance is further monitored through corporate and service level performance indicators.

D.6 Health and Safety Committees

Health and Safety committees operate to fulfil the requirements of Section 2(7) of the 1974 Health and Safety at Work Act and Regulation (9) of the Safety Representatives and Safety Committees Regulations 1977.

In 2018 Health and Safety Committees were restructured across all services resulting in an overarching corporate Health and Safety Committee and the convening of local service committees. The committees meet on a quarterly basis and the main objectives are to facilitate co-operation and communication between management and employees in devising, developing and promoting controls and initiatives to continue to improve standards of health and safety and performance throughout the Council.

Membership of all committees was agreed in consultation between management and Trade Unions and each committee's composition reflects the complexity of employee groups and risk exposure across each service.

The committees effectiveness and terms of reference are reviewed annually by the committee. Any changes to the terms of reference would be reported and agreed with the Corporate Management Team.

As a minimum the standing items include :

- Reviewing any changes in systems and practices in the Council relating to safety that may impact on employees.
- Review of accident, injury and ill health trends, together with recommendations for corrective action.
- Reports arising from inspections and/ or enforcement action by relevant Enforcing Authorities.
- Consideration of reports from safety representatives including findings from their inspections and any recommendations made within them.
- Assistance in the development of procedures, risk assessments, safe systems of work.
- Monitoring the introduction of measures that may substantially affect the health and safety of employees.
- Monitoring the effectiveness of the provision of and the safety content of employee training.
- Consideration of outcomes of reports from corporate and service safety committee and enforcing authorities.
- Monitoring the development of the management system including procedures and processes.

The Corporate Health and Safety Committee also considers items from service committees which have not been resolved at local level. Outcomes from the committee are reported to the Corporate Management Team for consideration following the meeting.

D.7 Training

The Council has a programme of mandatory annual health and safety e-learning, which has been updated to reflect current legislation and raises awareness of the importance of health and safety in the workplace. All staff are required to complete the e-learning module. Staff who have not completed the training (and passed the test) will have their outlook accounts suspended pending successful completion. All new staff are required to complete a health and safety induction.

Other training required for staff is identified through statutory obligations and the process of risk assessment. Training requirements are managed by each service and are commensurate with work tasks and the risks relating to the tasks carried out. The frequency of training is either determined by statute, risk assessment or in corporate and service procedures.

D.8 Regulatory Activity

The Health and Safety Executive (HSE) are the main regulatory body in relation to Health and Safety Legislation. The Reporting of Incidents, Diseases and Dangerous Occurrences Regulations (RIDDOR) places duties on employers to report certain workplace accidents, occupational diseases and specified dangerous occurrences.

Table 1 provides the number of RIDDOR reports and formal enforcement action taken from April 2020 – March 2021.

Table 1 –Reportable incidents and formal enforcement action for April 2020- March 2021

Service	RIDDOR reportable incidents to the HSE 2020/21	HSE Notices/ Notification of Contravention / Fee for Intervention / Improvement Notice/ Fines
Social Policy	7	-
HCBS	2	
Operational Services	11	-
Education Services	10	2
PEDR	0	-
Total	30	-

There was an 9% reduction in the overall number of incidents reported to the HSE between 2019/ 20 and 2020/21. Health and Safety investigated all RIDDOR reportable incidents to ensure that corrective and preventative measures were implemented to prevent a recurrence of a similar type of incident as far as reasonably practicable. Analysis of causes of reportable incidents has been undertaken to identify areas where measures could be taken to reduce these in 2021/22.

There has been no follow up action from the HSE on any incidents reported to the HSE in 2020/ 21.

The Investigating Accidents/ Incidents corporate procedure is due to be reviewed in 2022. This procedure details required timescales for reporting incidents, completing incident investigations and the processes to follow in the event of a serious accident.

Service information detailing compliance with the required timescales for reporting incidents and completing investigations is monitored at both service level and in the monthly report to the Corporate Management Team to ensure that incidents are reported and investigated timeously. This also aids in ensuring required remedial action can be taken quickly following an incident and that incidents that require to be reported to the HSE are submitted within the timescales set out in the RIDDOR regulations. Failure to meet the statutory timescales may result in potential enforcement action.

Following the inspection of five schools in September 2020 the HSE issued a formal notice of contravention and improvement notices in relation to the cleaning and disinfection regimes in place. Cleaning procedures in place had changed in line with Scottish government guidance during the first two visits and the subsequent three visits a few weeks later. As a result of the procedural changes a cleaning protocol clarifying measures in all council properties was agreed and implemented. To support and assist schools with the ongoing requirement to manage COVID secure measures in schools and in line with guidance from the Scottish Government, Health and Safety carried out additional audits in January 2021 which clarified satisfactory measures had been implemented. No further action was taken by the HSE following their assessment of measures in place.

D.8 Auditing

A Health and Safety audit programme is in place to gauge compliance with policies, standards and procedures. In 2020/2021 the focus of the audit schedule was to support the initial remobilisation of schools in August 2020 and covering the key actions required in relation to the safe operation of schools in relation to COVID-19 control measures.

Further audits were then carried out in January 2021 as part of the action plan following the HSE visits.

Reports were prepared for Education Senior Management Teams highlighting that evidence from the audits found considerable work had been undertaken by business managers, Head Teachers and staff to ensure schools are operating in line with guidance constraints. No high-risk actions were identified but a number of required remedial actions were identified in relation to updating risk assessments, an increased level of detail required in some sections of the assessments, the requirement for the provision of training for some staff in the completing risk assessments and the requirement for further training in the use of Sphera. Remedial actions are due to be completed by the end of June 2021.

Corporate Health and Safety were also subject to an internal audit during 2020/21 in accordance with the annual audit plan for 2020/21. The audit examined Risk WLC008 from the council's risk register, *Failure to prepare, or effectively deploy, up to date corporate occupational health and safety policies and procedures*. The audit concluded that the level of control required improvement. Two high importance levels issues were identified relating to the policy, procedure and guidance review cycle which identified that there had been slippage in the review schedule. The schedule of review had been significantly impacted by the reactive work required as a result of the COVID- pandemic and the work required to support services throughout the pandemic had been prioritised. A revised schedule of policy review has been agreed at the Governance and Risk Board on 18th February 2021. The findings of the audit were reported to Audit Committee on 22nd March 2021.

E. CONCLUSION

The council has implemented robust processes with the aim of ensuring that health and safety governance supports statutory compliance and maintains safe and healthy workplaces.

F. BACKGROUND REFERENCES

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

West Lothian Council Health and Safety Policy –
<https://www.westlothian.gov.uk/article/29157/WLC-Health-and-Safety-Policy>

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

Julie Whitelaw, Head of Corporate Services

Date of meeting: 14th June 2021

DATA LABEL: PUBLIC



GOVERNANCE AND RISK COMMITTEE

MANAGEMENT OF HEALTH & SAFETY

REPORT BY HEAD OF CORPORATE SERVICES

A PURPOSE OF REPORT

This report is presented at the request of the Governance and Risk Committee and is a standing report providing information on Health and Safety incidents reported across all service areas. This report also contains annual incident statistics and a breakdown of violence and aggression incidents within Education.

B RECOMMENDATIONS

It is recommended that the Committee note the content of the report.

C. SUMMARY OF IMPLICATIONS

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

D. TERMS OF REPORT

D.1 Background

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

Health and safety is monitored by services using reactive and proactive measures to provide indicators of health and safety performance to support the continued implementation of the health and safety management system.

D.2 Health & Safety Management

The Health and Safety at Work Act, 1974, the Fire Scotland Act 2005 and legislation made under the Acts outline statutory obligations in relation to health and safety. The appropriate and measured control of risk also supports the strategic and operational aims of the council-wide health and safety policy and service health and safety plans.

Measuring health and safety performance is a key step in the safety management process. Internal leading and reactive control measures are used to identify required control measures that mitigate identified risks. The control measures provide objective information that is measurable, easily collected, monitored and considered by Services and Corporate Health and Safety. They provide a reliable indicator of performance and information related to the monitoring of the deployment of policies and procedures and the safety management system.

Health and safety is a standing item at service management team meetings. It is also a standing item for meetings of the Corporate Management Team. A comprehensive report in relation to health and safety legislation and guidance and incidents across all council services is considered with a view to learning lessons and improving and identifying emerging risks. This report includes the provision of key statistical information as set out in Appendices 1 -4.

Statistical information in Appendices 1 and 2 cover the reporting periods of 01st April 2020 to 31st March 2021. This information completes the information for the year 2020/2021 and previous reports presented to Committee in March 2021 covered until the end of January 2021.

Statistical information in Appendices 3 and 4 detail information from 01st April 2021. At the time of writing, the statistical information for the month of May was not available as this is collated five working days following the last working day of each month to allow services the five working days stipulated in procedure to log and complete an incident investigation in Sphera.

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

D.3 Enforcement & HSE- Notices / Visits / Inspections/ Correspondence/ Enforcement/ Fee for Intervention (FFI) – March 2021 – May 2021

HSE Enquiry

As part of routine enquiries, the HSE requested information following their receipt of an Immediate Defect Report being submitted relating to a fleet vehicle that failed a Lifting Operations and Lifting Equipment Regulations (LOLER) thorough examination. The information detailing the remedial action taken was supplied and there has been no further communication received from the HSE.

Civic Centre

The HSE visited the Civic Centre on 23/03/2021 to carry out an inspection of the Custody Suites and Procurator Fiscal Offices. General information has been provided to partner organisations and the HSE in relation to cleaning regimes to assist.

D.4 COVID-19

Health and Safety have continued to provide advice, support and guidance to all services throughout the current pandemic. Provision of the service has been maintained through the utilisation of online communication methods and site visits ensuring relevant sector specific guidelines have been followed. Whilst this has restricted business as usual in some sectors e.g. care settings and movement around educational establishments risk assessments have been completed to ensure that appropriate action is taken and support provided as required.

As regulatory changes have been introduced and new or updated guidance published services have taken cognisance of these and adjusted practises accordingly. Risk assessments encompassing required changes have been implemented and are revised as frequently as required to ensure working practices reflect ongoing changes. Consultation has taken place with relevant Trade Unions in relation to measures taken.

Health and Safety will continue to support services in the interpretation and practical implementation of future changes to guidance.

D.5 Health and Safety Committee

The Corporate Health and Safety Committee last met on the 16th March 2021. Representatives from Council Services attended the Committee, along with representatives from recognised Trade Unions. The Committee considered the corporate health and safety statistics and noted the discussions which had taken place at the Service Health and Safety Committees.

D.6 Lone Worker Devices

Appendices 1 and 3 detail the number of devices each service has registered with the service provider (number of live devices) and the number of devices that have been registered as active (being used) in that time period. This information is provided to each service on a monthly basis.

D.7 Employers Liability Insurance Payments

Appendices 1 and 3 detail the claims settled in relation to Health and Safety Incidents.

E. CONCLUSION

The council has implemented robust risk management and monitoring processes with the aim of ensuring that risks to the achievement of key objectives are mitigated as far as possible.

F. BACKGROUND REFERENCES

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

West Lothian Council Health and Safety Policy – <https://www.westlothian.gov.uk/article/29157/WLC-Health-and-Safety-Policy>

Appendices/Attachments:

- (1) Health and Safety Statistics 01st April 2020 – 31st March 2021
- (2) Education Services Violent Incident Statistics- 01st April 2021 – 30th April 2021
- (3) Health and Safety Statistics 01st April 2020 – 31st March 2021
- (4) Education Services Violent Incident Statistics -01st April 2021 – 30th April 2021

Kim Hardie, Health and Safety Manager 01506 281414 kim.hardie@westlothain.gov.uk

Julie Whitelaw, Head of Corporate Services

Date of meeting: 14 June 2021

April 2021

GOVERNANCE AND RISK COMMITTEE

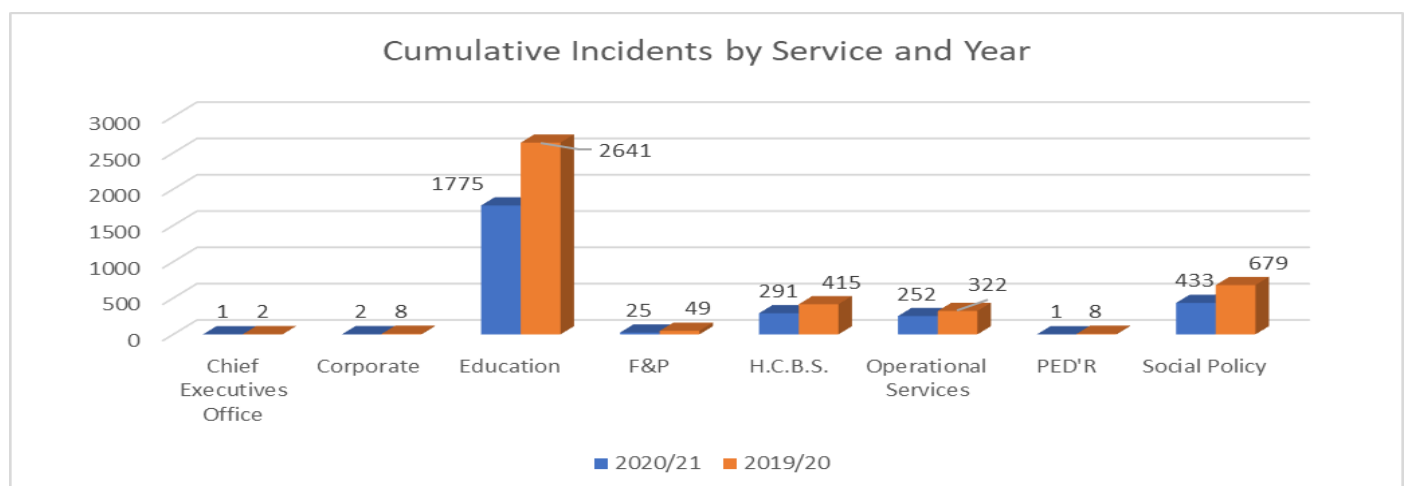
APPENDIX 1 HEALTH AND SAFETY STATISTICS

RIDDOR REPORTABLE INCIDENTS – 1st April 2020 to 31st March 2021

HSE Reportable 2018/19	Specified	O7D	MoP	DO	Disease	Total	HSE Notices	HSE Visits / Enquiries
CHCP		1	1		5	7		
HCBS		2				2		3
Operational		10		1		11		1
Education	5	1	4			10	2	7
TOTAL 2020/2021	5	14	5	1	5	30		11
TOTAL 2019/2020	12	18	1	1	1	33		

CUMULATIVE INCIDENTS RECORDED – 1st April 2020 to 31st March 2021

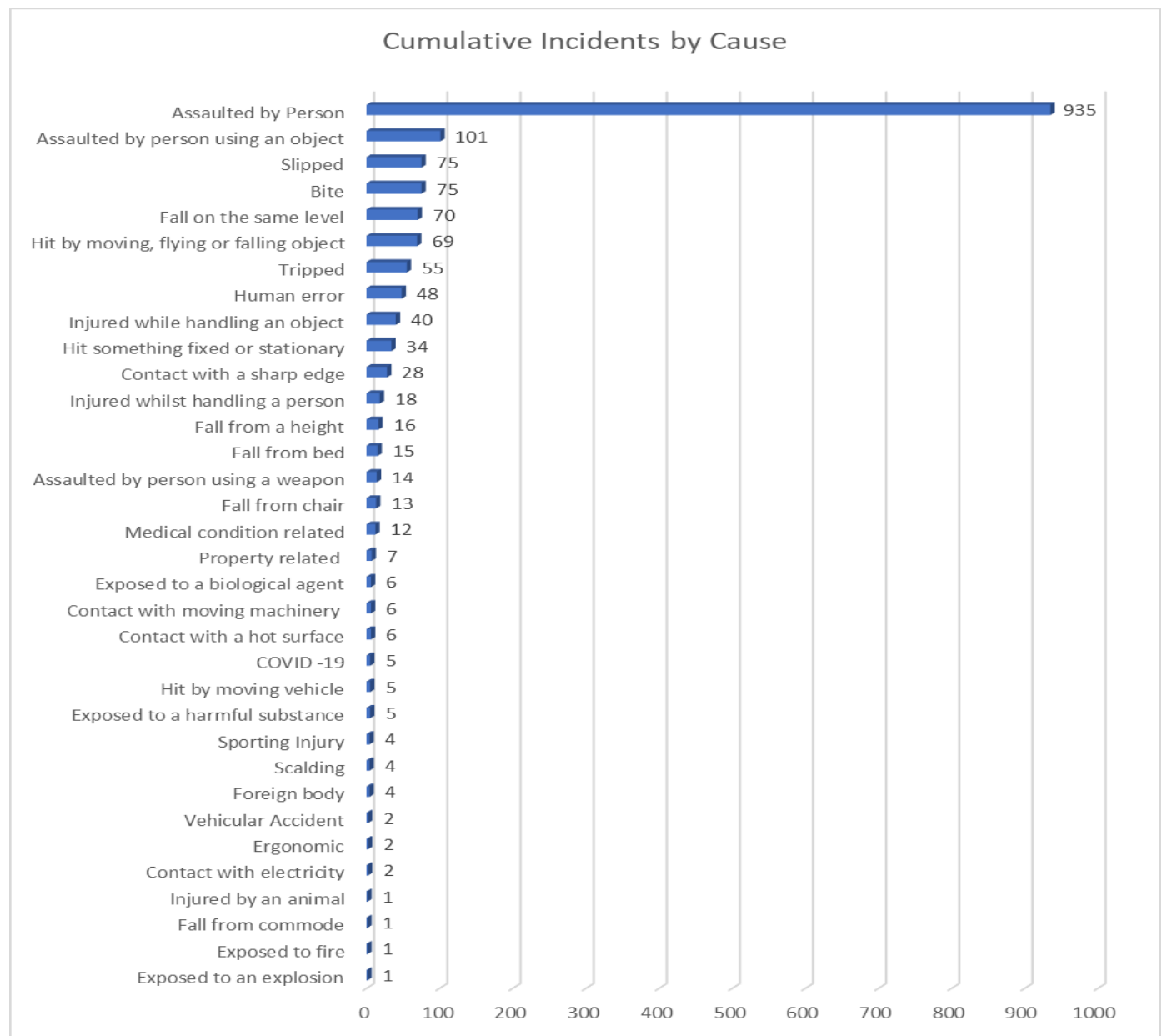
	Chief Executives Office	Corporate	Education	F&P	H.C.B.S.	Operational Services	PED'R	Social Policy
April	0	0	4	1	11	13	0	38
May	0	0	4	4	10	12	0	40
June	0	0	12	1	25	23	0	40
July	0	0	2	2	17	26	0	36
Aug	0	0	236	4	17	33	0	46
Sept	0	0	423	4	14	24	0	37
Oct	0	1	214	2	31	26	1	34
Nov	0	0	330	1	18	21	0	32
Dec	0	0	138	0	32	16	0	25
Jan	0	0	80	1	31	23	0	45
Feb	0	1	89	2	41	19	0	22
Mar	1	0	243	3	44	16	0	38
2020/21	1	2	1775	25	291	252	1	433
2019/20	2	8	2641	49	415	322	8	679



CUMULATIVE ACCIDENTS RESULTING IN INJURY 1st April 2020 to 31st March 2021

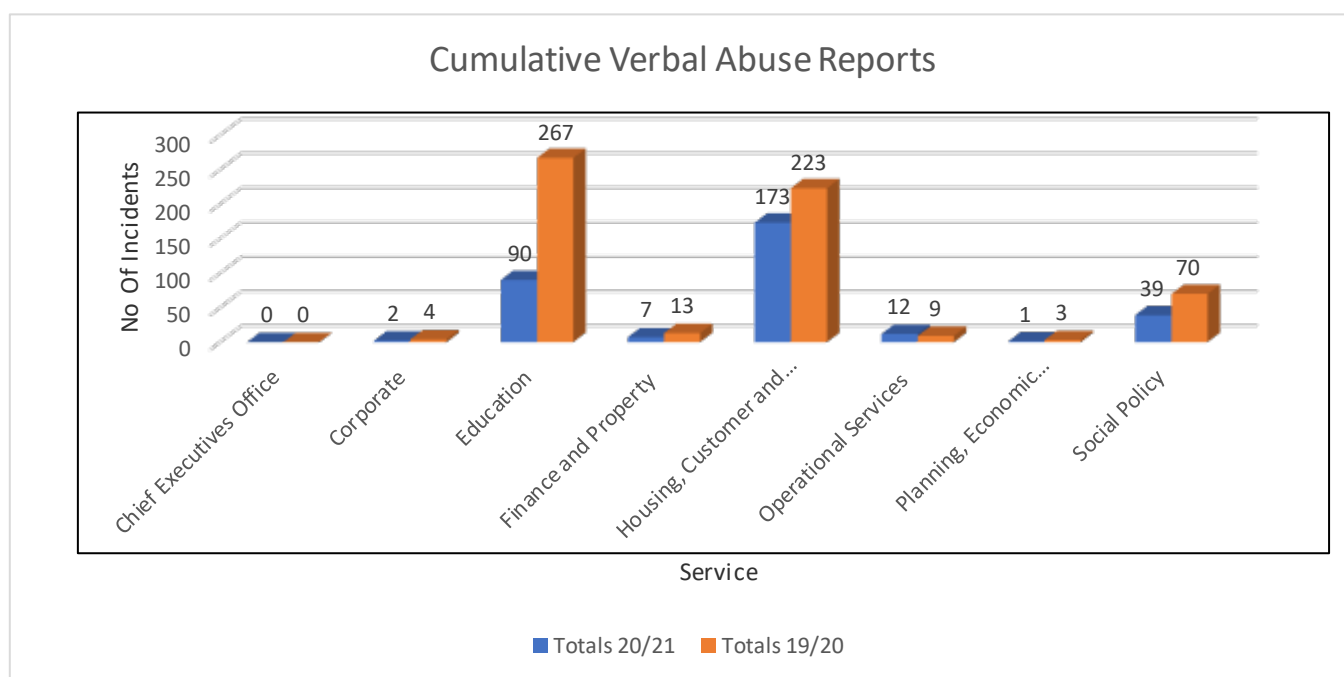
Service / Injured Party	Chief Executives Office	Corporate	Education	F&P	H.C.B.S.	Operational Services	PED'R	Social Policy	Totals
Employee	0	0	93	0	48	96	0	45	282
Third Party	0	0	4	0	7	15	0	102	128
Pupil / Student	0	0	111	0	0	0	0	0	111

CUMULATIVE INCIDENTS by Cause 1st April 2020 to 31st March 2021



CUMULATIVE REPORTED VERBAL ABUSE INCIDENTS – 1st April 2020 to 31st March 2021

	Chief Executives Office	Corporate	Education	F&P	H.C.B.S.	Operational Services	PED'R	Social Policy
April	-	-	2	1	8	1	-	1
May	-	-	1	2	8	-	-	3
June	-	-	-	-	18	-	-	7
July	-	-	2	1	11	3	-	1
Aug	-	-	22	-	12	-	-	10
Sept	-	-	21	1	3	1	-	4
Oct	-	1	3	-	11	-	1	-
Nov	-	-	17	1	12	-	-	6
Dec	-	-	6	-	25	-	-	-
Jan	-	-	-	-	18	-	-	3
Feb	-	1	1	-	22	3	-	2
Mar	-	-	15	1	25	4	-	2
2020/21	-	2	90	7	173	12	1	39
2019/20	-	4	267	13	223	9	3	70

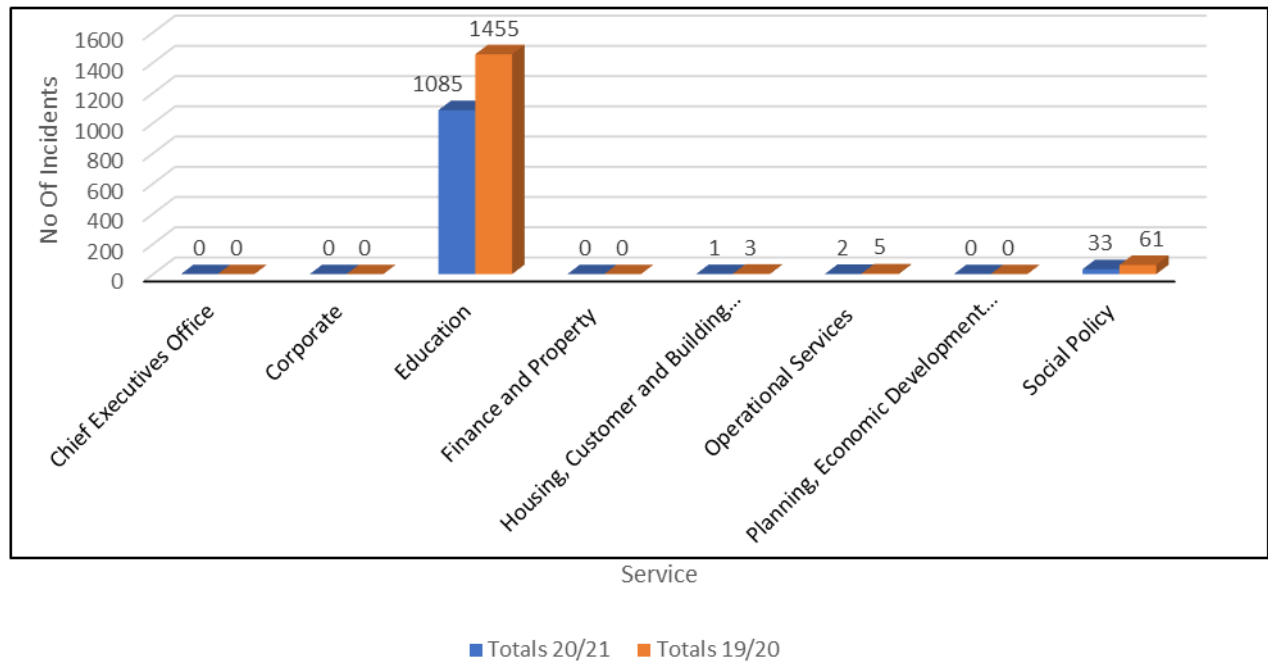


CUMULATIVE REPORTED PHYSICAL ASSAULT INCIDENTS – 1st April 2020 to 31st March 2021

	Chief Executives Office	Corporate	Education	F&P	H.C.B.S.	Operational Services	PED'R	Social Policy
April	-	-	-	-	-	-	-	3
May	-	-	-	-	-	-	-	3
June	-	-	1	-	-	1	-	3
July	-	-	-	-	-	-	-	6
Aug	-	-	144	-	-	-	-	3
Sept	-	-	286	-	1	-	-	5
Oct	-	-	167	-	-	-	-	-

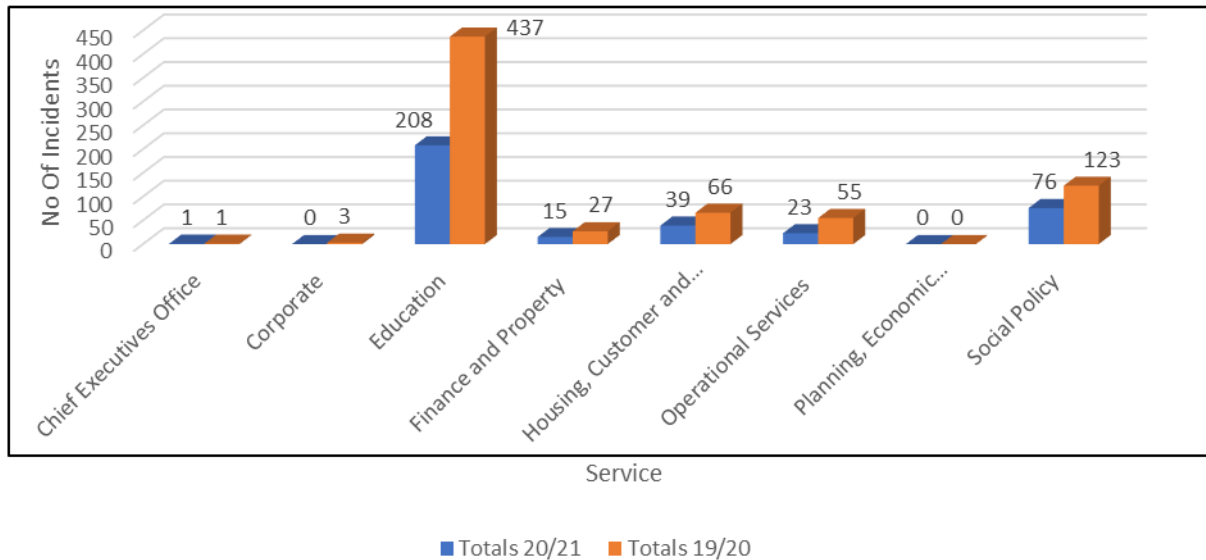
Nov	-	-	194	-	-	-	-	2
Dec	-	-	92	-	-	-	-	3
Jan	-	-	53	-	-	-	-	1
Feb	-	-	43	-	-	-	-	1
Mar	-	-	105	-	-	1	-	3
2020/21	-	-	1085	-	1	2	-	33
2019/20	-	-	1455	-	3	5	-	61

Cumulative Physical Assault Reports

NEAR MISS INCIDENTS – 1st April 2020 to 31st March 2021

	Chief Executives Office	Corporate	Education	F&P	H.C.B.S.	Operational Services	PED'R	Social Policy
April	-	-	2	-	2	2	-	7
May	-	-	2	2	1	-	-	5
June	-	-	4	-	4	2	-	8
July	-	-	-	1	3	1	-	8
Aug	-	-	33	3	2	1	-	12
Sept	-	-	58	3	4	4	-	9
Oct	-	-	13	2	1	2	-	5
Nov	-	-	46	-	1	3	-	5
Dec	-	-	11	-	4	2	-	4
Jan	-	-	6	-	6	1	-	5
Feb	-	-	11	2	4	2	-	3
Mar	1	-	22	2	7	3	-	5
2020/21	1	-	208	15	39	23	-	76
2019/20	1	3	437	27	66	55	-	123

Cumulative Near Miss Reports



LONE WORKING DEVICE USAGE – 1st January 2021 to 31st March 2021

Service	Number of Live Devices			Number of Active Devices			% of devices used in month		
	Jan	Feb	March	Jan	Feb	March	Jan	Feb	March
Education	42	43	50	39	35	34	92.86	81.40	68.00
Elected Members	4	4	4	4	4	4	100.00	100.00	100.00
F&P	26	26	26	14	13	16	53.85	50.00	61.54
HCBS	168	167	166	96	91	82	57.14	54.49	49.40
Operations	26	26	26	8	7	6	30.77	26.92	23.08
PED'R	3	3	3	1	1	1	33.33	33.33	33.33
Social Policy	492	492	492	271	235	146	55.08	47.76	29.67
Total	773	761	767	444	386	289	57.44	50.72	37.68

Employers Liability Insurance Payments – 1st April 2020 – 31st March 2021

There was one settlement completed during the month of February 2021. Therefore, the total number of closures for 1st April 2020 to 31st March 2021 is 15 at a total cost of £217,170.24.

Accident year	Location	Service	Detail	Injury	Payment to employee/volunteer	Other costs	Total Claim	Cause	Incident Description
2016/17	Blackburn	Waste Management	Manual handling	Cuts/lacerations	40,000	29,796	69,796	Breach of statutory duty	Trapped hand in roller packer. Crush injury to hand.
TOTAL	Number: 1		Payments:		40,000	29,796	69,796		
			Less recovery						
			Net		40,000	29,796	69,796		

Employers Liability Service claims settled by service from 01st April 2020 – 31st March 2021

Operational Services

Accident year	Location	Service	Detail	Injury	Payment to employee/volunteer	Other costs	Total Claim	Cause	Incident Description
2016/17	Blackburn	Waste Management	Manual handling	Cuts/lacerations	40,000	29,796	69,796	Breach of statutory duty	Trapped hand in roller packer. Crush injury to hand.
2018/19	Boghall	Refuse Collection	Slip/Trip	Sprain/Strain	0	275	275	No Fault	Fell on stairs when collecting bins.
2018/19	Bridgend	Refuse Collection	Slip/Trip	Minor bruising /grazing	0	0	0	Repudiated not pursued	Fell down manhole when collecting bins.
2019/20	Whitburn *	FM Services	Struck object	Cut/Laceration	0	275	275	No Fault	Cleaner bumped head on shelf when Hoovering.
2018/19	Whitburn *	Education Services	Cut	Cut / Laceration	0	0	0	No Fault	Cut leg on cupboard door
2018/19	Longridge	Facilities Management	Slip/Trip	Fracture	16,000	12,994	28,994	Breach of Statutory Duty	Tripped on external steps. Fractured wrist.
2013/14	Addiewell	Waste Management	Slip/Trip	Sprain/Strain	7,000	11,008	18,418	Breach of Statutory Duty	Tripped on protruding plate on steps. Sprained ankle.
TOTAL	Number: 7		Payments:		63,000	54,758	117,758		
			Less recovery		-	-	-		
			Net		63,000	54,758	117,758		

* These claims were submitted by the same employee.

Social Policy

Accident year	Location	Service	Detail	Injury	Payment to employee/volunteer	Other costs	Total Claim	Cause	Incident Description
2017/18	Whitburn	Care Home	Manual Handling	Sprain/ Strain	36,000	13,652	49,652	Breach of Statutory Duty	Cook injured back over period of time.
2019/2020	Armada	Criminal Justice	Cut	Cut / Laceration	2,000	2,277	4277	Breach of Statutory Duty	Injured hand when moving white goods. lack of PPE.
2019/20	Livingston	Social Policy	Manual handling - Job	Cuts/lacerations	3,000	3,773	6,773	Breach of Statutory Duty	Clearing out van. Suffered needlestick injury.
2019/20	Livingston	Criminal Justice	Manual handling - Job	Sprain/strain	0	275	275	No Fault	Injured back while handling a padlocked door.

TOTAL	Number: 4		Payments:		41,000	19,977	60,977		
			Less recovery		-	-	-		
			Net		41,000	19,977	60,977		

Housing Customer and Building Services

Accident year	Location	Service	Detail	Injury	Payment to employee/volunteer	Other costs	Total Claim	Cause	Incident Description
2017/18	Livingston	Building Services	Slip/Trip	Sprain/strain	2,500	2,371	4,871	Breach of Statutory Duty	Wrong substance used for cleaning. Slipped resulting in injury.
2018/19	Livingston	Building Services	Manual handling - Job	Sprain/strain	17,500	5,383	22,883	Breach of Statutory Duty	Torn ligament in arm retrieving stock from underneath staircase.
TOTAL	Number: 2		Payments:		20,000	7,754	27,754		
			Less recovery						
			Net		20,000	7,754	27,754		

Education Services

Accident year	Location	Service	Detail	Injury	Payment to employee/volunteer	Other costs	Total Claim	Cause	Incident Description
2018/19	Livingston	Education Services	Slip/Trip	Sprain/Strain	0	0	0	Claim Withdrawn	Ankle gave way stepping off sprung flooring.
2017/18	Blackburn	Education Services	Slip/Trip	Sprain/strain	6,500	3,931	10,431	Breach of Statutory Duty	Slipped on wet floor. Inadequate measures at entrance.
TOTAL	Number: 2		Payments :		6,500	3,931	10,431		
			Less recovery		-	-	-		
			Net		6,500	3,931	10,431		

April 2021

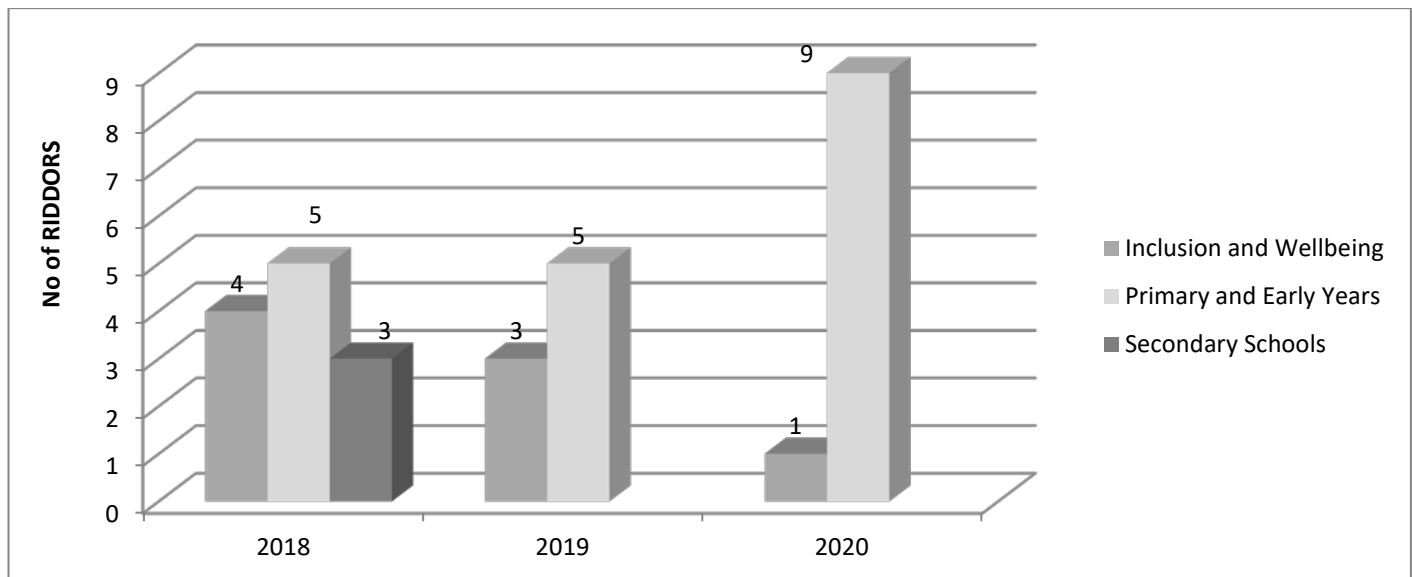
GOVERNANCE AND RISK COMMITTEE

APPENDIX 2 HEALTH AND SAFETY STATISTICS

The following is a comparison across the years 2018, 2019 and 2020 for the period 1st April to the 31st March 2021 for Physical and Verbal incidents against all incidents within Education by group for each respective year.

Analysis of Reported Physical and Verbal Incidents by Pupils against Staff and other Pupils						
Period 1 st April 2020 to the 31 st March 2021	2018-19		2019-20		2020-21	
	Employee	Pupil	Employee	Pupil	Employee	Pupil
Inclusion and Wellbeing						
% incidents of physical + verbal against all incidents	77	8	75	3	57	27
Primary and Early Years						
% incidents of physical + verbal against all incidents	51	6	56	7	41	13
Secondary Schools						
% incidents of physical + verbal against all incidents	44	3	48	2	18	5
All Education						
% incidents of physical + verbal against all incidents	59	6	59	6	45	17

ALL RIDDOR Reportable Incidents 1st April 2020 to the 31st March 2021 within Education



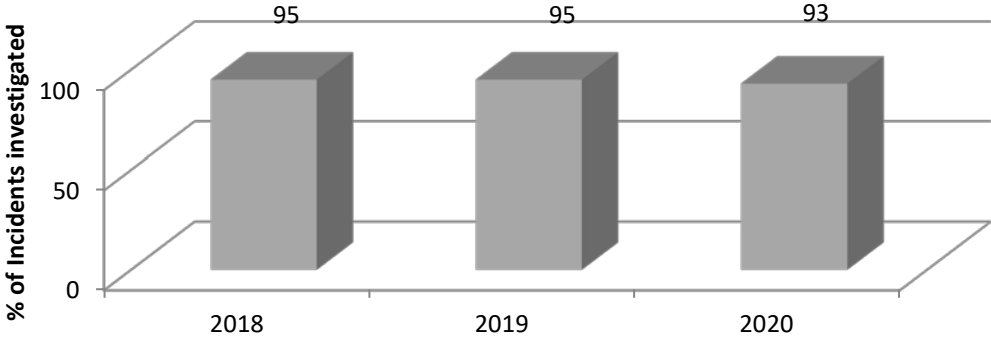
RIDDOR reported incidents February and March 2021

Ogilvie School Campus – A pupil support worker had just returned to work following a period of absence due to sciatic pain in their lower back and legs. Whilst seated at a table a child came up behind her and struck her lower back. This resulted in the previous condition flaring up and she was signed off work by her GP. It was recommended that she be referred to occupational health to ensure any identified adjustments, if required, could be made upon her return.

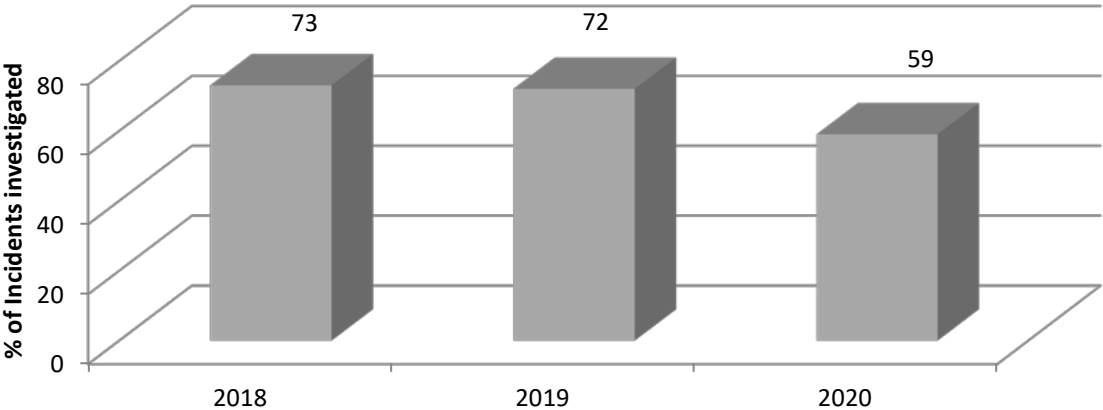
Incidents Investigated

Graphs show percentage of Physical and Verbal Incidents recorded for the period 1st April to the 31st March across 2018, 2019 and 2020 where investigation has been completed on Sphera.

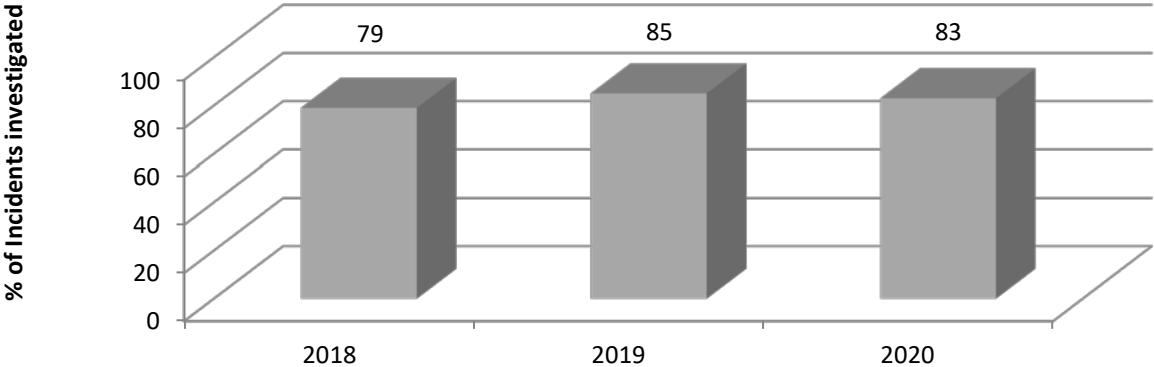
Inclusion and Wellbeing



Secondary Schools



Primary and Early Years



Comparison of Physical and Verbal incidents recorded on Sphera within Secondary Schools –

1st April to the 31st March 2019-20 and 2020-21.

Secondary Schools			
School Premise	2019-20	2020-21	Difference in number of incidents reported over same period
Armadale Academy PPP	4	1	-3
Bathgate Academy PPP	19	3	-16
Broxburn Academy PPP	35	6	-29
Deans Community High School	5	7	+2
Inveralmond Community High School	17	7	-10
Linlithgow Academy	6	5	-1
St Kentigern's Academy	67	0	-67
St Margaret's Academy	2	0	-2
The James Young Community High School	9	1	-8
West Calder High School	7	3	-4
Whitburn Academy PPP	27	2	-2
Totals	188	35	-153

May 2021

GOVERNANCE AND RISK COMMITTEE

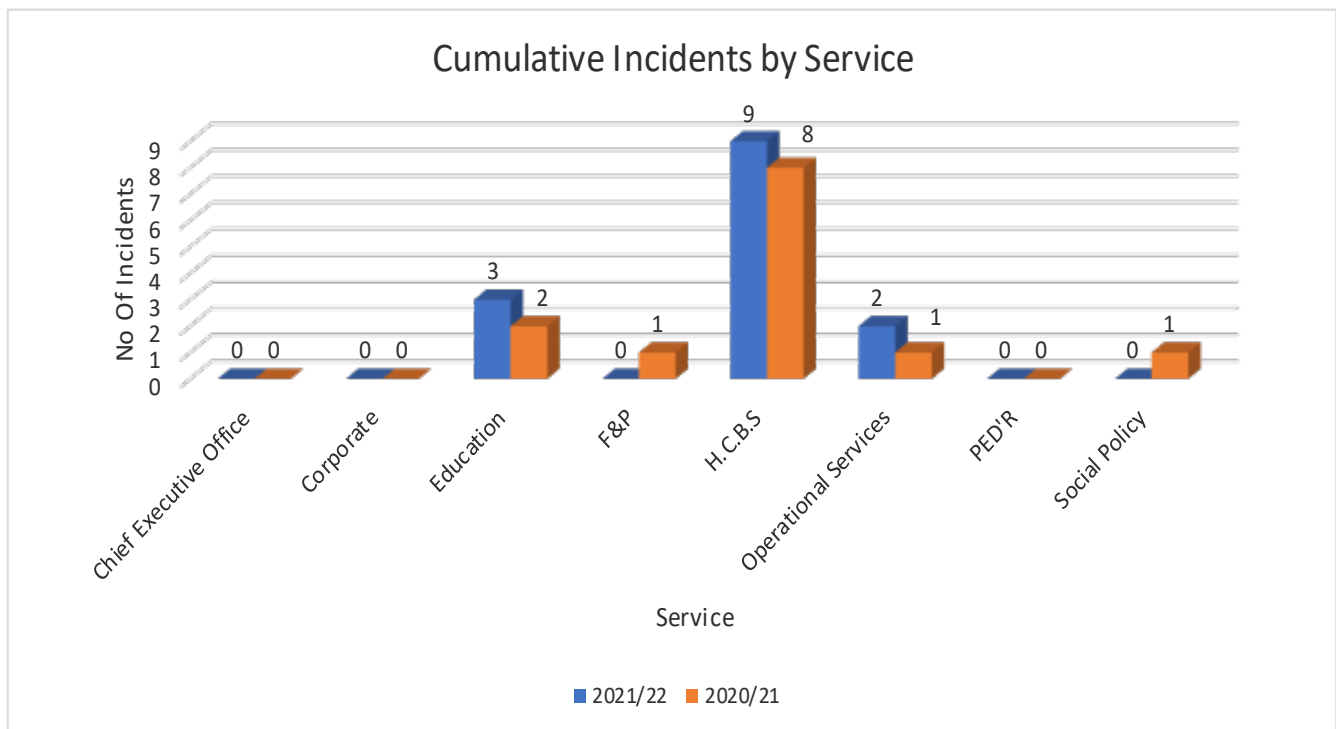
APPENDIX 3 HEALTH AND SAFETY STATISTICS

RIDDOR REPORTABLE INCIDENTS – 1st April 2021 to 30th April 2021

HSE Reportable 2018/19	Specified	O7D	MoP	DO	Disease	Total	HSE Notices	HSE Visits / Enquiries
CHCP								
HCBS								
Operational								2
Education	1					1		
2021/22	1					1		2
2020/21			1		1	2		

CUMULATIVE INCIDENTS RECORDED – 1st April 2021 to 30th April 2021

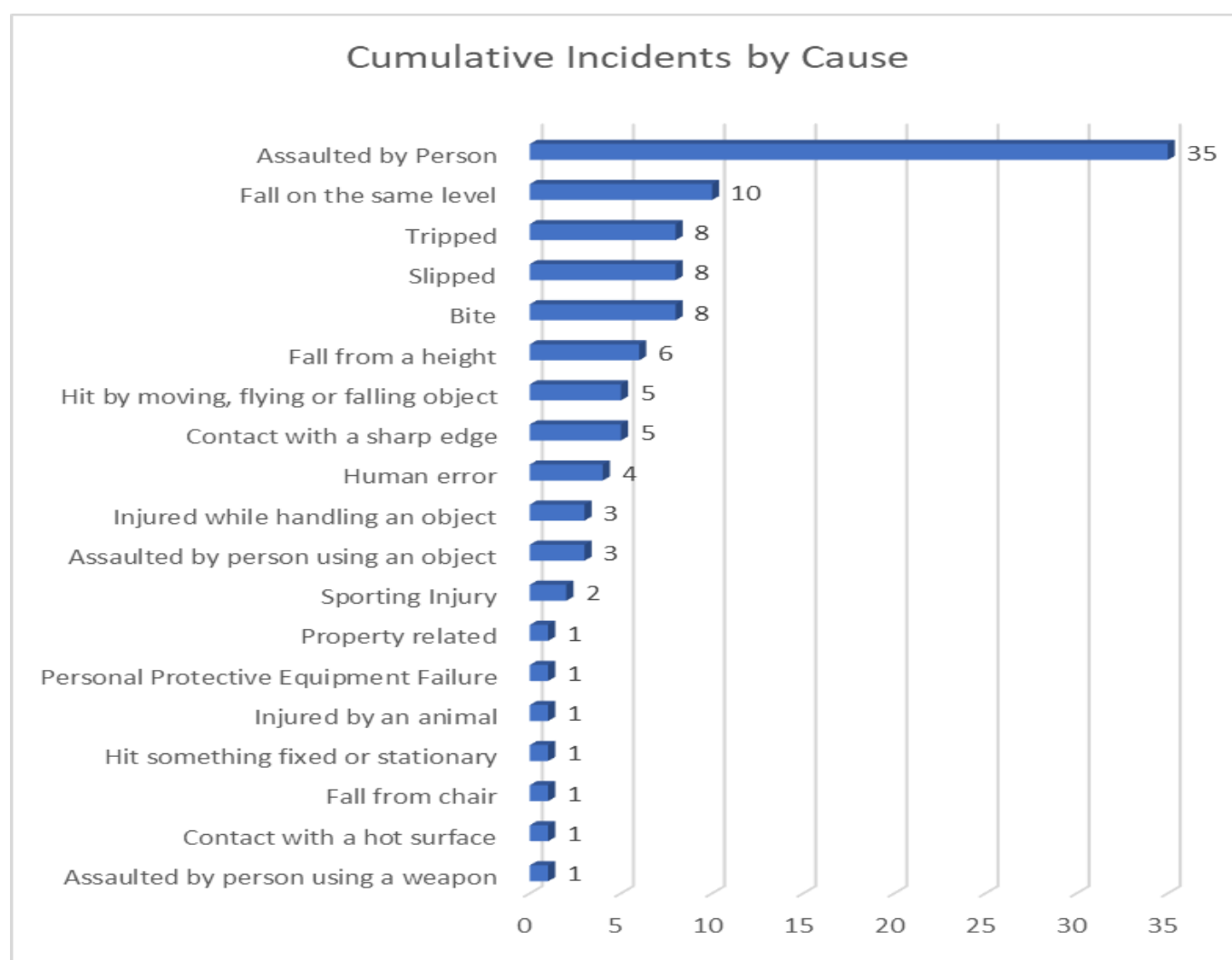
	Chief Executives Office	Corporate	Education	F&P	H.C.B.S.	Operational Services	PED'R	Social Policy
April	-	-	3	-	9	2	-	-
2021/22	-	-	3	-	9	2	-	-
2020/21	-	-	2	1	8	1	-	1



CUMULATIVE ACCIDENTS RESULTING IN INJURY 1st April 2021 to 30th April 2021

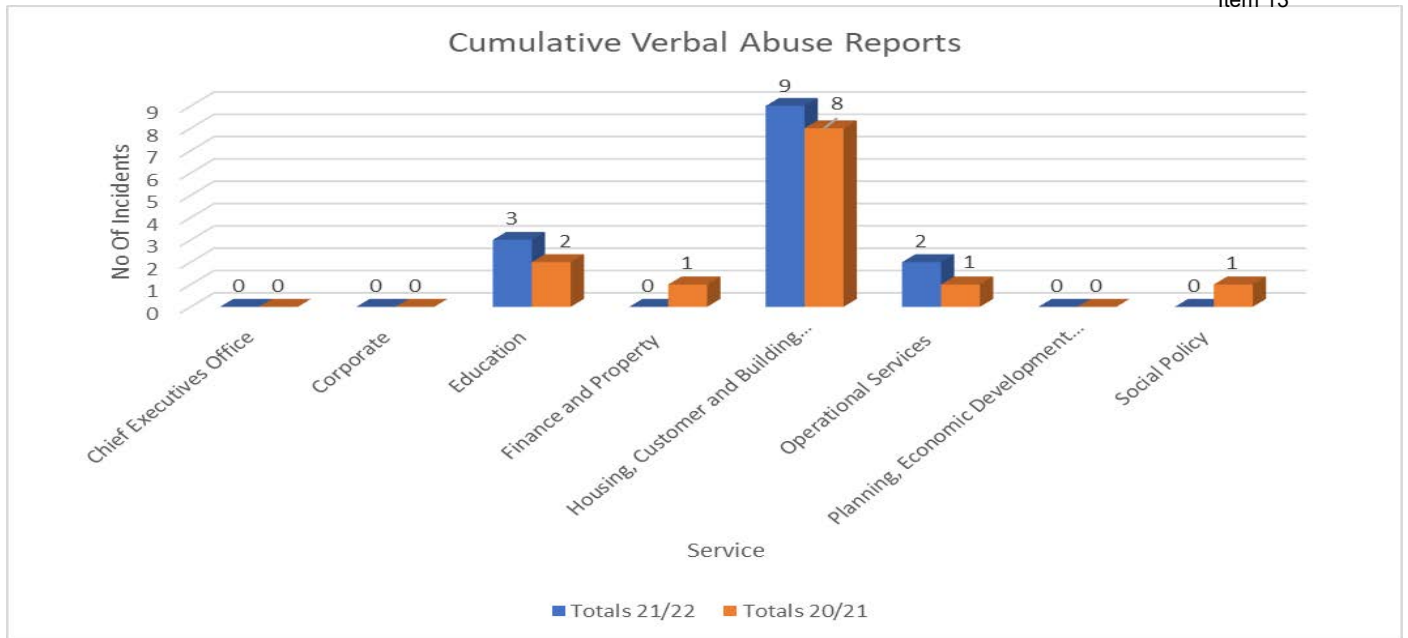
Service / Injured Party	Chief Executives Office	Corporate	Education	F&P	H.C.B.S.	Operational Services	PED'R	Social Policy	Totals
Employee	0	0	40	0	12	7	0	4	63
Third Party	0	0	0	0	1	1	0	11	13
Pupil / Student	0	0	54	0	0	0	0	0	0

CUMULATIVE INCIDENTS by Cause 1st April 2021 to 30th April 2021



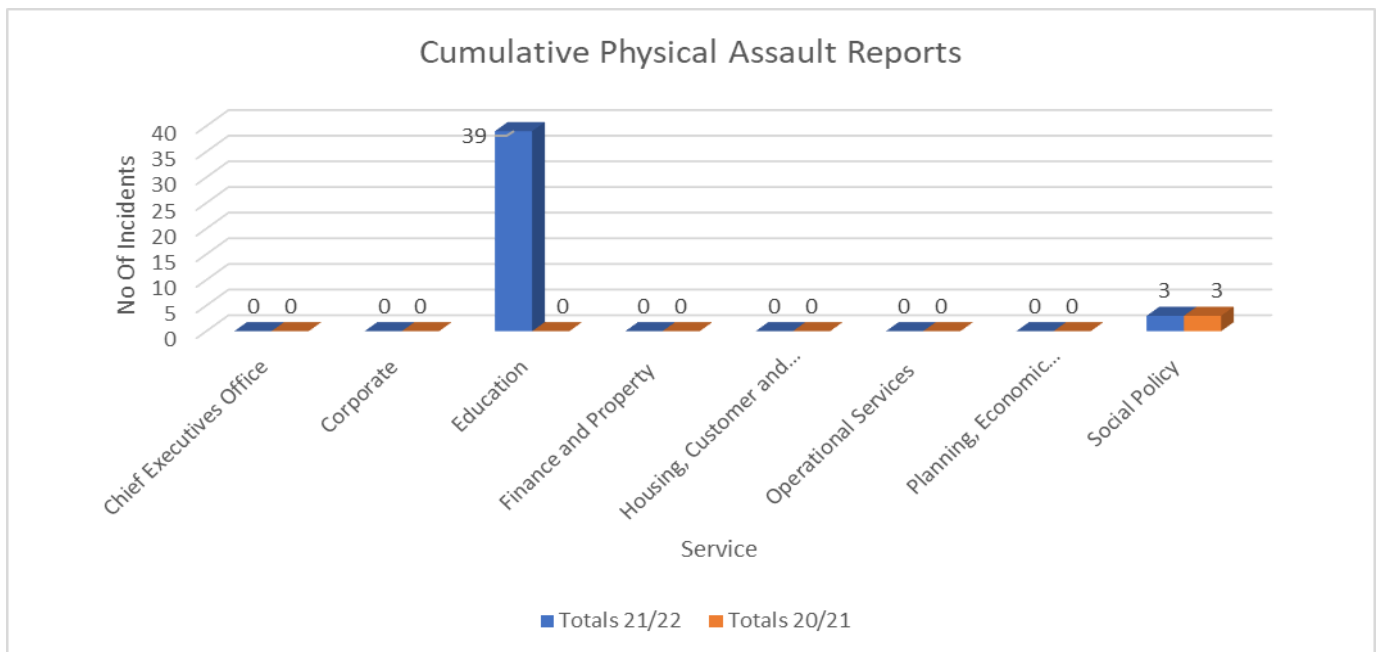
CUMULATIVE REPORTED VERBAL ABUSE INCIDENTS – 1st April 2021 to 30th April 2021

	Chief Executives Office	Corporate	Education	F&P	H.C.B.S.	Operational Services	PED'R	Social Policy
April	-	-	3	-	9	2	-	-
2021/22	-	-	3	-	9	2	-	-
2020/21	-	-	2	1	8	1	-	1



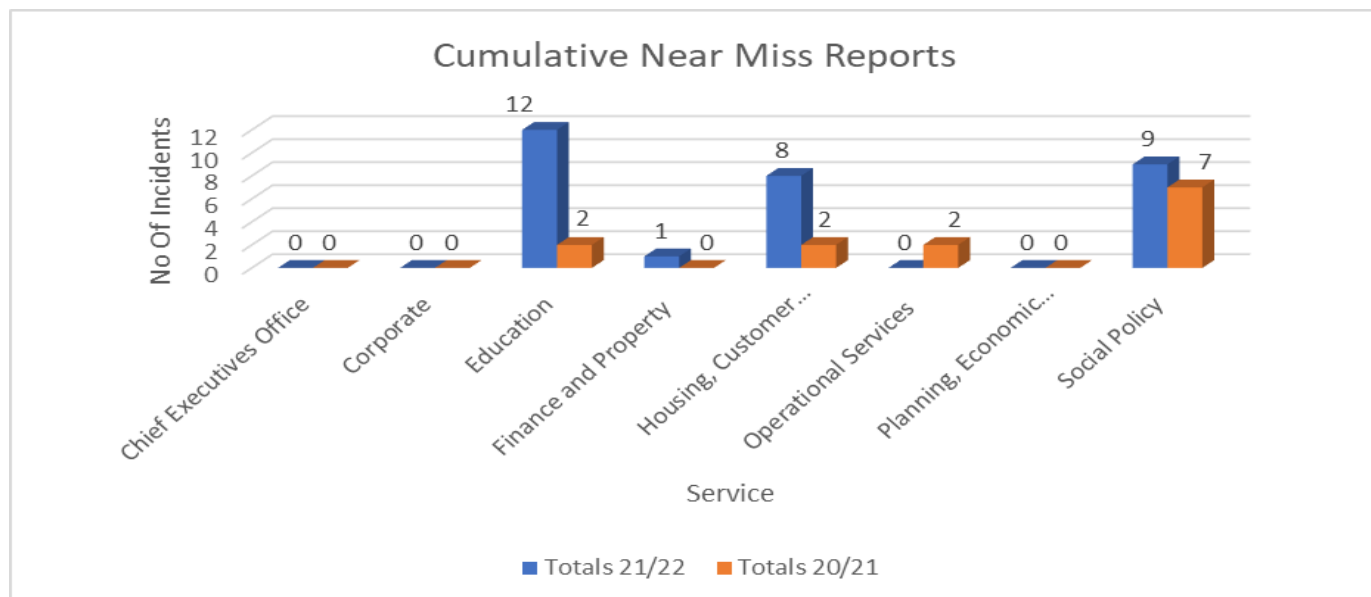
CUMULATIVE REPORTED PHYSICAL ASSAULT INCIDENTS – 1st April 2021 to 30th April 2021

	Chief Executives Office	Corporate	Education	F&P	H.C.B.S.	Operational Services	PED'R	Social Policy
April	-	-	39	-	-	-	-	3
2021/22	-	-	39	-	-	-	-	3
2020/21	-	-	-	-	-	-	-	3



NEAR MISS INCIDENTS – 1st April 2021 to 30th April 2021

	Chief Executives Office	Corporate	Education	F&P	H.C.B.S.	Operational Services	PED'R	Social Policy
April	-	-	12	1	8	-	-	9
2021/22	-	-	12	1	8	-	-	9
2020/21	-	-	2	-	2	2	-	7



LONE WORKING DEVICE USAGE – 1st April 2021 to 30th April 2021

Service	Number of Live Devices	Number of Active Devices	% of devices used in month
	April	April	April
Education	52	33	63.46
Elected Members	4	4	100.00
F&P	26	16	61.54
HCBS	167	67	40.12
Operations	26	8	30.77
PED'R	3	1	33.33
Social Policy	503	177	35.19
Total	781	306	39.18

Employers Liability Insurance Payments – 01st April 2021 – 30th April 2021

There was one settlement completed during the month of April 2021 at a total cost of £24,306.

Accident year	Location	Service	Detail	Injury	Payment to employee/volunteer	Other costs	Total Claim	Cause	Incident Description
2017/18	Livingston	Waste Management	Slip/Trip	Sprain/strain	10,000	14,306	24,306	Breach of statutory duty	Tripped on defective surface. Injured ligaments.
TOTAL	Number:	1	Payments:	10,000	14,306	24,306			
			Less recovery						
			Net	10,000	14,306	24,306			

May 2021

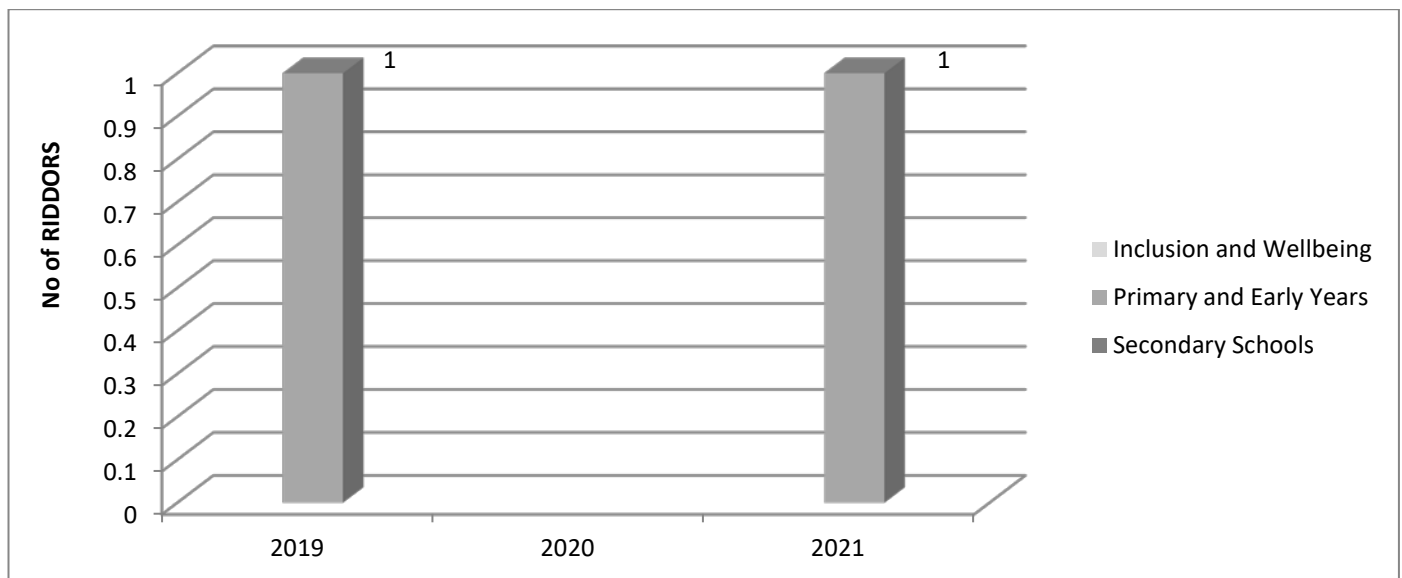
GOVERNANCE AND RISK COMMITTEE

APPENDIX 4 HEALTH AND SAFETY STATISTICS

The following is a comparison across the years 2019, 2020 and 2021 for the period 1st April to the 30th April 2021 for Physical and Verbal incidents against all incidents within Education by group for each respective year.

Analysis of Physical and Verbal Incidents by Pupils against Staff and other Pupils						
Period 1st April 2021 to the 30th April 2021	2019-20		2020-21		2021-22	
	Employee	Pupil	Employee	Pupil	Employee	Pupil
Inclusion and Wellbeing						
% incidents of physical + verbal against all incidents	79	1	No incidents	No incidents	14	3
Primary and Early Years						
% incidents of physical + verbal against all incidents	42	3	No incidents	No incidents	20	15
Secondary Schools						
% incidents of physical + verbal against all incidents	52	0	No incidents	No incidents	13	0
All Education						
% incidents of physical + verbal against all incidents	63	6	No incidents	No incidents	18	11

ALL RIDDOR Reportable Incidents 1st April 2020 to the 30th April 2021 within Education

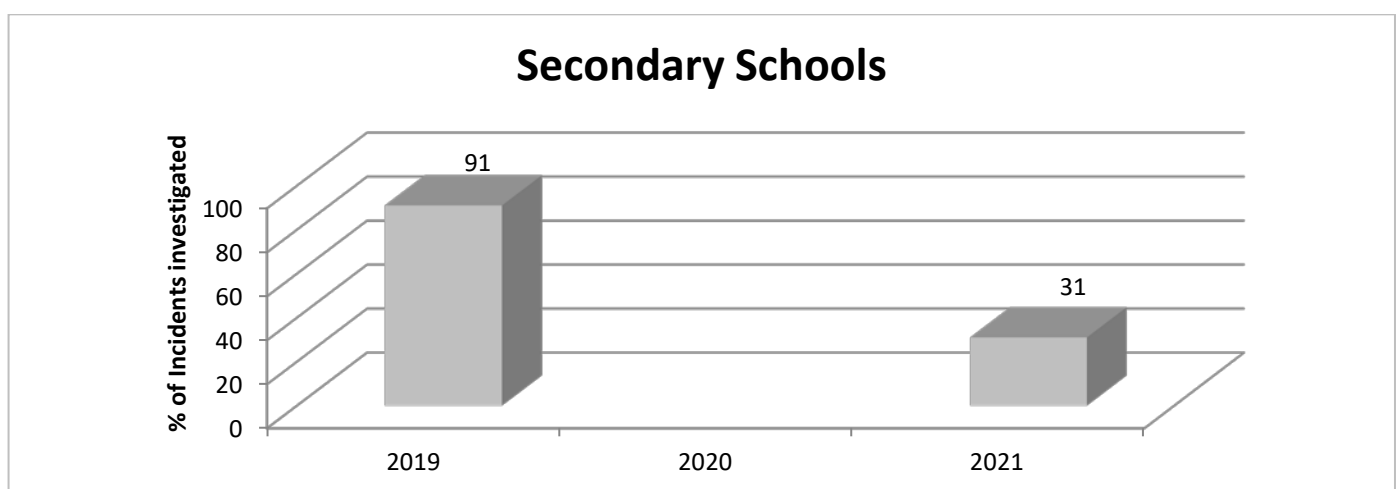
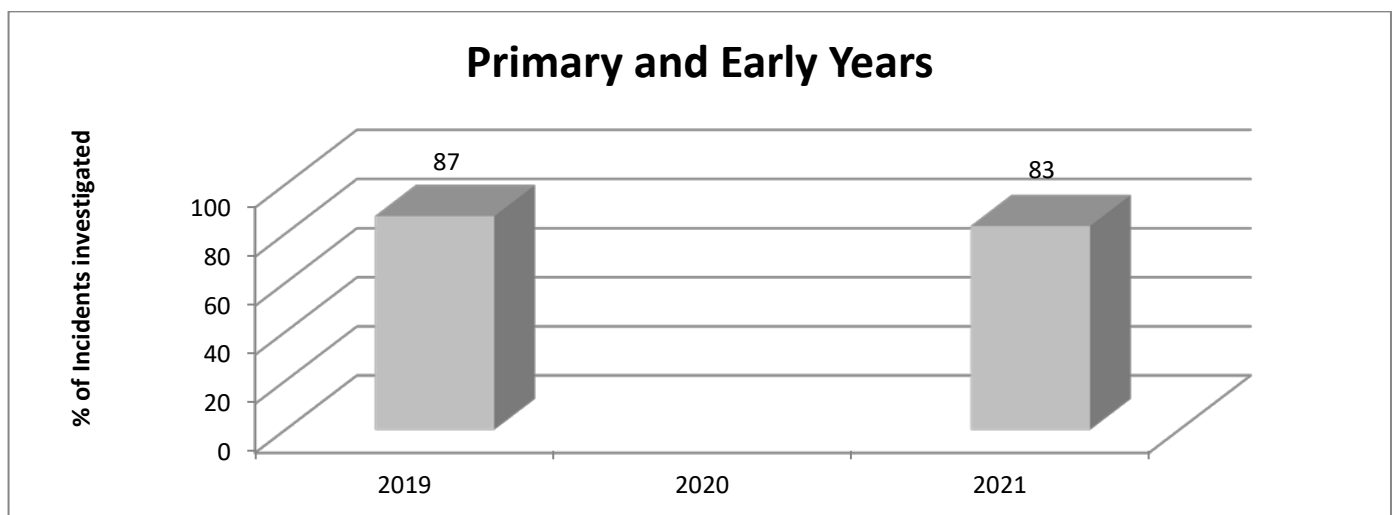
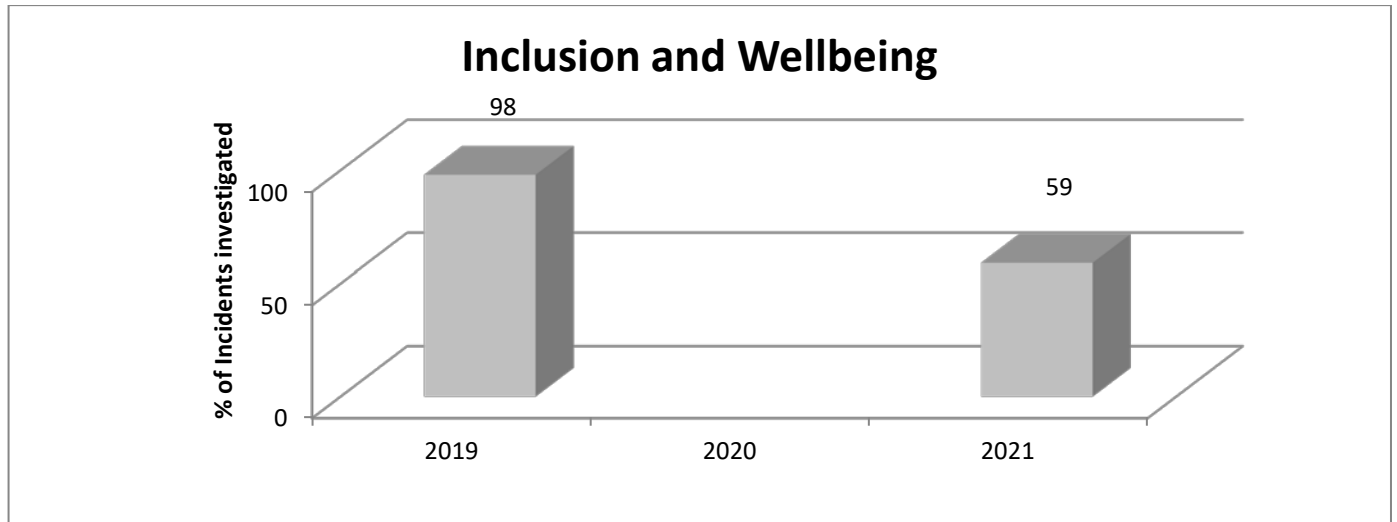


RIDDOR reported incidents April 2021

Deans Nursery School - A pupil lost their balance whilst on a climbing frame and fell onto matting placed around the equipment. The height of the fall was around 50 centimetres and they sustained a fractured arm. Upon examination by health and safety the frame was found to be good condition and free from defects. The thickness of the gymnastic mats around the equipment were found to be lacking which may have been a contributing factor to the injury sustained. A reminder is to be sent to headteachers regarding the appropriate use of gymnastic mats for safety around equipment.

Incidents Investigated

Graphs show percentage of Physical and Verbal Incidents recorded for the period 1st April to the 30th April across 2019, 2020 and 2021 where investigation has been completed on Sphera.



Comparison of Physical Assaults and Verbal incidents recorded on Sphera within Secondary Schools
– 1st April to the 30th April 2020-21 and 2021-22.

Secondary Schools			
School Premise	2020-21	2021-22	Difference in number of incidents reported over same period
Armadale Academy PPP	0	0	-
Bathgate Academy PPP	0	0	-
Broxburn Academy PPP	0	0	-
Deans Community High School	0	0	-
Inveralmond Community High School	0	0	-
Linlithgow Academy	0	0	-
St Kentigern's Academy	0	0	-
St Margaret's Academy	0	0	-
The James Young Community High School	0	0	-
West Calder High School	0	0	-
Whitburn Academy PPP	0	0	-
Totals	0	0	-



GOVERNANCE & RISK COMMITTEE

WORKPLAN – 14 JUNE 2021

14 June 2021		
Corporate high risks	Standing item	Kenneth Ribbons and Donald Forrest
Health & Safety Statistics	Standing item – stats and issues underlying risk register	Julie Whitelaw
Internal Audit Annual Report	Includes findings of review of system of internal control which must precede and inform the approval of the annual governance statement	Kenneth Ribbons
Corporate Governance – Annual Governance Statement, Local Code, etc.	Annual governance statement for approval together with populated Code of Corporate Governance, annual compliance statements and update on governance issues	James Millar
COVID-19 and Brexit: Concurrent Risks - Update	Standing item report on risk-related planning and actions due to the coronavirus pandemic ¹	Graeme Struthers/David Maule
Risk Management Annual Report	End-of-year report on completion on annual plan	Kenneth Ribbons
Non-service risks	Reporting on risks in register not allocated to specific service area. High-level initial discussion, identify any for future stand-alone reports	Kenneth Ribbons
Health & Safety – governance arrangements	Distinct from H&S risk reporting – how H&S is managed, controlled and reported	Julie Whitelaw
Risks in relation to school/education attainment gap due to COVID interruptions to education	Member suggestion, committee agreement in principle at January 2021 meeting	Head of Service, supported by Kenneth Ribbons

¹ Consider if further reporting as a standing item is required

DATA LABEL: PUBLIC

23 August 2021		
Corporate high risks	Standing item	Kenneth Ribbons and Donald Forrest
Strategic Risks	Biennial report on corporate strategic risks	Kenneth Ribbons
Health & Safety Statistics	Standing item – stats and issues underlying risk register	Julie Whitelaw
Re-start of service presentations on management of risk	Cycle of service presentations to resume but with a different and refreshed approach to information reported	Kenneth Ribbons and designated Head of Service on cyclical basis
Non-service risks	Reporting on risks in register but not allocated to specific service area (from meeting on 14 June 2021)	Kenneth Ribbons and designated risk owner
Self-assessment questionnaire	Reporting results of survey of members ²	James Millar
13 December 2021		
Corporate high risks	Standing item	Kenneth Ribbons and Donald Forrest
Health & Safety Statistics	Standing item – stats and issues underlying risk register	Julie Whitelaw
Governance Issues – progress Report	Biennial update on progress of work on governance issues brought our through annual governance statement	James Millar
Service presentations on management of risk	Cycle of service presentations to resume but with a different and refreshed approach to information reported	Kenneth Ribbons and designated Head of Service on cyclical basis
Non-service risks	Reporting on risks in register but not allocated to specific service area (from meeting on 14 June 2021)	Kenneth Ribbons and designated risk owner

² Questions agreed at committee in February, circulation to wait till after meeting on 14 June 2021

DATA LABEL: PUBLIC

Insurance risks	Following report in January 2021, present as an annual report	Donald Forrest (date may be adjusted after further discussion)
Property compliance risks	Following report in January 2021, present as an annual report	Donald Forrest (date may be adjusted after further discussion)
IT risks	Introduced as an annual report, per recommendation by Governance & Risk Board in February 2021	Julie Whitelaw (date may be adjusted after further discussion)
7 March 2022		
Corporate high risks	Standing item	Kenneth Ribbons and Donald Forrest
Strategic Risks	Biennial report on corporate strategic risks	Kenneth Ribbons
Health & Safety Statistics	Standing item – stats and issues underlying risk register	Julie Whitelaw
Risk Management Annual Plan	Annual plan for committee approval	Kenneth Ribbons
Self-assessment questionnaire	Annual survey – agreement of questions and to proceed	James Millar
Service presentations on management of risk	Cycle of service presentations to resume but with a different and refreshed approach to information reported	Kenneth Ribbons and designated Head of Service on cyclical basis
Non-service risks	Reporting on risks in register but not allocated to specific service area (from meeting on 14 June 2021)	Kenneth Ribbons and designated risk owner