

MINUTE of MEETING of the GOVERNANCE AND RISK COMMITTEE held within COUNCIL CHAMBERS, WEST LOTHIAN CIVIC CENTRE, LIVINGSTON, on 12 DECEMBER 2022.

Present – Councillors Damian Doran-Timson (Chair), Harry Cartmill, Lynda Kenna, Danny Logue and Pauline Orr

Apologies – Ann Pike (Lay Member)

In attendance - Graham Hope, Chief Executive; Donald Forrest, Head of Finance and Property Services; Julie Whitelaw, Head of Housing, Customer and Building Services; Jim Jack, Head of Operational Services; Greg Welsh, Head of Education (Primary, Early Years and Resources); James Millar, Governance Manager; Kenneth Ribbons, Audit, Risk and Counter Fraud Manager; Kim Hardie, Health and Safety Manager; Ian Forrest, IT Services Manager; Robin Allen, Senior Manager (Adults, Social Policy); David Baird, Property Services Manager; Kenneth Howley, Insurance Officer and Craig Smith, Environmental Health and Trading Standards Manager

1. DECLARATIONS OF INTEREST

There were no declarations of interest made.

2. ORDER OF BUSINESS

The Chair ruled, in terms of Standing Order 11, that Item 14 (Progress on Governance Issues 2022/23) would be considered after Item 9 (Corporate Business Continuity Plan).

3. MINUTES

The Committee confirmed the Minutes of its meeting held on held on 26 September 2022 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 informing of the council's high risks.

Risk WLC026 (Failure to prepare and agree a medium-term financial plan 2023/24 to 2027/28) was highlighted, specifically with regards to additional officer savings proposals, and it was queried how any such reductions would be undertaken. Officers explained general workforce management policies and procedures would dictate how savings were delivered and until any process commenced specific details could not be confirmed.

Moving on to risk SPCC002 (Insufficient supply to meet service demands - care at home) and the development of a pilot winter volunteering project detailed within, officers were asked how Disclosure Scotland checks of individuals participating and their manual handling training would be managed. Members were informed that the proposal was not to replace care at home provision but rather to assist with the support of practicalities such as shopping. The project would be coordinated by Voluntary Sector Gateway who would be responsible for ensuring the appropriate checks were completed.

Discussion continued on risk SPCC002, in respect of challenges relating to the recruitment and retention of care at home staff, and the remuneration packages available to prospective employees. Work was being undertaken to increase flexibility and provide a range of opportunities that could work with potential staff's particular needs. However, it was acknowledged that there were restrictions given the particular shifts required for the care needs of individuals. There were close links with West Lothian College which could assist with the identification of opportunities to develop skill bases, for those who had not yet been involved in a care role, together with the possibility of experience in the workplace to increase interest. A mentoring programme to support those new to care to develop and nurture skills to assist retention was also being explored.

In response to a question regarding the ongoing risk WLC029 (West Lothian Leisure (WLL) - failure to prepare and agree a medium-term financial plan 2023/24 to 2027/28) and the engagement taking place following the appointment of a new WLL General Manager, the Committee was informed that this risk had been in place for some time due to the challenging financial position faced by WLL. Although they had looked to be in a position to have a balanced three-year budget, before the COVID-19 pandemic, they then faced the challenge of the pandemic and were now experiencing the current financial difficulties over the next three and five years. There was close liaison with the new WLL Chief Executive with WLL required to develop its own financial plan. However, it was acknowledged there were areas of synergy and interdependence with the council and both would be working closely to ensure the council could assist where possible.

Risk SPCC002 was highlighted, particularly with regards to the availability of staff when discharging people from hospital where a care at home service was required. This led to a request for available data relating to delayed discharges that were linked to lack of care at home facilities or staff. The Senior Manager (Adults) undertook to gather appropriate statistics and would circulate the details to Members.

In the concluding discussion, risk WLC026 was again highlighted and officers were asked about the potential impact on the council and its residents with regards to the current budget gap. Members were advised that officers were working on a range of measures to bring a balanced three-year budget. If achieved the risk could be lowered, however, achieving a balanced budget would require significant savings measures

and the use of one-off resources. As the budget gap was significant there would be some material impact on services during the next three years.

It was recommended that the Committee:

1. note the council's high risks; and
2. provide feedback to officers on the risks, controls and mitigating actions.

Decision

1. To note the contents of the report; and
2. To note that officers would circulate to Members data relating to delayed discharge due to insufficient supply for care at home provision.

5. INFORMATION TECHNOLOGY RISKS

The Committee considered a report (copies of which had been circulated) by the Head of Corporate Services informing of the council's information technology (IT) related risks.

In noting that certain risks were assigned to IT, whilst others were the responsibility of other service areas, the Committee sought clarity on the decision process and an assurance that there was no uncertainty for individual risk responsibility. It was explained that service categorisation was dependent on the procurement or consumption of resources although IT would interact with services to ensure a joined up approach. There was a clear division of responsibilities with risks linked to the maintenance of key services, which were dependent on IT, however, it was the responsibility of individual areas to continue their service delivery in the event of an incident.

The Chair commented that it was reassuring to see the scores were low within the field and thanked those concerned for their efforts.

It was recommended that the Committee:

1. note the council's information technology related risks; and
2. provide feedback to officers on the risks, controls and mitigating actions.

Decision

To note the contents of the report.

6. HEALTH AND SAFETY RISKS

The Committee considered a report (copies of which had been circulated)

by the Head of Corporate Services providing an overview on health and safety risk and governance arrangements in place to monitor the management of health and safety.

It was noted that West Lothian's use of Sphera, as a multi-function online safety management tool, was used in partnership with East and Mid Lothian Councils and queried if linking with more councils would be beneficial both in terms of performance and financially. Members were advised that these two councils had already been using the application when the opportunity had arisen for West Lothian to link in and the use of an established system was considered financially beneficial. However, as several existing systems were in use by other local authorities, officers agreed to consider cooperating with their counterparts regarding alternative multi-function online safety management tools.

It was recommended that the Committee note the systems in the management of health and safety risk.

Decision

1. To note the contents of the report; and
2. To note that officers would consider opportunities to co-operate with other councils in relation to multi-function online safety management tools.

7. MANAGEMENT OF HEALTH AND SAFETY

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

The subject of assaults was raised and Members informed that each recorded incident was reviewed by a Health and Safety adviser and highlighted with service areas when considered necessary. In response to the number of incidents being reported, there was now a corporate violence and aggression working group which would look at the management of violence and aggression across all services.

The discussion moved on to Health and Safety Statistics (Appendix 2) and in particular, the incidents investigated within the Inclusion and Wellbeing Service. The Committee were advised that the timescale for investigations to commence was within five working days, with the statistics monitored monthly, and considered by the Corporate Management Team within the same timeframe. The Head of Education (Primary, Early Years and Resources) advised that Education Senior Management Team also reviewed the incident data monthly. In addition, intermittent data was received from Health and Safety officers and engagement took place with Head Teachers for any incidents where the

standard was not met.

For those incidents noted with a cause of "Breach of Statutory Duty," it was queried if lessons were learned and subsequently reported to this Committee. Officers advised that by the time an employer's liability claim was being settled, an investigation would have commenced and the root causes identified. Any resulting work, for a particular service area or necessary corporate-wide measures, would have been established with an Action Plan completed for remedial action to prevent similar cases.

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

Decision

To note the contents of the report.

8. CORPORATE BUSINESS CONTINUITY PLAN

The Committee considered a report (copies of which had been circulated) by the Head of Finance and Property Services informing of the council's Corporate Business Continuity Plan.

Officers were asked about awareness training for relevant personnel with regards to their role in the event of an incident. Although there was no formal training the Audit, Risk and Counter Fraud Manager informed Members that; he discussed the Plan with all named individuals, the Plan was disseminated via the Board and Corporate Management Team, access arrangements were provided, a backup copy of the Plan was saved in an externally hosted system, to ensure access in the event of an IT related incident, and individuals were asked to safely store their own paper copy of the Plan. In addition, the Plan was tested with selection of topics influenced by recent and relevant events.

The Chair commented that he considered the Plan to be a reassuring document.

It was recommended that the Committee note the Corporate Business Continuity Plan.

Decision

To note the contents of the report.

9. PROGRESS ON GOVERNANCE ISSUES 2022/23

The Committee considered a report (copies of which had been circulated) by the Governance Manager detailing the progress to date on outstanding governance issues.

Questions opened with a query regarding hybrid meetings and the completion of system guides. The Governance Manager confirmed work

was ongoing with a group of officers meeting to take this forward, the intention being to have definitive guides in place for Members, officers and members of the public. Contact would be made with the relevant officers in order to circulate further information to Members.

Contained within the table of the appendix was a reference to the Regulation of Investigatory Powers (Scotland) Act 2000 (16.15) and further information was sought on the Action Plan noted as in development. It was advised that the regime was subject to a three-yearly inspection and this had taken place last month. The outcome was expected to be reported at the Public and Community Safety PDSP, due to be held in February 2023.

It was recommended that the Committee note the progress made in relation to the governance issues identified in the annual governance statement 2021/22 (Appendix 1).

Decision

1. To note the contents of the report; and
2. To note the Governance Manager would arrange to have an update circulated to Members with regards to hybrid meetings and the progress of definitive guides for member, officer and public participation.

10. MANAGING RISK WITHIN OPERATIONAL PROPERTIES

The Committee considered a report (copies of which had been circulated) by the Head of Finance and Property Services informing of the approach to managing risk within operational buildings.

Officers were asked about the Scottish Fire and Rescue Services (SFRS) change to their non-dwelling fire alarm response and whether this would impact the council's processes or result in a risk to council properties. It was advised that there were likely to be procedural changes and relevant groups were in discussion to discuss the likely impacts.

Risk PSFE2103372 (Asbestos Team Training) was discussed with respect to its 30% progress when completion was due by April 2023. The Committee were informed that active steps were being taken to ensure services undertook the training and Members would be updated should full training not be achieved within the timescale.

It was noted that the score for risk WLC040 (Failure to effectively manage electrical systems in operational buildings) had been reduced from 25 to a very low score of five, however, was categorised as amber. In response to a query on what could be done to reduce this to green, it was explained that application of the risk methodology required amber categorisation for any risk that could have a potentially catastrophic outcome. It was considered not to be practical to reduce the score and the amber categorisation useful in highlighting the potential risk.

It was recommended that the Committee note the approach taken to manage risk within operational properties.

Decision

1. To note the contents of the report; and
2. To note the service was taking active steps to ensure risk PSFE2103372 (Asbestos Team Training) was completed by April 2023 and an update would be provided in the event of non-completion.

11. INSURANCE RISKS

The Committee considered a report (copies of which had been circulated) by the Head of Finance and Property Services informing of the current insurance arrangements the council had in place.

In response to a question regarding dampness and condensation, noted within D4 under "Public Liability", the Committee were informed that inspections took place when enquiries were received and monitors provided. In most cases, the outcome was for condensation to be managed effectively with continued monitoring.

It was recommended that the Committee note the approach taken to managing the council's insurable risks.

Decision

To note the contents of the report.

12. RISK MANAGEMENT IN HOUSING, CUSTOMER AND BUILDING SERVICES

The Committee considered a report (copies of which had been circulated) by the Head of Housing, Customer and Building Services advising of the approach to risk management within Housing, Customer and Building Services.

The report was accompanied by a presentation from the Head of Housing, Customer and Building Services which included; the definition of risk, details of corporate arrangements, a summary of services risks, information on the management review process and a summary of the services high and medium risks.

It was recommended that the Committee note the approach taken by Housing, Customer and Building Services.

Decision

To note the contents of the report and presentation.

13. CORPORATE STRATEGY ANNUAL UPDATE – RISK MANAGEMENT STRATEGY

The Committee considered a report (copies of which had been circulated) by the Head of Finance and Property Services providing an update on the Risk Management Strategy 2018/23, including performance to date and progress against the planned actions.

It was recommended that the Committee note the:

1. performance against the outcomes; and
2. progress made in implementing the planned actions.

Decision

To note the contents of the report.

14. EXTERNAL AUDIT REPORT 2021/22

The Committee considered a report (copies of which had been circulated) by the Governance Manager to enable consideration of the parts of the report by the council's external auditor (EY) on the council's annual accounts which were relevant to the Committee's remit.

Whilst noting this was the last year of EY's appointment before moving to Audit Scotland, officers were asked about transition, whether there were any concerns about the process moving forward or different challenges. The Committee were informed that the transition was underway and an introductory meeting with Audit Scotland had taken place. Officers were undertaking regular detailed meetings to ensure a smooth handover in terms of both the annual audit and other interactions with the auditors.

The Chair, commenting on the satisfactory governance and auditing, praised all officers involved and thanked Committee Members for their contribution.

It was recommended that the Committee:

1. note the following significant findings and comments in the 2021/22 Annual Audit Report which were reported to council on 27 September 2022:-
 - a) The auditor's unqualified audit opinion on the council and group financial statements;
 - b) It's "green" assessment of the Governance & Transparency element of the wider-scope audit, with the key features of good governance found to be in place and operating effectively;
 - c) The council responded quickly to ensure governance

arrangements were appropriate and operating effectively during the changing circumstances of the past three years; and

- d) There were no recommendations for actions to deal with issues in the Board's remit.

- 2. note the summary in Part D of matters in the auditor's report which were relevant to the remit of the Committee.

Decision

To note the contents of the report.

15. WORKPLAN

A copy of the workplan had been circulated for information.

It was suggested and subsequently agreed that the Committee consider the addition of a report to review the procedures and practices and risk, and governance aspects, of Freedom of Information and Data Protection Act requests.

Decision

- 1. To note the workplan; and
- 2. To agree the addition of a report on procedures and practices and risk, and governance aspects, of Freedom of Information and Data Protection Act requests.