DATA LABEL: Public

West Lothian Council

Governance and Risk Committee

West Lothian Civic Centre
Howden South Road
LIVINGSTON
EH54 6FF

28 February 2023

A hybrid meeting of the **Governance and Risk Committee** of West Lothian Council will be held within the **Council Chambers, West Lothian Civic Centre, Livingston** on **Monday 6 March 2023** at **2:00pm**.

For Chief Executive

BUSINESS

Public Session

1.   Apologies for Absence

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

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 12 December 2022 (herewith)

Public Items for Decision

5.   Risk Management Plan 2023/24 - report by Head of Finance and Property Services (herewith)

6.   Committee Self-Assessment 2022/23 - report by Governance Manager (herewith)

Public Items for Information

7.   High Risks - report by Head of Finance and Property Services (herewith)

8.   Gallagher Bassett Employers Liability Risk Management Health Check - report by Head of Finance and Property Services (herewith)

9.   Strategic Risks - report by Head of Finance and Property Services (herewith)

10.   Management of Health and Safety - report by Head oif Corporate Services (herewith)

11.   Risk Management within Education Services :-

        (a)   Presentation by Head of Education (Primary, Early Learning & Resources) (herewith)

        (b)   Report by Head of Education (Primary, Early Learning & Resources) (herewith)

12.   Workplan (herewith)

NOTE   **For further information please contact Karen McMahon on tel. no. 01506 281621 or email karen.mcmahon@westlothian.gov.uk**

CODE OF CONDUCT AND DECLARATIONS OF INTEREST (2021)

This form is a reminder and an aid. It is not a substitute for understanding the Code of Conduct and guidance.

Interests must be declared at the meeting, in public.

Look at every item of business and consider if there is a connection.

If you see a connection, decide if it amounts to an interest by applying the objective test.

The objective test is whether or not a member of the public with knowledge of the relevant facts would reasonably regard your connection to a particular matter as being so significant that it would be considered as being likely to influence your discussion or decision-making.

If the connection does not amount to an interest then you have nothing to declare and no reason to withdraw.

If the connection amounts to an interest, declare it as soon as possible and leave the meeting when the agenda item comes up.

When you declare an interest, identify the agenda item and give enough information so that the public understands what it is and why you are declaring it.

Even if the connection does not amount to an interest you can make a statement about it for the purposes of transparency.

More detailed information is on the next page.

January 2022

Look at each item on the agenda, consider if there is a "connection", take advice if necessary from appropriate officers in plenty of time. A connection is any link between the item of business and:-
- you
- a person you are associated with (e.g., employer, business partner, domestic partner, family member)
- a body or organisation you are associated with (e.g., outside body, community group, charity)

Anything in your Register of Interests is a connection unless one of the following exceptions applies.

A connection does not exist where:-
- you are a council tax payer, a rate payer, or a council house tenant, including at budget-setting meetings
- services delivered to the public are being considered, including at budget-setting meetings
- councillors' remuneration, expenses, support services or pensions are being considered
- you are on an outside body through a council appointment or nomination unless it is for regulatory business or you have a personal conflict due to your connections, actions or legal obligations
- you hold a view in advance on a policy issue, have discussed that view, have expressed that view in public, or have asked for support for it

If you see a connection then you have to decide if it is an "interest" by applying the objective test. The objective test is whether or not a member of the public with knowledge of the relevant facts would reasonably regard your connection to a particular matter as being so significant that it would be considered as being likely to influence your discussion or decision-making.

If the connection amounts to an interest then:-
- declare the interest in enough detail that members of the public will understand what it is
- leave the meeting room (physical or online) when that item is being considered
- do not contact colleagues participating in the item of business

Even if decide your connection is not an interest you can voluntarily make a statement about it for the record and for the purposes of transparency.

The relevant documents are:-
- Councillors' Code of Conduct, part 5
- Standards Commission Guidance, paragraphs 129-166
- Advice note for councillors on how to declare interests

If you require assistance, contact:-
- **James Millar, Interim Monitoring Officer and Governance Manager, 01506 281613, james.millar@westlothian.gov.uk**
- **Carol Johnston, Chief Solicitor and Depute Monitoring Officer, 01506 281626, carol.johnston@westlothian.gov.uk**
- **Committee Services Team, 01506 281604, 01506 281621 committee.services@westlothian.gov.uk**

January 2022

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.

<u>Decision</u>

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.   <u>INFORMATION TECHNOLOGY RISKS</u>

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.

<u>Decision</u>

To note the contents of the report.

6.   <u>HEALTH AND SAFETY RISKS</u>

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).

<u>Decision</u>

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. <u>MANAGING RISK WITHIN OPERATIONAL PROPERTIES</u>

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.

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![West Lothian Council logo]

GOVERNANCE AND RISK COMMITTEE

RISK MANAGEMENT PLAN 2023/24

REPORT BY HEAD OF FINANCE AND PROPERTY SERVICES

A.   PURPOSE OF REPORT

To inform the Governance and Risk Committee of the Risk Management Plan for 2023/24.

B.   RECOMMENDATIONS

It is recommended that the Governance and Risk Committee approves the Risk Management Plan for 2023/24.

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 / Executive Committee**	None.
VIII	**Other consultations**	Governance and Risk Board on 20 February 2023.

D.   TERMS OF REPORT

The risk management plan for 2023/24 sets out the planned risk management work for the year to 31 March 2024 and is attached as an appendix.

The plan provides for the Audit, Risk and Counter Fraud Manager to support members and officers of the council discharge their responsibilities for the effective management of risk. The Audit, Risk and Counter Fraud Manager reports to, and attends, Governance and Risk Committee, Executive Management Team, and Governance and Risk Board. The Audit, Risk and Counter Fraud Manager also attends service management teams on a regular basis throughout the year.

The Audit Risk and Counter Fraud Manager also supports services to effectively manage risk by chairing the Risk Management Working Group which meets quarterly and acts as a forum for discussion and the dissemination of advice and information on both risk management and business continuity planning matters.

The council's Corporate Business Continuity Plan is reviewed annually and advice and assistance is provided to services in relation to their own business continuity plans.

The risk management plan includes provision for a further desk top test of the council's response to a successful cyber-attack.

E.   CONCLUSION

The risk management plan aims to ensure that risk management work is appropriately directed and prioritised.

F.   BACKGROUND REFERENCES

None.

Appendices/Attachments: Risk Management Plan 2023/24

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

Donald Forrest
Head of Finance and Property Services
Date of meeting: 6 March 2023

West Lothian Council
Risk Management Plan 2023/24

No.	Task	Detail	Target Date
1.	Governance and Risk Committee	Provide support and advice to facilitate effective scrutiny by the Committee of the council's risk management arrangements, in accordance with the Committee's remit and workplan. This includes preparing reports for Committee and attending meetings. Support and advice will also be provided to services attending the Committee on risk management matters.	Ongoing during 2023/24
2.	Executive Management Team (EMT)	Present bimonthly reports to the EMT on the council's risks and undertake any agreed actions. Reporting to be coordinated with the Governance and Risk Committee meetings.	Ongoing during 2023/24
3.	Governance and Risk Board	Provide support and advice on risk management to the Board, including submitting reports on risk management and business continuity matters. Assist in administering the Board meetings, including organising meetings, agreeing the agenda, liaising with Board members as appropriate, preparing action notes, and undertaking any agreed actions.	Ongoing during 2023/24
4.	Risk Management Working Group	Provide support and advice on risk management and business continuity matters to service risk champions via the Working Group. Including organising meetings, preparing action notes, and undertaking any agreed actions.	Ongoing during 2023/24
5.	Service Risk Management	Work with services to facilitate the management of risk including attending service management teams and reviewing risks in the corporate risk register. To attend each service management team once every three months.	Ongoing during 2023/24

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No.	Task	Detail	Target Date
6.	Risk Management Annual Report	Prepare an annual report on risk management work and performance for the year to 31 March 2023, to be submitted to the Governance and Risk Committee.	12 June 2023
7.	Business Continuity – Desktop test	To undertake a desk top test of the council's response to a successful cyber-attack.	30 June 2023
8.	Corporate Business Continuity Plan	Conduct the annual review of the corporate business continuity plan to ensure it remains fit for purpose. Present the plan to Governance and Risk Board and Corporate Management Team for approval.	31 December 2023
9.	Risk Management and Business Continuity Procedures	Review the council's risk management and business continuity procedures, and revise as necessary.	31 March 2024
10.	Risk Consultancy	In consultation with the Governance and Risk Board, consider commissioning risk consultancy work which and submit resultant reports to the Governance and Risk Board and the Governance and Risk Committee.	31 March 2024
11.	Business Continuity	To maintain the corporate business continuity portal on Pentana and review, on a sample basis, service business continuity plans.	Ongoing during 2023/24

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DATA LABEL: PUBLIC

West Lothian Council

GOVERNANCE & RISK COMMITTEE

COMMITTEE SELF-ASSESSMENT 2022/23

REPORT BY GOVERNANCE MANAGER

A. PURPOSE OF REPORT

To review and renew arrangements for carrying out a self-assessment of the committee's administrative arrangements and activity.

B. RECOMMENDATIONS

1. To consider the questions in the appendix and identify any improvements that may be made, in particular whether the questions in Part F relating to COVID-19 should be retained

2. To agree that the questions be circulated to all committee members after today's meeting with a view to the results being reported back to the committee on 12 June 2022

C. SUMMARY OF IMPLICATIONS

I	**Council Values**	Being honest, open and accountable; making best use of our resources
II	**Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)**	Part VII of the Local Government (Scotland) Act 1973; Local Authority Accounts Regulations (Scotland) 2014
III	**Implications for Scheme of Delegations to Officers**	None
IV	**Impact on performance and performance Indicators**	None
V	**Relevance to Single Outcome Agreement**	None
VI	**Resources - (Financial, Staffing and Property)**	Within existing resources
VII	**Consideration at PDSP**	Not required
VIII	**Other consultations**	None

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D.   TERMS OF REPORT

1   On 22 January 2018 the committee agreed to carry out a review of its operation through a survey of its members. That flowed from the report by the external auditor to full council on 26 September 2017. The auditor recommended that Governance & Risk Committee and Audit Committee undertake annual self-assessments of effectiveness. They considered that to be best practice.

2   Committee agreed the terms of a questionnaire. The first results were reported to the committee on 9 April 2018. The committee agreed to undertake the same exercise each year. It has been repeated annually since then. The questions are usually approved at the spring meeting and the results reported at the summer meeting. The last set of results, for 2021/22, was reported to committee on 26 September 2022. That was later than normal, to allow newly-appointed members some experience of the committee. A parallel arrangement is in place for Audit Committee.

3   The questions included in last year's survey are in the appendix. Extra questions were retained in Part F in relation to the coronavirus pandemic. Although the risks and impact of the pandemic have receded there are still there. It is not yet clear if governance guidance will again be to include a section on the pandemic in the annual governance statement and/or management commentary in the annual accounts. Committee is asked is asked to consider if those questions remain relevant and should be retained. More generally, members are invited to consider if any questions should be deleted or changed or any additions made. There is merit in maintaining a consistent set of questions to allow trends to be spotted and comparisons to be made year on year. However, there is no need for them to remain cast in stone. It is intended that the finalised survey will be issued to members after this meeting, and to report to the next meeting of the committee on 12 June 2023.

E.   CONCLUSION

1   Repeating the self-assessment exercise will assist in developing and improving the committee's effectiveness and continue the council's agreed response to external audit recommendations.

F.   BACKGROUND REFERENCES

1   West Lothian Council, 26 September 2017

2   Governance & Risk Committee, 7 March and 26 September 2022

Appendices/Attachments: 1. Self-assessment questionnaire

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

Date of meeting: 6 March 2023

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APPENDIX

GOVERNANCE & RISK COMMITTEE – SELF-ASSESSMENT QUESTIONS

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

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

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		Question	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Comments
D	**Effectiveness**							
1		Committee functions in a positive and constructive manner, including interaction amongst members and with officers						
2		Scrutiny is encouraged and accepted as a means to improve						
3		Committee provides constructive challenge to officers						
4		Committee receives adequate responses from officers to questions						
5		Committee members feel comfortable asking candid questions and pursuing full answers						
6		Decisions and recommendations are captured to enable them to be recorded accurately						
7		Decisions are executed properly and in a timely manner and are followed up by committee						
8		There is evidence from meeting papers and minutes of impacts or improvements from committee activity						
9		Committee has good working relations with key officers, members and organisations						
10		Stakeholders (including other members and the public) are made aware of and understand committee's activity						

5

	Question	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Comments
E	**Matters specific to committee remit and activities**						
1	Interaction with Audit Committee is defined and understood, with no gaps or duplication						
2	Meetings are attended by external auditor representatives						
3	Committee's role in relation to the council's annual accounts is defined and understood						
4	Members consider fully the contents and conclusions of the Annual Governance Statement before its approval						
5	Committee provides effective review and challenge of risk and governance arrangements and controls						
6	Committee contributes to effective accountability to the public through challenge of governance, risk and control						
7	Committee contributes effectively to the council's control environment						
F	**COVID-19**						
1	The annual governance statements approved in June 2022 included sufficient information on the impact of the coronavirus pandemic on the council's governance arrangements.						
2	Reporting to committee since June 2022 on the coronavirus pandemic has enabled there to be effective scrutiny of risk management in relation to the coronavirus pandemic						
3	Reporting to committee since June 2022 on the coronavirus pandemic has ensured effective scrutiny of governance in relation						

6

	Question	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Comments
	to the coronavirus pandemic						
4	Information extracted from Pentana and reported to committee in reports on high risks and corporate risks has ensured effective scrutiny of the recording, monitoring and assessment of risk in relation to the coronavirus pandemic						
5	The convening and conduct of meetings of this committee since June 2022 has ensured effective continuing scrutiny of all risk and governance arrangements in relation to the pandemic						

7

DATA LABEL: PUBLIC

![West Lothian Council logo]

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;

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.

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.

1

The council's high risks are set out in detail in appendix one. There are now 12 high risks, five fewer than reported to the Committee in December 2022.

The following are no longer considered to be high risks:
- WLC023 "Failure to deliver financial plan to 2022/23";
- NLCS014 "Financial implications in managing the impact of ash dieback in trees across West Lothian";
- APS006 Cost of living crisis leading to increased demands on Anti Poverty Service.

The following are no longer considered to be high risks and have been deactivated:

- WLC026 "Failure to prepare and agree a medium term financial plan 2023/24 to 2027/28";
- FM007 "Failure to prepare and agree a long term capital plan 2023/24 to 2027/28".

The council's highest risk is now risk WLC029 "West Lothian Leisure - failure to prepare and agree a medium term financial plan 2023/24 to 2027/28".

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 quarterly to the Governance and Risk Board, which is an officer group which exercises oversight over the council's governance and risk management arrangements, and every two months to 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.

2

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: 6 March 2023

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Appendix 1 High Risks

Report Author: Kenneth Ribbons
Generated on: 23 February 2023 11:21
Report Layout: .. 10 (previously R09b) Original Score, Current Score, Internal Controls with linked Actions (outstanding only)
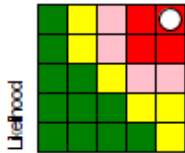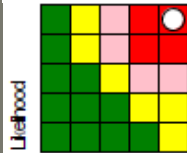
Key to Risk Scores
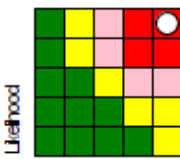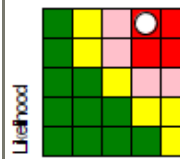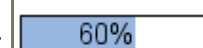
Icon	Score	Meaning
🛑	16-25	High
🔺	12-15	Medium High
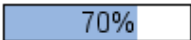
Key to Action Status

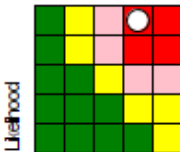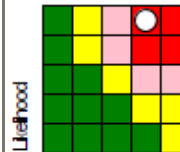| Icon	Status
🛑	Overdue
🔺	Approaching Due Date
▶	In progress

1

	WLC029 West Lothian Leisure - failure to prepare and agree a medium term financial plan 2023/24 to 2027/28	Failure by WLL to prepare and agree a medium term financial plan and a balanced annual budget each year could lead to unplanned WLL service reductions, failure to deliver key services, and additional demands on WLC resources. There could also be a reputational risk to the council. The ongoing impact of a number of combined risks in the wider economy are increasing financial risks and uncertainty for future years.
	Current Controls:	WLL have committed to medium term financial planning consistent with the council's budget strategy period 2023/24 to 2027/28. Ongoing liaison with WLL via the WLL Review Group to ensure operational and financial implications resulting from Covid-19 are identified on a timely basis. WLC are sharing relevant findings of council Horizon Scan reports, reports on Chancellors Budget/Scottish Budget etc with WLL management to provide them with appropriate up to date information to inform their future planning assumptions. Meetings take place between (i) WLL senior management and key WLC EMT members and (ii) WLL Finance team and WLC FMU officers as necessary to discuss WLL's financial position and challenges, the implication of these and options around mitigating actions available. Regular updates on WLL's financial position are provided to EMT, CMT, PMAB by council officers to ensure there is timely and accurate financial information provided to senior council management. Monitoring of WLL's budget/forecast position is being reported to WLL Audit & Finance Committee and WLL Board. Attendance at WLL Board and Audit & Finance Committee meetings as required by council officers. Pre WLL Review Group meeting held with FMU and WLL's Head of Finance to ensure there is clarity and a common understanding of current operational and financial issues impacting WLL. Ongoing quarterly reporting to WLL Advisory Committee on financial position and any action required. Reports to Council Executive on WLL's operational and financial position as and when required. Annual report to Council Executive for approval of the upcoming year's annual management fee paid to WLL by the council.

Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked	Risk Actions	Original Due Date	Due Date	Progress	Description
25		25							

2

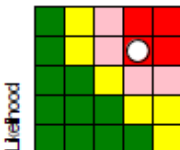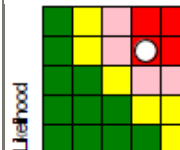|	HCBS004 Overspend of allocated Housing Need budgets	Increased demand for homeless services. This may also result in an overspend of allocated budgets.
	Current Controls:	Through the implementation of the 5 Year West Lothian Rapid Rehousing Plan a number of controls are in place aimed at reducing demand through prevention and increasing temporary accommodation to meet demand. There was a slight reduction in demand for homeless services for 2019/20, but during 2020/21 the demand for homeless services increased due to the pandemic . In 2021/22 the services has experienced a decrease in homeless presentations of 19 % when compared with the same position in 2020/21. This trend continued in 2022/23 with a 12% reduction as of February 2023. This is due to the implementation of the new allocations policy in March 2021 with a policy shift to awarding higher levels of housing needs points to applicants at risk of homelessness therefore assisting in the prevention of homelessness. There continues however, to be a high backlog of homeless applicants where the council has a statutory duty to secure a permanent outcome. As of February 2023 the backlog of open homeless cases was 1,188. This along with the high demand for temporary accommodation and the low supply of available permanent lets across the social rented sector has reduced turnover in suitable temporary accommodation stock and subsequently causing an ongoing reliance on the use of B&B Accommodation to meet the council's statutory homeless duties. The West Lothian RRTP has been updated with the outturn position for 2022/23 and the action plan has been reviewed to ensure priorities are targeting the current position. The updated RRTP for 2022/23 was approved by Council Executive on 21 June 2022 and was submitted to the Scottish Government for the end of June 2022. The Acton Plans has been refreshed with more focus on early intervention and prevention with resources targeted at a wide range of actions, including Education, Health and Social Care and third sector solutions aimed at homeless prevention. A number of additional controls are in place as follows: Updated RRTP has an agreement between the council and the four main providers of social rented housing in West Lothian to allocate an average of 65% of social rented lets to homeless applicants requiring permanent accommodation for until 2024. Reduce use of B&B accommodation through increasing the number and capacity of temporary tenancies through Private Sector Leasing and sharing accommodation to 60 spaces. Reduce expenditure on homeless transport by ensuring where possible homeless families are allocated temporary tenancies within school catchment. Monitor length of stay in temporary accommodation, ensuring people move on to permanent accommodation as quickly as possible. Rolling programme of audit of homeless decisions and case management

3

On site hotel presence by officers, ensuring rooms that are not utilised are cancelled
Monitor numbers of people in hotel accommodation and reduce length of stay.
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 the introduction of Personal Housing Plans as part of the implementation of the Allocations Policy review.
More targeted approach to achieve sustainable housing options in the private rented sector
Targeted educational support for young people at risk of homelessness
Embedding the Youth Housing Team to cover wider age range to under 25's
Continuing the provision of Housing First service in house for young people and people with mental health/addictions issues - this signals the end of the external provision through Cyrenians
Review the crisis intervention service for young people provided by Acton for children
Expand the Night stop service provided by Rock Trust and fund for another year.
Deliver new build supported accommodation unit for young people in Almondvale Crescent
Addictions workers to support homeless people and also to assist people with addictions sustain their tenancies.
Indexation of all emergency and temporary accommodation related charges that can be claimed against national limits to ensure WLC reclaims the full extent of funding available. Approved by Council Executive in January 2023 for b&b charge to increase to LHS allowance of £16.11 per day,
Full improvement programme designed to make savings of £900k, prioritising reduction B&B spend, reviewing all areas of functionality and service provision to meet statutory requirements, reduce waste and duplication and to maximise income.

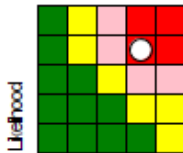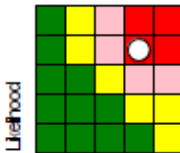| Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked	Risk Actions	Original Due Date	Due Date	Progress	Description
25		20		▶	HQSRRTP4 Overspend of Allocated Housing Need Budget - RRTP Homeless Prevention and Supply	30-Mar-2024	31-Mar-2024	60%	Through actions within the Rapid Rehousing Transition Plan (RRTP) 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.

4

| | | | | | | | | | Reduce the backlog of open homeless cases through increasing percentage of lets to homeless for 2020/21 to 69% and then decreasing to 55% in 2021/22 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. |
| | | | | | ▶ | HQSRRTP5 Overspend of Allocated Homeless Budget Support | 31-Mar-2024 | 31-Mar-2024 | 70% | Through actions within the Rapid Rehousing Transition Plan (RRTP) 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. |

5

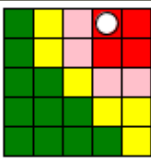|	HCBS012 Breach of statutory homeless duty	Lack of adequate accommodation due to increased demand results in Housing, Customer and Building Services (HCBS) breaching our statutory duties to accommodate unintentionally homeless people in suitable accommodation.
	Current Controls:	The council and its partners aim to increase the though put in temporary accommodation by agreeing target lets to homeless which reduce the back log of homeless people waiting in temporary accommodation and generate through put in temporary accommodation stock. The council and its RRTP partners have agreed the target lets to homeless for 2023/24 of 65%. There are a range of other actions in place to assist with reducing the council's use of B&B accommodation and subsequent breaches of the unsuitable accommodation order. These are: Increase number of council temporary sharing spaces to 60 by November 2023 Introduce the use of rapid access accommodation across the area Continue the Crisis intervention service for young people to avoid the use of hotel accommodation - targeting those most vulnerable Expand the use of Night Stop to avoid the use of B&B for young people - funding has been continued for another year Monitor numbers of homeless households placed 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. Prevention of homelessness through implementation of a wider Housing Options approach in West Lothian, and encourage community partners to extend this to those they support to prevent homelessness at an early stage Use of flexible fund to enable families to access the private rented sector as a housing option. Develop new build supported and dispersed temporary accommodation for 28 young people in Almondvale Crescent in a hub approach with partners and West Lothian College input Explore new types of accommodation and solutions with partners to bridge gaps in accommodation, specialist support and knowledge sharing to provide suitable accommodation for those entering the service

6

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 - RRTP	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 (RRTP) to prevent homelessness. RRTP actions also include increasing temporary accommodation in line with the RRTP 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.

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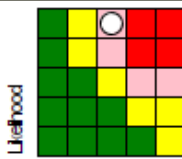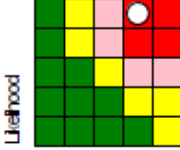|		
🛑	**SPCC002 Insufficient supply to meet service demands - care at home**	Insufficient supply of care at home to meet service demands arising from lack of availability of carers. This is a national and local issue. The challenges relate to recruitment and retention of care at home staff. This impacts on capacity to deliver care for existing and new service users and may also lead to an overreliance and an adverse impact on unpaid carers. Currently this risk is highest in respect of older peoples' service. These capacity issues impact on people in the community needing care at home provision and also on capacity to discharge people from hospital where a care at home service is required. The risk is closely monitored by the Care at Home Oversight Group.
	Current Controls:	- Weekly care at home oversight group comprising senior staff with analysis of unmet need and additional data to monitor trends, rising demand. Update on the position of each care at home provider in relation to staffing levels and capacity to deliver - Close working with care at home commissioned providers to explore measures to improve the situation and regular provider forums in place; - Close links between integrated discharge hub, review team and commissioning team to ensure available resources are effectively managed and make best use of resources we have - Dedicated in box established for providers to allow for the geographic clustering of packages of care to enable providers to exchange packages that no longer fit their runs to create capacity and make them more efficient; - A recruitment and retention working group has been established to agree and implement measures to tackle the labour shortage issues in care - focusing on recruitment campaign, links with West Lothian College & employability Service and mentoring programme. - Engagement with the Council's Access2Employment Team and arranged targeted meeting with the providers to ensure that the providers have access to national and local employment programmes and associated subsidies and support; - Development of assessment and review team to ensure care is targeted in proportionate manner supported by technology care where possible - with robust monitoring of unmet need. - Development of pilot winter volunteering project to support individuals awaiting a package of care - Benchmarking and connections with other local authorities, Scottish Care and Social Work Scotland to identify effective care at home capacity building elsewhere and apply learning where appropriate - Review current care at home framework arrangements to inform the future approach to the commissioning of care at home services; - Arrangements in place to ensure regular contact with unpaid carers pending implementation of care packages. - Internal care home provision adjusted to provide interim care for individuals being discharged from hospital awaiting a package of care.

8

Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked	Risk Actions	Original Due Date	Due Date	Progress	Description
16		16							

9
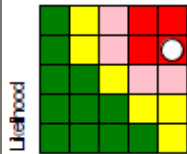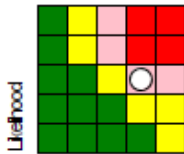
⬤	**WLC004 Political uncertainty - impacting on service delivery**			Political uncertainty relates to activity or changes in respect of: local government, Scottish government, UK government, or international political circumstances which may impact on the council. An inability to plan effectively for 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	Likelihood / Impact	**16**	Likelihood / Impact						

10

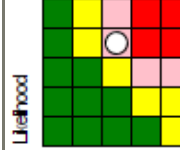|	ED002 Loss of education provision due to industrial action	Local or national industrial action by staff which may result in the inability to provide statutory education requirements and potentially affect the educational progress of young people.
Current Controls:		- Management maintain a good working relationship with teaching unions at local level. - Education Services will make use of GLOW when possible during industrial action to maintain a level of service provision for pupils. All pupils/staff have GLOW accounts - Move to remote learning (as per COVID) maybe required. - Monitored through Education SMT meetings. - Strike action working group established , chaired by Chief Executive.

Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked	Risk Actions	Original Due Date	Due Date	Progress	Description
20		15							

🔴	**WLC025 Economic Downturn**	An economic downturn, defined as an increase in the unemployment rate on 5 months from a rolling six month period, an economic recession extending for six months and / or the loss of a single employer with greater than 1,000 employees, could lead to pressure on business activity and an increased rate of business failure, increased unemployment, lower than anticipated house build completions, together with wider social impacts including poor health. This would place stress on the council's ability to continue to deliver services due to increased demand, and conflict with the council's objective of improving the employment position in West Lothian.
	Current Controls:	Monitor impact on key sectors including housebuilding and those businesses with an EU focus in terms of market share. Monitor unemployment rates on a monthly basis including on age bands and employment sector to give advance indication of potential problems. Monitor changes to business start-up and failure rates on a monthly basis to give advance notification of potential problems. Monitor West Lothian house completions on a monthly basis to give advance notification of potential problems On-going horizon scanning including with national partners such as Department of Work and Pensions and Scottish Enterprise and Skills Development Scotland together with local partners such as the West Lothian College. Continue to liaise and collaborate with other councils to ensure efficiency of response. Continue to liaise and collaborate with Scottish Local Authorities Economic Development Group (SLAED). Ongoing review of response arrangements including PACE (Partnership Action for Continuing Employment) to ensure that the remain effective and appropriate in responding to any emerging challenges.

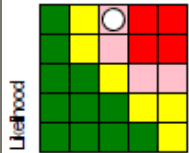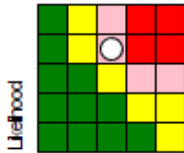| Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked	Risk Actions	Original Due Date	Due Date	Progress	Description
20		15							

	APS005 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:	**Child Poverty Key Controls** Anti-Poverty Strategy includes a specific outcome in relation to reduction of Child Poverty rates and an outcome target level to be achieved by the end of the strategy period. Anti-Poverty Taskforce meets four times per year to provide strategic oversight over the Anti-Poverty Strategy. The Anti-Poverty Strategy strategic scorecard includes reporting on progress toward the Child Poverty outcome target level. The strategic scorecard is reported for month 6 and year- end performance to the Anti-Poverty Taskforce. Annual Anti-Poverty Strategy action plan includes actions to be carried out during the coming year for each strategic outcome, including actions relating to the outcome for reduction of Child Poverty rates. Progress on the Anti-Poverty Strategy action plan is reported for month 6 and year end to the Anti-Poverty Taskforce. An update report on the APS Strategic Scorecard and APS Annual Action plan is reported annually to the CPP Board. There is a statutory requirement to publish a Local Child Poverty Annual Report (LCPAR) in partnership with NHS Lothian. The Child Poverty Reference Group meets quarterly to monitor progress on the LCPAR, and reports progress to the Anti-Poverty Taskforce for month 6 and year-end. Scottish Government's Tackling Child Poverty Delivery Plan 2022-26 includes actions which aim to deliver national Child Poverty levels which are in line with the Child Poverty target level as stated in the Anti-Poverty Strategy. New Covid-19 scorecard introduced which is monitored by multi service group and reported regularly to CPP Board.

13

Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked	Risk Actions	Original Due Date	Due Date	Progress	Description
20		12							

14

	EH006 Food safety and public health impacts of food supply chain disruption	This considers potential impacts on food supply chain. Any disruption to the supply chain could lead to increased risk of food crime and food fraud, increased opportunity for food incidents and unsafe food being provided. Imported food controls could create increased demand on checks for safety and quality and deferring of inspection from port authorities to inland authorities.
	Current Controls:	Currently part of ongoing Environmental Health surveillance and inspection plan, but increased opportunity if food chain becomes vulnerable. Priority will be given to issues which present a significant risk to public health. Depending on the scale and nature of incident or activity it may require multi-agency involvement. There are procedures in place for dealing with such incidents. Priority will be given to inspection of imported foods to ensure the protection of public health within West Lothian and other parts of the UK. Staff resource issues are being pursued. Other resource requirements will also be pursued. Level of service will be determined by staff, resources and other demands.

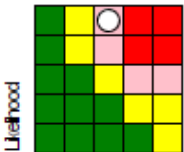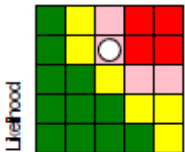| Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked	Risk Actions	Original Due Date	Due Date	Progress	Description
20		12							

	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, for example major policy changes at government level, changes in economic/market conditions, 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. Factors may lead to additional work for 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. Use of flexibility available in procurement regulations where applicable. Recruitment to fill vacancies as they arise and/or internal secondments/backfill. Report on risk to the board. Review of systems and processes Creation of a sub-group of the Procurement Board to ensure service collaboration to review systems and processes and update procurement procedures, where applicable.

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 or verbal incidences towards staff from pupils or parents/carers 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. New compulsory Maybo training modules were introduced and launched on 15th August 22 to all Education staff 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							

	ED005 Additional Support Needs (ASN) schools and units: physical or verbal incidences towards staff.	Physical and/or verbal incidences towards staff from pupils or parents/carers, leading to injury or stress. Due to the nature of the needs of the pupils placed in ASN schools and classes attached to a mainstream school such occurrences maybe as result of a pupil's specific, identified additional support need.
	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. Four 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 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/carer 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**							

RISK ASSESSMENT METHODOLOGY

RISK MATRIX

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

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.

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IMPACT TABLE

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

Hazard / Impact of Risk	Personal safety	Property loss or damage	Regulatory, statutory or contractual	Financial loss, penalties, or costs	Impact on service delivery	Personal privacy infringement	Community / environmental	Impact on Reputation
Insignificant 1	Minor injury or discomfort to an individual	Negligible property damage	Breaches contained within the service	Less than £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 in one incident	Minor damage to one property	Breaches reported within the council no external action	£10k to £100k	Minimal disruption to services	Non special category personal information for one individual revealed or lost	Impact on an individual or small group	Contained within service
Significant 3	Major injury or harm to an individual	Significant damage to small building or minor damage to several properties from one source	Adverse comment or censure by government, courts, auditors, or regulators	More than £100k to £500k	Noticeable impact on service performance.	Non special category personal information for several individuals revealed or lost	Impact on a local community	Local social media or press interest
Major 4	Major injury or harm to several people in one incident	Major damage to critical building or serious damage to several properties from one source	Government, court or regulator sanction, including action which impairs our ability to deliver a service	More than £500k to £2m	Serious disruption to service performance	Special category personal information for one individual revealed or lost	Impact on several communities	National social media or press interest
Catastrophic 5	Death of one or more people	Total loss of critical building	Government, court or regulator action resulting in an inability to deliver key services	More than £2m	Non achievement of key corporate objectives	Special category personal information for several individuals revealed or lost	Impact on the whole of West Lothian or permanent damage to site of special scientific interest	Officers and/or members dismissed, sent to prison or forced to resign

West Lothian Council

GOVERNANCE AND RISK COMMITTEE

GALLAGHER BASSETT EMPLOYERS LIABILITY RISK MANAGEMENT HEALTH CHECK

REPORT BY HEAD OF FINANCE AND PROPERTY SERVICES

A.   PURPOSE OF REPORT

To inform the Governance and Risk Committee of the outcome of the Gallagher Bassett employers liability risk management health check.

B.   RECOMMENDATION

It is recommended that the Governance and Risk Committee considers the Gallagher Bassett report attached as appendix one and the risk improvement action plan attached as appendix two to this 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.
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**	Governance and Risk Board on 20 February 2023.

D.   TERMS OF REPORT

Gallagher Bassett, the council's risk management consultant, conducted an employers liability health check review during the Summer of 2022. This involved the submission of a detailed liability health check questionnaire to the risk consultant, and an on-line interview with the council's Health and Safety Manager, Audit Risk and Counter Fraud Manager, and Insurance Officer.

1

The consultant's report is attached as appendix one. As stated in the report, the purpose of the health check was to review the council's policy and arrangements for health and safety management against best practice standards, and to offer recommendations to assist with compliance and support activities that will reduce risk and its adverse consequences.

The risk consultant's main findings are summarised in the executive summary on page five of the report and in the recommendations on page 16. The council's action plan response is attached as appendix two.

E. CONCLUSION

The consultant has concluded that there is clear leadership on health and safety with nominated individuals driving health and safety forward. Some areas for improvement have been identified and these will be progressed in accordance with the action plan.

F. BACKGROUND REFERENCES

None.

Appendices/Attachments:

(1) Gallagher Bassett Employers Liability Risk Management Health Check Report

(2) Action Plan

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: 6 March 2023

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Risk control
Employers Liability Risk Management Health Check

17th October 2022

In partnership with

GALLAGHER BASSETT
GUIDE. GUARD. GO BEYOND.

Risk Management Partners
rmpartners.co.uk

Employers Liability RM Health Check

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Contents

Introduction

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Health and safety legislation exists to protect employees and organisations. While it can sometimes be viewed as a drain on valuable time and resources, the benefits to an organisation from effective health and safety management far outweigh the costs and can include:

— A reduction in the number of working days lost due to illness and injury.
— A reduction in costs associated with work-related injuries and illnesses.
— Protection of the organisation's reputation.

It's worthwhile noting that the consequences associated with failing to effectively manage the health and safety of employees has been increasing over recent time. For example, the Corporate Manslaughter and Corporate Homicide Act 2007 created the circumstances in which companies and organisations can be found guilty of corporate manslaughter as a result of serious management failures resulting in a gross breach of a duty of care.

In addition, February 2016 saw new sentencing guidelines for health and safety, corporate manslaughter and food safety and hygiene offences come into force. Since that time, significant increases in fine levels for companies prosecuted for offences under the Health and Safety at Work Act 1974 and associated regulations have been levied by the courts.

Against this backdrop, the main purpose of the health check is to review the organisation's policy and arrangements for health and safety management against best practice standards and to offer constructive and practical recommendations to assist with compliance and support activities that will reduce risk and its adverse consequences.

Review Details

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Date of Review:	04th August 2022
Person(s) Interviewed:	Kenneth Ribbons - Audit, Risk and Counter Fraud Manager
	Kenneth Howley - Insurance Officer
	Kim, Hardie - H&S Manager
Location of Interview(s):	Online Microsoft Teams meeting
Review Conducted By:	Bryan McCracken
	Risk Control Consultant
	Bryan.McCracken@gbtpa.com
	07452 476700
Date of Progress Review:	April 2023

Executive Summary

An Employers Liability Risk Management Health Check was conducted for West Lothian Council (online via Microsoft teams) on 4th August 2022. The main purpose of the exercise was to review the organisations performance management arrangements for its casualty programme and to offer constructive and practical recommendations for improvement where appropriate.

The health check focused on the following areas:

1. Leadership
2. Management
3. Employees
4. Incident and Claims Management

Detailed comment and recommendations for risk improvement can be found in the 'Recommendations' section of this report.

The main findings and were:
— There is clear leadership on health and safety with nominated individuals driving health and safety forward as evidenced by the Health and Safety Policy, and an active Health and Safety Committee.
— There is a health and safety management system available. The system uses risk assessment to identify and manage risks. An active inspection/audit programme is in place and numerous communication channels are used. Instruction and training is provided on health and safety to develop competence.
— There is an occupational health service and access to competent health and safety advice.
— There have been 28 RIDDOR's in 2021/2022. Procedures are in place to investigate incidents with reports produced and considered by the Health and Safety Committee.

The most significant areas for risk improvement are...
— Review how services identify critical health and safety training linked to specific roles and ensure that where appropriate training needs analyses are prepared.
— Develop a three/five year health and safety strategy built on your identification of existing hazards/risks and your horizon scanning.
— Examine ways to ensure employee engagement in the production of risk assessments to enable more buy-in to these documents which will lead to clearer safe working practices.
— Develop a consistent standard of record keeping for incident investigations across Services using the pre-action personal injury protocol standard disclosure lists. This will enable more consistent investigations and defences in litigation.
— Incident investigation reports are potentially discoverable documents in a litigation case and arrangements for exerting legal privilege should be reviewed.

Next Steps

We would be happy to receive your feedback and discuss in more detail any aspect of the report.

Risk Management Health Check

LEADERSHIP	
	QUESTION
1	Who has been nominated to oversee occupational health and safety performance within the organisation?
2	Has an Executive Director or equivalent been nominated to drive occupational health and safety performance within the organisation?
3	Are the Senior Management Team (or equivalent) aware of the organisation's significant risks, do they seek assurance on the reported controls, and do they endorse initiatives to improve occupational health and safety performance?
4	Does the Senior Management Team (or equivalent) routinely receive reports on organisational health and safety performance (Including KPI's, claims etc.)?
5	Have steps been taken to ensure that all senior internal stakeholders involved in the strategic decision-making processes for occupational health and safety management maintain appropriate knowledge and understanding of the associated issues?
6	Has a Corporate Health and Safety Committee (or equivalent) been formed and tasked with identifying priorities for the management of occupational health and safety risk across the organisation? How often do they meet?
7	Has an appropriate budget been set for occupational health and safety to allow the organisation to achieve the legally required standards? Increasing / decreasing?
	Findings
	1. The Chief Executive, **Graham Hope**, retains the overall responsibility for the Council's Health and Safety Policy and provides effective leadership and direction for its implementation.
	Depute Chief Executives: **Alison White**, **Dr. Elaine Cook**, **Graeme Struthers** , are responsible and accountable to the Chief Executive for the health, safety and welfare of everyone affected by the work activities in their service areas and demonstrate clear commitment to achieving high standards of health and safety management.
	Within the policy Heads of Service are responsible for ensuring that a health and safety plan is developed and monitored for their service which has short and long term objectives, establishes performance standards and sets priorities.
	The senior management team are supported by the Health and Safety Manager who provides advice and guidance to WLC, and by preparing reports that inform and evaluate the council's health and safety performance. This includes whether standards are being achieved through monitoring performance. The Health and Safety Manager also provide information on health and safety performance through statistics and trend analysis at various strategic committees.

2. The Head of Corporate Services, (Interim: **Lesley Henderson**), without detracting from the responsibilities of other senior officers, has the responsibility for overseeing the implementation and the monitoring of the effectiveness of the H&S policy. They are assisted by the Health and Safety Manager, **Kim Hardie**.

3. H&S initiatives are agreed through the HR Programme Board, Governance and Risk Board, Corporate Management Team, Executive Management Team and through the work of the H&S Committees.

   The council's corporate risk management system Pentana contains details of significant health and safety risks. These are reported in summary format to the Governance and Risk Board twice a year. The last report to the Board in 7 September 2022, "Health and Safety Risks" identified 82 health and safety risks.

4. A Health and Safety report is presented to the Corporate Management Team for consideration on a monthly basis, for discussion and action. This includes information on issues that have or could affect WLC – recent cases, issues of note, incident statistics, compliance with incident reporting procedures and investigations, RIDDOR reportable incidents, training completed, fire risk assessment completion and employer's liability claims.

   KPIs are not considered as part of this report but are reported to other meetings, e.g. Service management teams and Governance and Risk Board.

   Sickness absence is also monitored.

5. Health and Safety is considered at Governance and Risk Board, HR Programme Board, Governance and Risk Committee - 13 June 2022 Item 8" seen, Corporate Health and Safety Committee, Service Health and Safety Committee and Working groups where required.

6. There is an overarching Corporate Health and Safety Committee and each Service within the council also has a Service Health and Safety Committee. Meetings are held quarterly.

7. Yes there is a budget and this remains fairly constant. Provision was made for another adviser to support Education Services on a temporary basis during the pandemic. The advisory team is small and this can restrict proactive work when priorities require focus on reactive elements of compliance.

MANAGEMENT	
	QUESTION
8	Has an effective management system been approved and deployed within the organisation to ensure the effective and efficient management of occupational health and safety?
9	What proactive monitoring strategies are employed to ensure compliance with Policy, legal requirements and best practice? (Inspections, Audits etc.)
10	Does the organisation maintain an Occupational Health and Safety Strategy and Policy which has been endorsed by the Senior Management Team (or equivalent)? How is it communicated within the organisation?
11	Is the Occupational Health and Safety Strategy and Policy (and associated protocols, guidance etc.) reviewed and updated at regular frequencies?
12	How does the organisation effectively communicate on issues of occupational health and safety throughout the organisation?
13	How does the organisation effectively engage and consult with its workforce (and representatives) on issues associated with occupational health and safety?
14	How has the organisation secured the competency of all levels of its management hierarchy to ensure occupational health and safety is managed effectively?
15	How has the organisation ensured access to competent health and safety advice?
16	Does the organisation provide access to an Occupational Health Service for its employees?
17	How does the organisation ensure compliance with occupational health and safety standards throughout the extended enterprise, inclusive of third-party providers and contractors?
	Findings
	8. Health and Safety management is based on the HSE model of Plan-Do-Check- Act. As part of this there is a council policy, topic specific guidance documents and utilisation of online health and safety management software called Sphera.
	9. The Health and Safety Advisers carry out corporate and targeted audits and inspections as part of the annual work plan. In 2022/23 the focus will be on compliance with Vibration regulations (as this policy requires renewal); the renewal for vibration monitoring (case included in corporate management team report; and on the quality of incident investigations carried out.
	The focus of incident investigations relate to specific issues that arise or from the monitoring of incidents and trends within Services. Inspections

are required within Services and joint inspections with Trade Union colleagues are completed as part of the work of Health and Safety Committees. There is an active program of inspections over the Summer, Easter and October breaks to monitor works carried out by contractors within schools. Inspections of contractor sites are also carried out as part of constructions works.

The Health and Safety team monitor changes to regulatory requirements and revisions of guidance and approved codes of practice to ensure that any changes that may affect the council are known to services to allow appropriate reviews of working practices and risk assessments to take place.

The team have IOSH membership, and also participate in the Scottish Personal Directors Scotland (SPDS) group with a link to HSE who are promoting the topics of Asbestos, HAVS, and Silica Dust. We are aware of the 10 year plan from HSE, and participate in a Local Area Group – (East Lothian, Falkirk, Edinburgh, and Midlothian.

The internal audit team conducts audits of key aspects of health and safety on a regular basis. This has in the past included audits of the corporate Health and Safety Team itself. The most recent audit seen, in relation to the management of asbestos, was reported to the council's Audit Committee on 21 June.

10. The Health and Safety Policy was reviewed and due to go to PDSP in in 2020. This was delayed as PDSP's and Council Executives did not take place for a period of time. The policy whilst past its two year review period was presented to PDSP and Council Exec late 2020 and published early 2021. They are currently within the 2 year period from that date of review and approval through governance routes. Once agreed this is distributed to the CMT, throughout services, trade union colleagues. Staff complete mandatory annual health and safety update training that signposts to the policy duties and arrangements within.

11. Health and Safety policy reviewed on a two yearly basis. From the policy a number of topic specific procedures are in place or planned to be introduced. Currently this is behind schedule due to ongoing resource issues and as a result of focus of the team being prioritised during the pandemic.

12. Methods of communication used include written, verbal, visual. The methods of communication will be dependant on the message that needs to be conveyed e.g.

    a.   in person attendance at meetings for service management teams and corporate management team

    b.   consultation meetings for procedural work, process changes etc

    c.   training – physical attendance, online attendance

    d.   project meetings to ensure that all relevant parties can be involved in processes

    e.   team meetings- H&S should be on the agenda for all team meetings

    f.   email communication can ensure consistency but consideration must be given to ensuring that the email reaches those it needs to

    g.   written policies/ procedures/guidance

Communication needs to be planned to ensure that it says what it needs to say, without being filled with H&S terminology and is not overly lengthy where it doesn't need to be. Communication needs to be relevant and specific. This can mean that a message is tailored specifically to a Service.

Corporate communication can also be used where there is a requirement to ensure that the message is effective e.g. poster campaigns relating to violence and aggression.

13. H&S Committees, working groups, formal meetings – LNC Committee for teaching unions and COSJWG – non teaching trade unions conditions. Ensure this is completed in appropriate time to allow consultation and discussion. Ensuring that representatives are given appropriate time to carry out their roles out with their employment.

14. CMT – Made aware of significant risks by appropriate officers. Clearly defined roles and responsibilities within policy and procedure. Chief Executive is proactive in approach to Health and Safety and leadership.

    Health and safety training sessions on the management of health and safety.

    Procedures set out clear systems for managers to follow.

    Access to Health and Safety advice and guidance.

    Monitoring of health and safety information in services and feedback provided on issues arising. Guidance provided where remedial action required.

15. Organisation has five dedicated H&S Advisers and an H&S Manager.

16. Yes. OH contract in place Optima Health.

17. Procurement standards in place which requires provision to be made for health and safety standards for those providing services/ contractors.

    Requirement for those providing services to provide H&S information as required for monitoring e.g. risk assessments, construction plans.

    Inspections are carried out.

    Any incidents are monitored and where a fall in expected standards are identified then appropriate action is taken in line with relevant procedures e.g. control of contractors. This can range from informal meetings to the removal of a contract.

	Support and guidance provided for colleagues who are working in partnership with other organisations where their actions/services may affect staff, pupils, and members of the public.
	Training is undertaken as considered appropriate, including as offered from Gallagher Bassett (control of contractors, volunteers).

EMPLOYEES	
	QUESTION
18	What is the total number of employees (FTE) employed by the organisation?
19	What percentage of the workforce are employed in manual occupations?
20	How does the organisation secure the competence of its workforce?
21	Are management systems in place to ensure that employees receive the appropriate levels of supervision, instruction, guidance and training?
22	Are there effective protocols in place to ensure that employees or their representatives can report health and safety concerns or failings without fear of retribution?
23	Are employees consulted during formal risk assessment processes and informed of the results including the control measures deployed to manage the risk?
24	Is occupational health and safety training resource available to employees? (Ranging from induction training through to risk-specific training such as DSE, manual handling, working at height, and use of PPE etc.)
25	Is a confidential Employment Advisory Service available to employees?

	Findings
	18. Currently 7,078 FTE
	19. That information Is not easily available, however an overall total of 1,348 FTE:
	• facilities management has 608 FTE
	• nets land and countryside 228 FTE
	• recycling, fleet and waste 222 FTE
	• roads and transportation 140 FTE
	• building services 471 FTE
	The vast majority of these will be manual workers, so estimated at 19%

20. The council follows a process of identifying the key hazards and risks and scanning for new or emerging risks. Ensuring that these are appropriately managed and monitoring is carried out to ensure this remains effective or other processes implemented to manage risks.

     Standards set in policies and procedures with defined roles and responsibilities within them. These are agreed following defined governance routes.

     Monitoring of health and safety performance at all level of the organisation and ensuring that appropriate action is taken to ensure standards are met, good practice is shared and remedial action taken where identified as required.

     Provision of training for staff. Monitoring of training is carried out and ensuring that training matches the needs to individuals and role. Ensuring staff are provided time to attend the required training.

     Ensuring that staff are provided with the necessary skills, knowledge, experience and mentoring to carry out their roles and that this is identified through work planning and staff reviews.

21. Part of the plan-do-check-act cycle. Training is monitored within the Services to ensure it is role specific.

22. All employees can access Sphera (2016) – managers can download the assessments, to report issues. Staff can approach the H&S team. Issues can be brought to the H&S Advisers/ H&S Manager directly or through H&S committees. H&S Manager encourages representatives to contact H&S directly if they have an issue. Health and Safety team very much promote a positive approach to health and safety where staff should be encouraged to raise concerns and discuss issues to resolve positively without blame. There is also a whistleblowing procedure in place available to all staff.

23. Employees are not always consulted during the formal risk assessment process. However employees are made aware of the outcomes of risk assessment and implemented control measures and also have access to these within their services. (toolbox talks signed for – in service for education)

24. Training matrices / training needs analyses are maintained by some services. In other services the training required is identified via risk assessments, safe working practices, one to ones with staff and annual appraisals. The level of training identified as required will also take account of regulatory requirements as well as other information received through monitoring of health and safety performance. In addition there is a corporate health and safety training calendar that services can utilise throughout the year. Services hold their own budgets.

     Methods include:

     In house – Face to face training, online teams sessions, online training packages, tool box talks, on job training and guidance documents. Some services have their own learning and development teams.

External – where the skill set within the council does not meet needs then the use of external specialists will be used. External suppliers will also be utilised where it feels it would be beneficial to have an external supplier deliver e.g. use of lone working devices and well being for staff.

Bespoke packages – DSE training and risk assessments for user is carried out using a bespoke package – Cardinus.

25. There is a confidential employments advisory service. Details are available on the intranet on My Toolkit and staff made aware. This is also signed posted through the four pillars of wellbeing area of the staff intranet. There have been regular reminders for managers and staff circulated throughout the pandemic.

INCIDENT AND CLAIMS MANAGEMENT	
	QUESTION
26	How many RIDDOR reportable and 7 day incidents are recorded on an annual basis? (or past 12 months)
27	Are procedures in place to ensure that all significant adverse incidents (those events that maintain the potential for, or did result in injury or property damage) are effectively investigated, reports published, and lessons learned?
28	What procedures are in place to ensure any remedial actions recommended by incident investigations are fully implemented in a timely manner?
29	Has the organisation been subject to any enforcement action (HSE etc.) in the past three years? Please discuss the merits of each case.
30	Has a standard format for incident and claims reporting and analysis been implemented within the organisation, and is this information made available and regularly used to inform on improvement programmes?
31	Are the standards of record keeping within the organisation of a standard that allows for the effective defence of a claim? (Records should include risk assessments, individual training records etc.)
	Findings
	26. Noted for the period of 01st April 2021 – 31st March 2022 28 recorded incidents were reported to the HSE. 3,759 incidents in total were recorded in Sphera in the same period. Top three – manual handling, Violence & Aggression, slips trips and falls. HR feedback on occupational health.
	27. All incidents/ accidents/ near misses/ dangerous occurrences and occupational ill health must be reported in the online safety management system Sphera within three days of occurrence. Investigations must be logged within 5 working days of the incident. For incidents that are serious/ major or had the potential to have result in a serious incident then protocol requires a notification to be made to health and safety team as soon as possible following the incident for advice and guidance.

Health and Safety led inspections are carried out by Health and Safety Advisers where an incident/ accident/ near miss has led to or could lead to a report to be made to the HSE, or, where the incident could have led to the occurrence of a serious incident. Other incidents are investigated at service level with support from advisers.

Incident report investigations completed by the Health and Safety are published to the Health and Safety Manager, relevant Service Manager and Head of Service. Where deemed necessary these will also be shared with Depute Chief Executives and the Chief Executive.

In addition the Corporate Management Team receive an overview of information circulated as a result of incidents e.g. safety briefings, training being carried out, procedural changes.

28. Health and Safety led inspections are carried out by Health and Safety Advisers where an incident/ accident/ near miss has led to, could lead to a report to be made to the HSE, or where the incident could have led to the occurrence of a serious incident. In these cases the investigation report has an associated action plan with timescales for actions to be completed. These may be relevant to a team, a Service or council wide. Where an adviser deems that the action may of risk to the council services are required to log these in Pentana accordingly and monitor completion.

For other investigations carried out at service level tasks are assigned through the online system Sphera.

29. Two Improvement Notice were served in December 2020 by the HSE on two schools. This was as a result of inspections carried out in five West Lothian schools in relation to the control measures in place for COVID in schools specifically relating to cleaning and disinfection arrangements just as schools reopened in August/ September 2020. This also resulted in a Fee for Intervention.

Both notices were complied with in the required timescales. Aspects of the notices were informally challenged with the HSE inspector as the focus was around the use of electrostatic technology to apply some chemicals within schools and some of this was clear in the communications in schools during the time of inspection. The use of this technology was also new to the HSE inspector who was of the opinion that guidance of that time was not being followed.

However in compliance it was demonstrated clearly that whilst the use of the technology to apply chemicals was part of the cleaning regime first and foremost cleaning of touch points was being regularly carried out during the school days, schools were being cleaned twice daily and this was being supplemented by the use of EC technology at scheduled frequencies. There were also additional measures implemented to supplement the cleaning regime and a cleaning protocol was revised to ensure that all series were clear about the arrangements in place.

30. Incident recording and investigation is consistent across services as these records are kept in an online safety system, Sphera. To ensure that information is recorded appropriately there are mandatory fields within

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these records. Each record is monitored by the Health and Safety team to ensure that services are recording appropriate information and liaise with services where necessary.

31. Standards of record keeping can be variable within the services. Principal issues for defence of claims is usually lack of an appropriate assessment/ training or staff not adhering to/implementing safe working practices.

Recommendations

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No.	Action	Priority A B C	Target date	Responsibility	Date Implemented
22-09-01	Review how services identify critical health and safety training linked to specific roles and ensure that where appropriate training needs analyses are prepared.	A			
22-09-02	Develop a three/five year health and safety strategy built on your horizon scanning.	B			
22-09-03	Examine ways to ensure employee engagement in the production of risk assessments	B			
22-09-04	Develop a consistent standard of record keeping for incident investigations across Services using the pre-action personal injury protocol standard disclosure lists.	C			
22-09-05	Incident investigation reports are potentially discoverable documents in a litigation case and arrangements for exerting legal privilege should be reviewed.	**C**			

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Further information

For access to further RMP Resources you may find helpful in reducing your organisation's cost of risk, please access the RMP Resources or RMP Articles pages on our website. To join the debate follow us on our LinkedIn page.

Get in touch

For more information, please contact your RMP risk control consultant or account director.

Contact Bryan.Mccracken@rmpartners.co.uk

Risk Management Partners

The Walbrook Building
25 Walbrook
London EC4N 8AW

020 7204 1800
rmpartners.co.uk

RMP Fleet Discussion Paper

Ref	Review Action	Proposed Action	Priority
22-09-01	**Review how services identify critical health and safety training linked to specific roles and ensure that where appropriate training need analyses are prepared.**	The general duty to provide Health and Safety information, instruction and training is outlined in the Health and Safety at Work Act 1974. This general requirement is further expanded upon within the Management of Health and Safety at Work Regulations 1999 where the requirement is for the provision of adequate health and safety training whenever it is needed, such as: • First starting with the employer. • Employee(s) being transferred. • The taking up of new responsibilities. • The introduction of new work equipment or a change to current work equipment. • The introduction of new technology into the work of the employee(s). • The introduction of new systems of work or processes, or a significant change to those already in existence. In addition to these general requirements of there are specific duties under numerous regulations to ensure training is provided e.g. asbestos, manual handling. **<u>Corporate</u>** Mandatory Health and Safety Training is undertaken as part of the Corporate induction process. This covers general information including the organisations health and safety policy, legal duties, first aid, fire and accidents. Mandatory general health and safety training refresher is undertaken annually online. In schools this is delivered during an in-service day. Training is also provided to employees who use display screen equipment through an online package, Cardinus. There is a limited annual calendar of health and safety training and a range of online training packages that can be accessed by all services.	A
			Responsible Officer
			Kim Hardie
			Target Date

1

Ref	Review Action	Proposed Action	Priority
		Responsible person training and asbestos training is accessed by services through Property Services. It is proposed to identify and develop other corporate training to meet: • The requirements of the health and safety policy and topic specific procedural documents. • Any trends identified in incident analysis. • Specific work being undertaken by the Corporate Health and Safety Committee and associated working groups e.g. Violence and Aggression Working Group. An example of required training would include the introduction of mandatory training for managers who have specific roles and duties delegated to them in the health and safety policy and associated procedures e.g. risk assessment and accident investigation. Training would be developed and delivered as a series of online training modules where possible. The ability of the health and safety team to deliver training to services is limited given resource pressures on the team. Development of packages would be incorporated in the Health and Safety workplan and/or specific working groups in 2023/2024. **<u>Services</u>** Service specific training requirements are devolved to services to identify and manage. Identification is not only based in statute or outcomes of risk assessment but needs will change as systems of work change, equipment changes and through reviews of accidents statistics prioritising skills gaps identified as potential risk. Following the Governance and Risk Board in November 2022 it has been identified that the identification of health and safety training needs is not always based on formal training needs analyses. It is proposed that health and safety in conjunction with service nominated officers review how services identify critical health and safety training, how this is linked to specific roles and how it is delivered within each service. Outcomes of the review to be presented to a future meeting of the Governance and Risk Board to assess whether a training need analyses framework requires to be introduced within all services for critical health and safety training.	Identification of Corporate requirements by 31 August 2023. Service review to be completed by 31 August 2023. Findings to be reported to Governance and Risk Board following reviews. Development timescales to be agreed when scope of requirements have been identified and agreed.

2

Ref	Review Action	Proposed Action	Priority
22-09-02	**Develop a three/ five-year health and safety strategy built on your horizon scanning.**	Health and Safety is integrated into the council's People Strategy. https://intranet.westlothian.gov.uk/media/1316/The-People-Strategy-2018-19-to-2022-23/pdf/PeopleStrategy2018-2023.pdf?m=637140151774930000 Key performance indicators and actions to support the delivery of Council priorities in the strategy are the percentage of health and safety incidents not reportable to the HSE and the management of health and safety through effective policies and procedures. Key monitoring activities are: • Ensuring the working environment is safe and that any inherent risks are assessed and managed. • Services to produce a health and safety action plan and employee wellbeing plan as part of the annual management planning and budgeting process. It is proposed to expand on the current provision within the People Strategy 2023/28 to build on objectives of keeping staff healthy and safe in a supporting, encouraging environment complemented by effective and proportionate management of identified risks and to also consider the aims of the recently published HSE strategy. The ten year strategy for 2022-2032 "Protecting People and Places" sets out the HSE's intention to focus on new and traditional risk and specifically to: • Reduce work-related ill health, with a specific focus on mental health and stress. • Increase and maintain trust to ensure people feel safe where they live, where they work and, in their environment. • Enable industry to innovate safely to prevent major incidents. • Maintain Great Britain's record as one of the safest countries to work in. This strategy will be used to guide future interventions and regulatory work carried out by the HSE. The current Health and Safety workplan sets out arrangements and action required to implement the requirements of policy and procedures annually. This plan is informed by upcoming regulatory and industry changes as well as identification of emerging trends internally and externally to the Council. This currently is not presented at board level for consideration. Services are also required to have an annual health and safety plan and to monitor completion of actions.	B **Responsible Officer** Kim Hardie **Target Date** 30 September 2023

3

Ref	Review Action	Proposed Action	Priority Level
22-09-03	**Examine ways to ensure employee engagement in the production of risk assessments**	Risk assessments require the identification and examination of the risks to employees, contractors, customers, partners, and any other people who could be affected activities. The size and complexity of a risk assessment will vary depending on the work task being carried out. The HSE recommend the risk assessment process should involve consultation with staff as this provides a valuable insight into the risks and hazards of the work being carried out. Consultation must also take place once the findings of the risk assessment are completed and control measures are to be introduced. The current corporate procedure identifies the need for managers to ensure that all relevant people are informed of risk assessments and that a record of this kept. The procedure also requires consultation with staff and trade unions on the findings of risk assessments. It is proposed that the Corporate Health and Safety committee review how services currently engage with employees in the production of risk assessments and identify where further action could be taken to promote the engagement of employees in the production of risk assessments to ensure there is a consistent approach within services. As part of this review there will be appropriate consultation with trade unions.	B
			Responsible Officer
			Kim Hardie
			Target Date
			31 December 2023

4

Ref	Review Action	Proposed Action	Priority Level
22-09-04	**Develop a consistent standard of record keeping for incidents investigations across services using the pre-action personal injury protocol standard disclosure lists.**	Incident reports and incident investigations are initially completed within Sphera using the template within the system. Depending on the outcome or potential outcome of a reported incident determines if the incident is fully investigated at service level or passed to a health and safety adviser and/or other nominated officers.	C
			Responsible Officer
		The completion of investigations is monitored on a monthly basis at service level and considered by the Corporate Management team.	Kim Hardie
			Target Date
		Health and Safety advisers will investigate serious incidents as detailed in the Investigating Accidents and Incidents Corporate Procedure (last reviewed in November 2021). Serious incidents can include accidents, incidents, near misses, dangerous occurrences and cases of occupational ill health or other criteria stipulated in the Reporting of incidents, Disease and Dangerous Occurrences Regulations (RIDDOR). Where a health and safety adviser completes an investigation an additional reporting template is used. This template will be reviewed against the requirements of the personal injury protocol standard disclosure list.	Review of Health and Safety Adviser template – 31 December 2023.
		The standard of record keeping with regards to investigations is in part down to the individual tasked with carrying out an investigation. Proposed action to be taken will be linked to Ref 22-09-01 (page 1) and the provision of training for those who are tasked with carrying out investigations.	Development of Training for other officers tasked with completing investigations- 31 December 2023.
		A health and safety audit of the standard of investigations within Sphera is planned to be integrated in to the Workplan for 2023/24.	Audit of Sphera Investigations - 31 March 2024.

5

Ref	Review Action	Proposed Action	Priority Level
22-09-05	**Incident investigation reports are potentially discoverable documents in a litigation case and arrangements for exerting legal privilege should be reviewed.**	A review of the arrangements for exerting legal privilege to be undertaken in conjunction with Legal Services, Financial Management Unit (insurance) and Audit, Risk and Counter Fraud (risk management).	C
			Responsible Officer
			Kim Hardie
			Target Date
			31 December 2023

6

West Lothian Council

GOVERNANCE AND RISK COMMITTEE

STRATEGIC RISKS

REPORT BY HEAD OF FINANCE AND PROPERTY SERVICES

A. PURPOSE OF REPORT

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

B. RECOMMENDATION

It is recommended that the Governance and Risk Committee notes the council's strategic 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**	Executive Management Team, Governance and Risk Board.

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.

Strategic risks may be defined as those risks which, if they occur, could have a major impact on the ability of the council to achieve its objectives. This would include serious failures of a regulatory or compliance nature. In the private sector, strategic risks could be defined as those which could materially affect the ability of the organisation to survive.

1

Appendix one summarises the risks in the corporate risk register with an original risk of 25 - that is to say, if controls fail the risks are considered almost certain to be catastrophic. There are 11 risks, two fewer than previously reported in September 2022.

The following risks are now considered to be strategic risks:

- WLC029 "West Lothian Leisure - failure to prepare and agree a medium term financial plan 2023/24 to 2027/28";
- HCBS004 "Overspend of allocated Housing Need budgets".

The following risks are no longer considered to be strategic risks:

- WLC026 "Failure to prepare and agree an effective medium term financial plan 2023/24 to 2027/28" (this risk has now been deactivated);
- WLC023 "Failure to deliver financial plan to 2022/23";
- WLC031 "West Lothian Leisure - failure to deliver financial plan to 2022/23"
- WLC045 "Pandemic -failure to maintain critical services"

The strategic risks fall in to a small number of categories:

- those which arise from economic uncertainties, financial constraints or pressures i.e. WLC029, HCBS002; HCBS004;
- those relating to health and safety, including statutory compliance, i.e. HCBS011, WLC008, WLC037, WLC039, WLC043;
- those relating to business continuity, i.e. OPSHQ005, WLC005, WLC014.

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

The council's strategic 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) Strategic 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: 6 March 2023

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Appendix 1 Strategic Risks

Generated on: 24 February 2023 10:50

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

Risk Title	Risk Description	Original Risk Score	Original Traffic Light Icon	Current Impact	Current Likelihood	Current Risk Score	Current Traffic Light Icon	CMT Member
WLC029 West Lothian Leisure - failure to prepare and agree a medium term financial plan 2023/24 to 2027/28	Failure by WLL to prepare and agree a medium term financial plan and a balanced annual budget each year could lead to unplanned WLL service reductions, failure to deliver key services, and additional demands on WLC resources. There could also be a reputational risk to the council. The ongoing impact of a number of combined risks in the wider economy are increasing financial risks and uncertainty for future years.	25	🔴	5	5	25	🔴	.Head of Finance and Property Services (D Forrest)
HCBS004 Overspend of allocated Housing Need budgets	Increased demand for homeless services. This may also result in an overspend of allocated budgets.	25	🔴	4	5	20	🔴	.Head of Housing, Customer and Building Services (Julie Whitelaw)
HCBS011 Death or injury due to house fire	Injury or death due to failure to comply with legislative standards in relation to fire protection/detection, or due to action / inaction by a tenant.	25	🔴	5	2	10	🔺	.Head of Housing, Customer and Building Services (Julie Whitelaw)

1

Risk Title	Risk Description	Original Risk Score	Original Traffic Light Icon	Current Impact	Current Likelihood	Current Risk Score	Current Traffic Light Icon	CMT Member
OPSHQ005 Loss of operating licence for all vehicles over 3.5 Tonnes GVW	Failure to comply with the terms, conditions and undertakings of the Goods Vehicle Licensing of Operators act 1995 resulting in regulatory action including the revocation, suspension or curtailment of operators' licence(s). Regulatory action would prevent the operation of vehicles over 3500kg GVW which would have a serious impact on services reliant on these type of vehicles.	25	🛑	5	2	10	⚠️	.Head of Operational Services (J Jack)
WLC014 Cyber-attack	Failure of internal measures to detect, deter and repulse cyber-attacks, leading to successful penetration of the network. Resulting in any of data loss unauthorised public disclosure of information, and the inability to continue to provide essential services.	25	🛑	5	2	10	⚠️	.Head of Corporate Services (Lesley Henderson)
HCBS002 Increase in rent arrears as a result of external factors	UK Government led Welfare reforms may result in an increase in arrears unless the council can effectively mitigate the impact on those on low incomes. Other external factors such as cost of living price increases and energy poverty can also impact on the ability to pay for our tenants.	25	🛑	3	3	9	⚠️	.Head of Housing, Customer and Building Services (Julie Whitelaw)

2

Risk Title	Risk Description	Original Risk Score	Original Traffic Light Icon	Current Impact	Current Likelihood	Current Risk Score	Current Traffic Light Icon	CMT Member
WLC008 Failure to prepare, or effectively deploy, up to date corporate occupational health and safety policies and procedures	If corporate policy is not up to date, or is not effectively deployed, for example due to the lack of: corporate procedures; provision of advice and support from corporate health and safety team; provision of training; this may lead to a breach of the council's statutory obligations. In extreme cases this may result in an injury or a fatality to council staff, customers, or members of the public. This could also lead to criminal prosecution, fines and reputational damage.	25	🛑	4	2	8	⚠️	.Head of Corporate Services (Lesley Henderson)
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. There is a separate risk WLC014 relating to cyber attack and WLC045 relating to pandemic.	25	🛑	3	2	6	✅	.DCE Graeme Struthers
WLC037 Death or illness due to legionella outbreak in operational buildings	Failure to effectively implement controls to prevent a legionella outbreak, leading to illness or death of staff, customers, or members of the public. This risk relates to operational buildings (non-housing).	25	🛑	5	1	5	⚠️	.Head of Finance and Property Services (D Forrest)

3

Risk Title	Risk Description	Original Risk Score	Original Traffic Light Icon	Current Impact	Current Likelihood	Current Risk Score	Current Traffic Light Icon	CMT Member
WLC039 Death or injury due to fire within operational buildings	Failure of fire prevention / detection / mitigation controls leading to a fire which results in injury or death to council staff, customers, or member of the public. This risk relates to operational buildings (non-housing).	25	🛑	5	1	5	⚠️	.Head of Finance and Property Services (D Forrest)
WLC043 Failure to effectively manage asbestos	Failure of controls to prevent exposure to asbestos, leading to exposure of staff, customers, or members of the public, and resulting in illness or death. This risk covers both operational and domestic buildings but not the council's tenanted non-residential property (TNRP) portfolio.	25	🛑	5	1	5	⚠️	.Head of Finance and Property Services (D Forrest)

4

RISK ASSESSMENT METHODOLOGY

RISK MATRIX

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

1

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.

2

IMPACT TABLE

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

Hazard / Impact of Risk	Personal safety	Property loss or damage	Regulatory, statutory or contractual	Financial loss, penalties, or costs	Impact on service delivery	Personal privacy infringement	Community / environmental	Impact on Reputation
Insignificant 1	Minor injury or discomfort to an individual	Negligible property damage	Breaches contained within the service	Less than £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 in one incident	Minor damage to one property	Breaches reported within the council no external action	£10k to £100k	Minimal disruption to services	Non special category personal information for one individual revealed or lost	Impact on an individual or small group	Contained within service
Significant 3	Major injury or harm to an individual	Significant damage to small building or minor damage to several properties from one source	Adverse comment or censure by government, courts, auditors, or regulators	More than £100k to £500k	Noticeable impact on service performance.	Non special category personal information for several individuals revealed or lost	Impact on a local community	Local social media or press interest
Major 4	Major injury or harm to several people in one incident	Major damage to critical building or serious damage to several properties from one source	Government, court or regulator sanction, including action which impairs our ability to deliver a service	More than £500k to £2m	Serious disruption to service performance	Special category personal information for one individual revealed or lost	Impact on several communities	National social media or press interest
Catastrophic 5	Death of one or more people	Total loss of critical building	Government, court or regulator action resulting in an inability to deliver key services	More than £2m	Non achievement of key corporate objectives	Special category personal information for several individuals revealed or lost	Impact on the whole of West Lothian or permanent damage to site of special scientific interest	Officers and/or members dismissed, sent to prison or forced to resign

3

DATA LABEL: PUBLIC

West Lothian Council

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.

1

D.   TERMS OF REPORT

D.1   Background

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.

D.2   Health & Safety Management

The management of health and safety aims to create and maintain safe and healthy workplaces. 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 and monitoring of the health and safety management system.

Internal leading and reactive indicators are used to identify required control measures that mitigate identified risks. They provide objective information that is measurable, easily collected, monitored and considered by Services and Corporate Health and Safety. They also provide reliable indicators of performance and information related to monitoring 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, guidance and incidents across all council services is considered with a view to learning lessons, making any required improvements, identifying emerging risks and sharing good practice. The report includes the provision of key health and safety statistical information. Statistical information in Appendices 1 and 2 of this report cover the reporting period of 01st April 2022 to 31st January 2023.

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

Management of Asbestos in Schools Initiative – Two visits were carried out on 06th December at Armadale and Murrayfield Primary as part of the Health and Safety Executives (HSE) initiative . No material breaches were found and a few recommendations were made by the HSE in relation to details contained within premises plans, printing asbestos registers within premises, training provision and staff awareness. A response was submitted to the HSE in response to their recommendations following the visits on and will be monitored through the Property Compliance Working Group. There has been no further communication from the HSE.

D.4   Health and Safety Committee

The Corporate Health and Safety Committee last met on the 20th December 2022. Representatives from Council Services attended the Committee along with representatives from recognised Trade Unions. The Committee considered discussions that had taken place at service health and safety committees, reviewed health and safety statistics and recent regulatory updates.

D.5   Lone Worker Devices

Appendix 1 details 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 for consideration.

D.6   Employers Liability Insurance Payments

Appendix 1 details claims settled in relation to Health and Safety Incidents.

2

E. **CONCLUSION**

The council has implemented robust risk management and monitoring processes with the aim of ensuring that risks 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 2022- 31st January 2023
(2) Education Services Violent Incident Statistics- 01st April 2022- 31st January 2023

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

Lesley Henderson, Interim Head of Corporate Services

Date of meeting: 06th March 2023.

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GOVERNANCE AND RISK COMMITTEE

APPENDIX 1 HEALTH AND SAFETY STATISTICS

RIDDOR REPORTABLE INCIDENTS – **1 April 2022 to 31 January 2023**

HSE Reportable 2018/19	Specified	O7D	MoP	DO	Disease	Total	HSE Notices	HSE Visits / Enquiries
Education	**1**	**2**	**2**			**5**		1
HCBS	**2**	**2**	**1**			**5**		
Operational	**1**	**7**				**8**		**1**
2022/23	**4**	**11**	**3**			**18**		**2**
2021/22	**3**	**8**	**3**	**1**	**5**	**20**		

CUMULATIVE INCIDENTS RECORDED – **1 April 2022 to 31 January 2023**

	Chief Executives Office	Corporate	Education	F&P	H.C.B.S.	Operational Services	PED'R	Social Policy
April	0	1	116	1	11	12	0	45
May	0	1	367	2	37	14	0	36
June	0	1	306	2	32	18	0	54
July	0	0	54	5	22	17	0	53
August	0	0	326	4	23	16	0	41
September	1	0	481	2	24	15	0	49
October	0	0	303	3	24	11	0	50
November	0	1	420	0	41	16	0	25
December	0	2	210	6	30	12	0	35
January	0	1	198	0	31	13	0	35
2022/23	1	7	2781	25	275	144	0	423
2021/22	3	5	2205	18	263	170	1	374

Cumulative Incidents by Service

1

Data Label: Internal Only
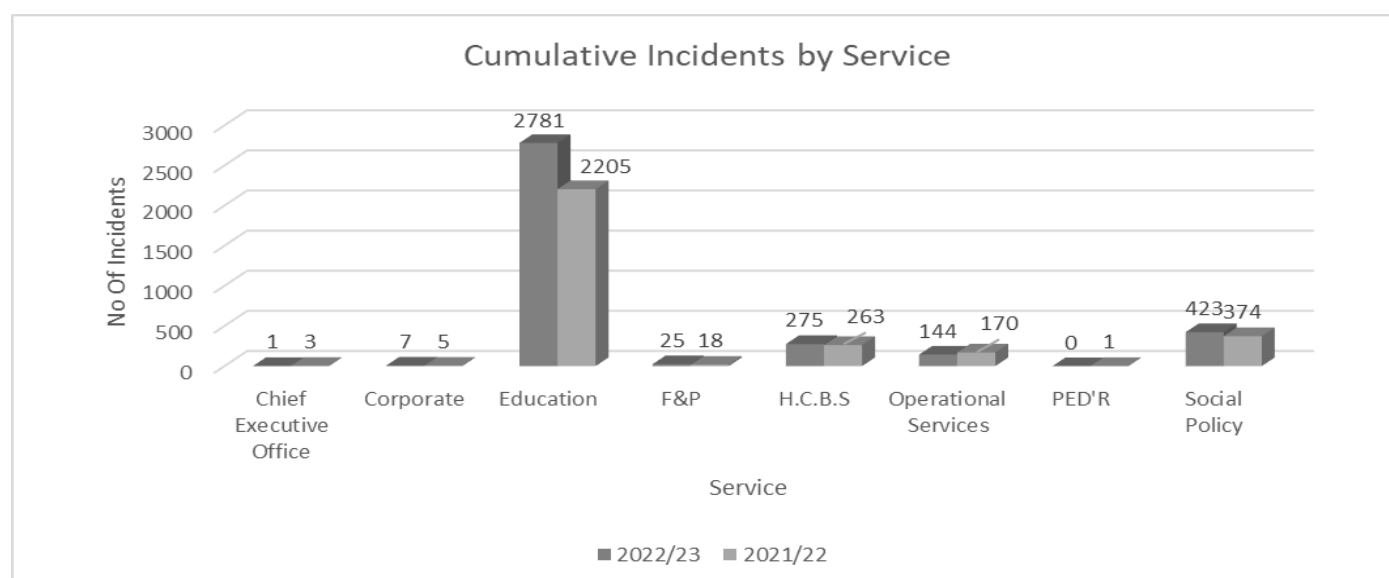
CUMULATIVE ACCIDENTS RESULTING IN INJURY 1 April 2022 to 31 January 2023

Service / Injured Party	Chief Executives Office	Corporate	Education	F&P	H.C.B.S.	Operational Services	PED'R	Social Policy	Totals
Employee	1	1	334	2	25	86	0	54	503
Third Party	0	0	16	0	8	8	0	140	172
Pupil / Student	0	0	419	0	3	0	0	0	422

CUMULATIVE INCIDENTS by Cause 1 April 2022 to 31 January 2023

Incidents by Cause

Cause	Value
Scalding	4
Injured by an animal	4
Exposed to a harmful substance	4
Fall from bed	8
Injured whilst handling, lifting or carrying a person	10
Foreign body (ingestion / injection / inhalation etc)	10
Property related e.g. doors, windows, floor, roof, walls,...	11
Fall from chair	12
Medical condition related	13
Sporting Injury	24
Contact with a hot surface	24
Hit something fixed or stationary	26
Injured while handling, lifting or carrying an object	33
Fall from a height	33
Contact with a sharp edge	41
Bite	55
Human error	63
Tripped	76
Fall on the same level	78
Hit by moving, flying or falling object	80
Slipped	85
Assault	368

2
Data Label: Internal Only

CUMULATIVE REPORTED VERBAL INCIDENTS – 1 April 2022 to 31 January 2023

	Chief Executives Office	Corporate	Education	F&P	H.C.B.S.	Operational Services	PED'R	Social Policy
April	0	1	3	0	7	1	0	3
May	0	1	9	0	22	1	0	1
June	0	0	6	1	17	2	0	2
July	0	0	0	2	11	2	0	2
August	0	0	5	0	12	0	0	3
September	0	0	12	1	3	0	0	2
October	0	0	15	2	8	1	0	2
November	0	1	18	0	17	1	0	2
December	0	2	12	5	19	3	0	1
January	0	1	12	0	13	0	0	5
2022/23	**0**	**6**	**92**	**11**	**129**	**11**	**00**	**23**
2021/22	**0**	**2**	**79**	**2**	**134**	**8**	**0**	**29**

Cumulative Verbal Incidents by Service
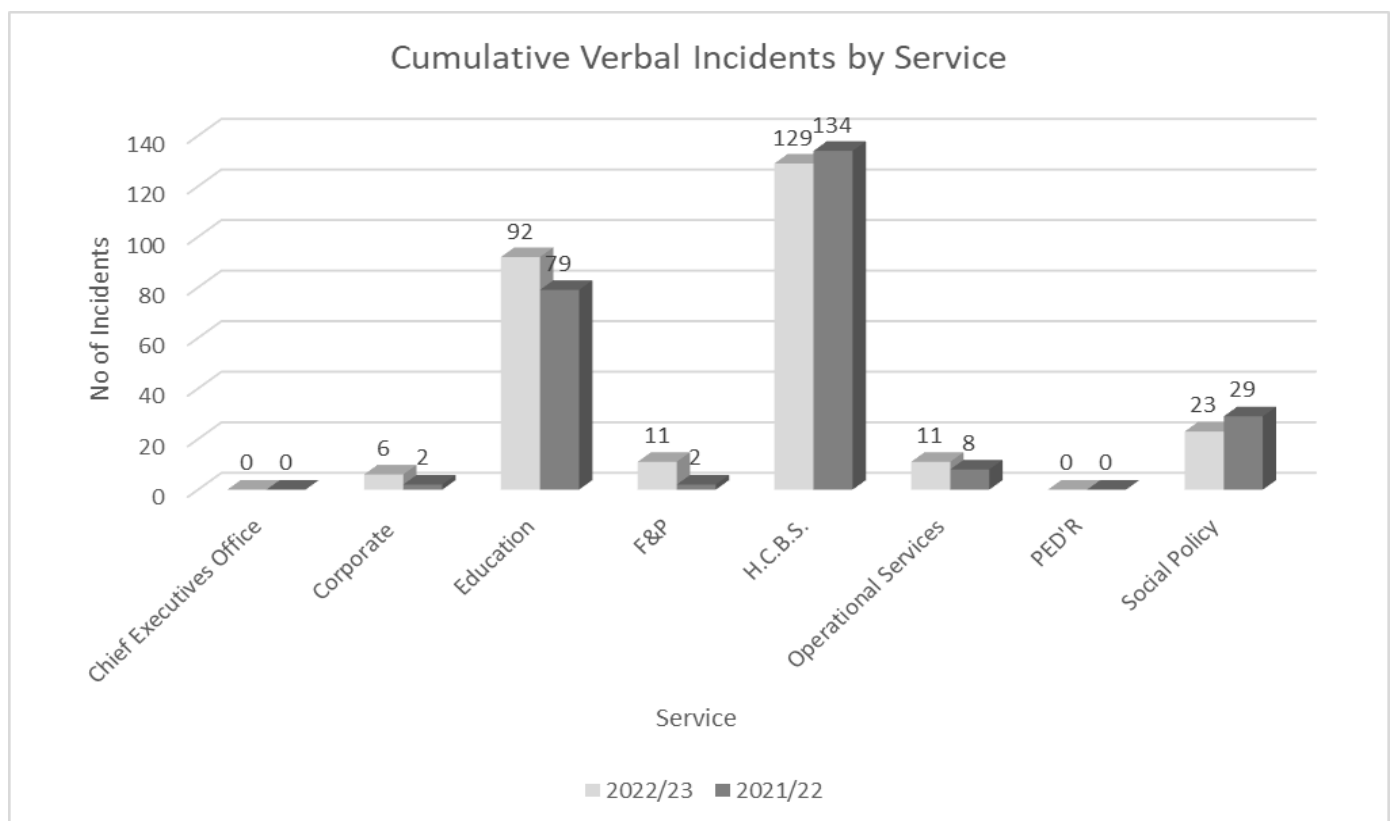
CUMULATIVE REPORTED PHYSICAL INCIDENTS – 1 April 2022 to 31 January 2023

	Chief Executives Office	Corporate	Education	F&P	H.C.B.S.	Operational Services	PED'R	Social Policy
April	0	0	17	0	0	0	0	3
May	0	0	58	0	3	0	0	5
June	0	0	40	0	1	0	0	4
July	0	0	10	0	0	0	0	2
August	0	0	59	0	1	0	0	5

3
Data Label: Internal Only

September	0	0	63	0	0	0	0	5
October	0	0	33	0	0	1	0	2
November	0	0	39	0	1	0	0	4
December	0	0	18	0	0	1	0	2
January	0	0	25	0	0	0	0	3
2022/23	**0**	**0**	**362**	**0**	**6**	**2**	**0**	**35**
2021/22	**0**	**0**	**438**	**0**	**0**	**1**	**0**	**32**

Cumulative Physical Incidents by Service
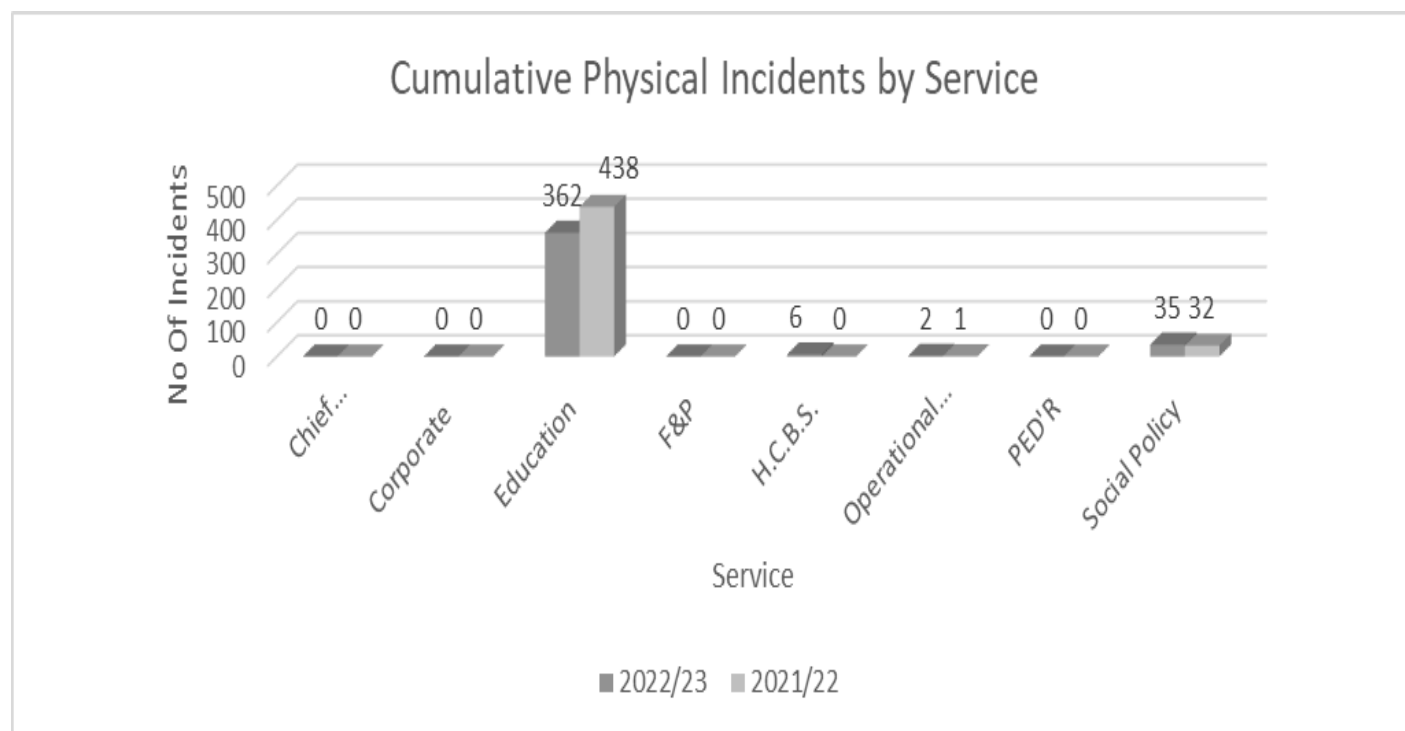
NEAR MISS INCIDENTS – 1 April 2022 to 31 January 2023

	Chief Executives Office	Corporate	Education	F&P	H.C.B.S.	Operational Services	PED'R	Social Policy
April	0	0	11	1	1	1	0	10
May	0	0	24	1	6	4	0	7
June	0	0	16	1	7	0	0	7
July	0	0	2	2	5	3	0	13
August	0	0	28	3	8	3	0	7
September	0	0	31	0	16	0	0	14
October	0	0	23	1	8	2	0	15
November	0	0	27	0	9	3	0	8
December	0	0	17	1	4	2	0	10
January	0	0	10	0	15	0	0	10
2022/23	**0**	**0**	**189**	**10**	**79**	**18**	**0**	**101**
2021/22	**0**	**0**	**227**	**9**	**47**	**30**	**0**	**74**

4
Data Label: Internal Only

Cumulative Near Miss Incidents by Service
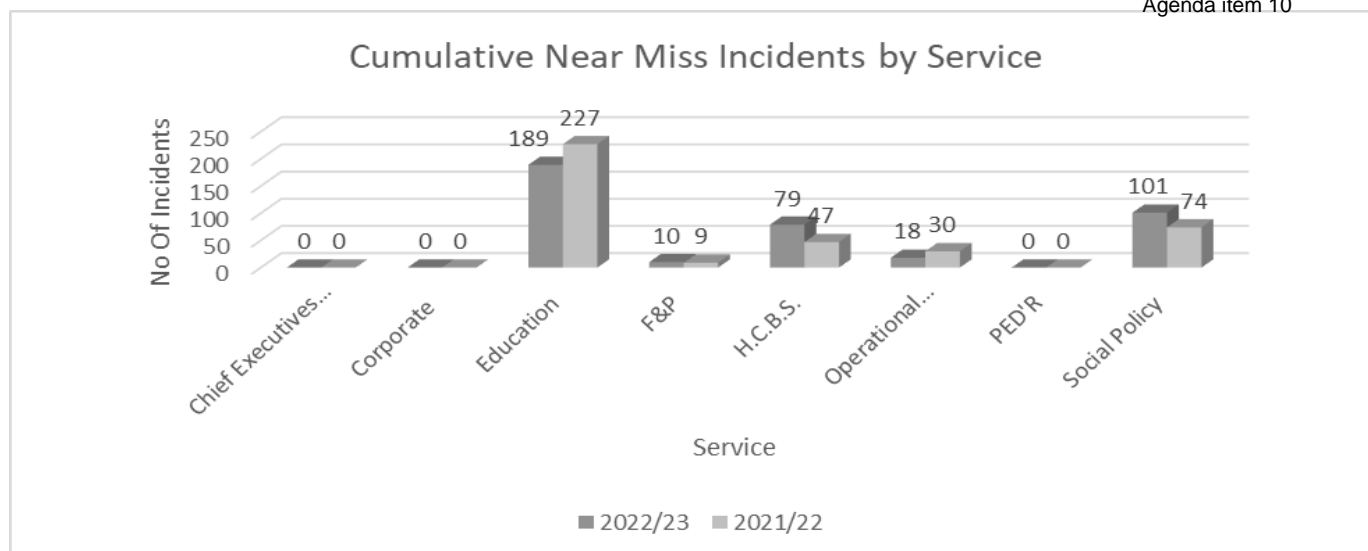
LONE WORKING DEVICE USAGE – January 2023

Service	Number of Live Devices	Number of Active Devices	% of devices used in month
Education	49	37	75.51%
Elected Members	8	1	12.50%
F&P	20	14	70.00%
HCBS	185	128	69.19%
Operational Services	39	20	51.28%
PED'R	3	0	0.00%
Social Policy	508	328	64.57%

EMPLOYERS LIABILITY INSURANCE PAYMENTS – **1 April 2022 to 31 January 2023**

Total number of closures for 1 April 2022 – 31 January 2023 was 21, at a total cost of £ 371,437.72.

Claims settled in this reporting period of December 2022 and January 2023 are detailed below.

Operational Services

Accident year	Location	Service	Detail	Injury	Payment	Other costs	Total Claim	Cause	Incident Description
2021-22	Whitburn	Facilities Management	Slip/trip	Sprain/strain	0	275	0	Tripped due to waste bags left on floor.	No fault
2021-22	Bathgate	Waste Management	Manual handling - Job	Sprains/strains	0	275	0	Moving refuse bins, injured shoulder.	No Fault
				Payments:	**0**	**550**	**0**		
				Recovery:	**-**	**-**	**-**		
				Net:	**0**	**550**	**0**		

5
Data Label: Internal Only

Education Services

Accident year	Location	Service	Detail	Injury	Payment	Other costs	Total Claim	Cause	Incident Description
2020-21	Armadale	Education Services	Slip/trip	Fracture	0	0	0	Tripped descending external steps, fractured arm.	No fault
			Payments:		**0**	**0**	**0**		
			Recovery:		**-**	**-**	**-**		
			Net:		**0**	**0**	**0**		

Social Policy

| Accident year	Location	Service	Detail	Injury	Payment	Other costs	Total Claim	Cause	Incident Description
2019-20	Livingston	Social Policy	Assault	Sprain/strain	12,500	12,018	24,518	Injured separating residents fighting.	Breach of statutory duty
			Payments:		**12,500**	**12,018**	**24,518**		
			Recovery:		**-**	**-**	**-**		
			Net:		**12,500**	**12,018**	**24,518**		

6
Data Label: Internal Only

GOVERNANCE AND RISK COMMITTEE

APPENDIX 2 HEALTH AND SAFETY STATISTICS

The following is a comparison across the years 2021, 2022 and 2023 for the period 1 April to the 31 January 2023 for Physical and Verbal incidents against all incidents within Education by group for each respective year.

Analysis of both Physical and Verbal Incidents by Pupils against Staff and other Pupils						
Period 1 April 2022 to the 31 January 2023	**2020-21**		**2021-22**		**2022-23**	
	Employee	**Pupil**	**Employee**	**Pupil**	**Employee**	**Pupil**
Inclusion and Wellbeing						
% incidents of physical + verbal against all incidents	58%	33%	9%	3%	6%	1%
Primary and Early Years						
% incidents of physical + verbal against all incidents	43%	15%	18%	8%	14%	5%
Secondary Schools						
% incidents of physical + verbal against all incidents	19%	5%	16%	5%	14%	4%
All Education						
% incidents of physical + verbal against all incidents	46%	20%	16%	7%	12%	4%

ALL RIDDOR Reportable Incidents 1 April to the 31 January 2023 within Education
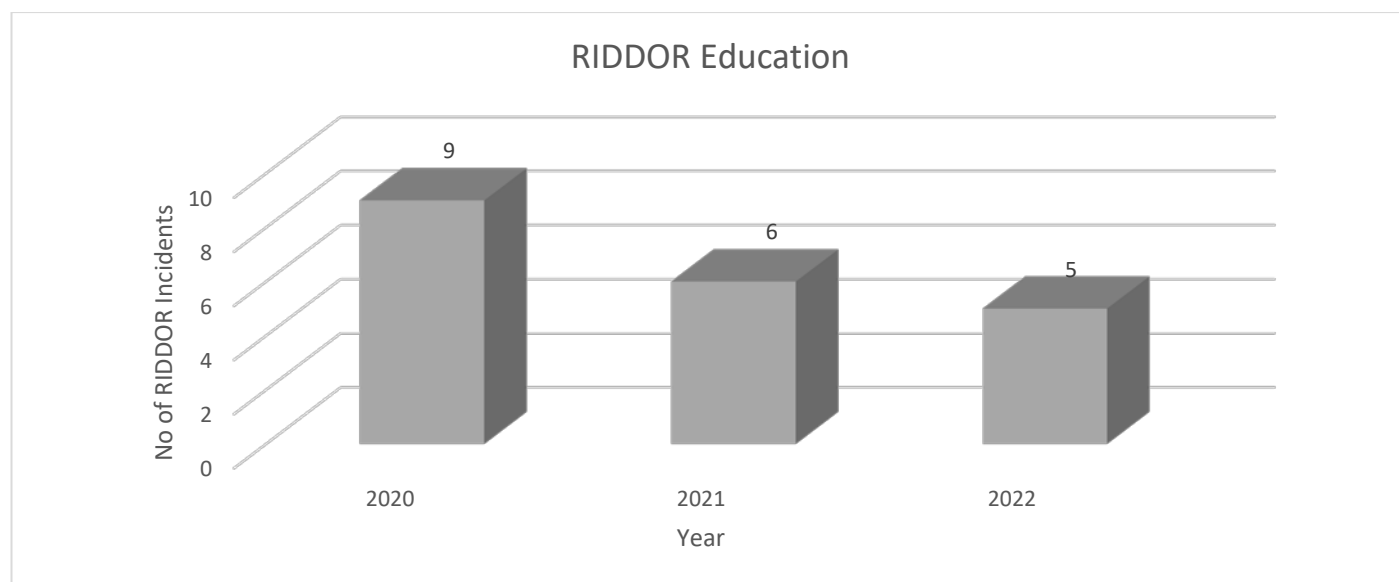
Incidents reported to the Health and Safety Executive under the RIDDOR regulations in Education Services in the reporting period of December 2022 and January 2023 are detailed below

1.   **Bathgate Academy** – An employee was exiting the dining room area pushing a musical instrument when they slipped and fell. The employee attended St John's Hospital where injuries to their coccyx were diagnosed. This resulted in a period of absence following the incident. An investigation was undertaken into the causes of the incident.

1

Incidents Investigated

Graphs show percentage of physical and verbal Incidents recorded for the period 1 April to the 31 January 2023 across 2020, 2021 and 2022 where an investigation has been completed on Sphera.

Inclusion and Wellbeing % investigated

Primary and Early Years % investigated

Secondary Schools % investigated

2

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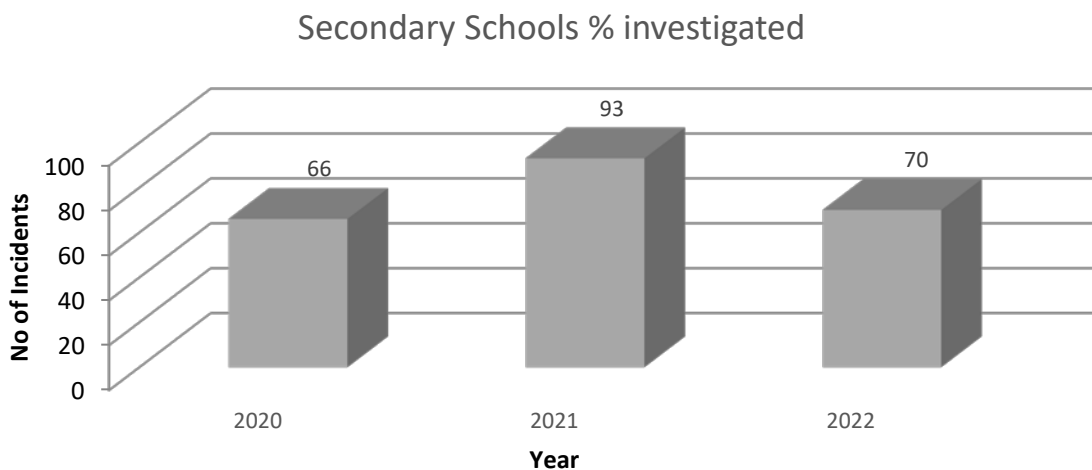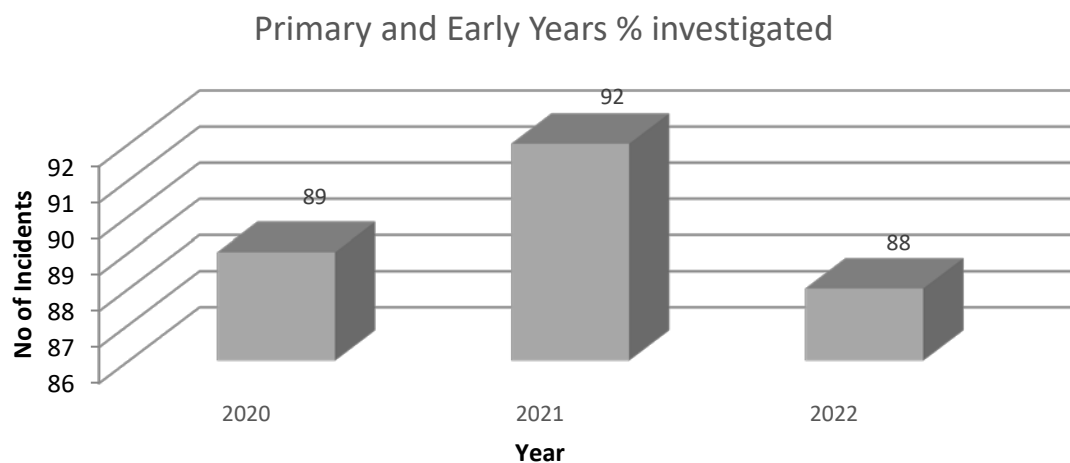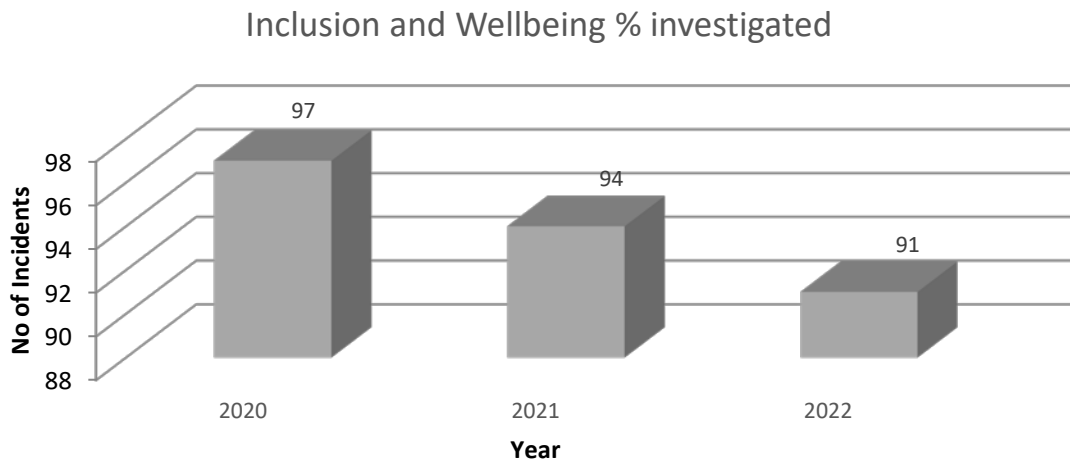
Comparison of Physical and Verbal incidents recorded on Sphera within Secondary Schools –
1 April to the 31 January 2021-22 and 2022-23.

Secondary Schools			
School Premise	**2021**	**2022**	**Difference in number of incidents reported over same period**
Armadale Academy PPP	1	10	+9
Bathgate Academy PPP	14	2	-12
Broxburn Academy PPP	5	5	No change
Deans Community High School	4	3	-1
Inveralmond Community High School	6	18	+12
Linlithgow Academy	3	2	-1
St Kentigern's Academy	11	1	-10
St Margaret's Academy	4	1	-3
The James Young Community High School	3	2	-1
West Calder High School	1	4	+3
Whitburn Academy PPP	5	4	-1
Winchburgh Academy	0	0	No change
Totals	**57**	**52**	**-5**

Education Services Risk Management

Greg Welsh, Head of Education (Primary, Early Learning and Resources)

Siobhan McGarty, Head of Education (Secondary, Community Learning and Inclusion)

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Overview

- Why Manage Risk?

- Corporate Arrangements

- Education Services Risk Review

- Service Risks

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Why Manage Risk?

- Risk is defined as the effect of uncertainty on our objectives
- We invest in risk management to reduce the likelihood and / or impact of risk events
- This provides assurance as to our ability to meet our objectives.

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Corporate Arrangements

- Risks are held in the corporate risk management system (Pentana)
- Risks are assessed as a score, being the combination of impact x likelihood
- Risks link to corporate objectives
- Risks include details of key controls and risk actions

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Service Risk Review

- Proactive approach involving monthly discussion at the Service Management Team
- A detailed report of the high risks is reviewed
- A summary report of all other service risks is reviewed
- Ad hoc reports are produced as necessary e.g. progress on risk actions

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Service Risk Review (2)

- Takes account of performance information and trends, external influences such as national policy developments and pay negotiations, and incident reporting data
- Takes account of health and safety incidents, individual school performance data, local monitoring information
- Evidenced by agendas, risk reports, action notes and post meeting correspondence

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Service Risk Review (3)

- Risks are dynamic and the review process results in new risks, amended risks, revised risk scores, and new risk actions

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Summary of Service Risks

Low	Medium	High
17	7	3

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High Risks

- ED002 Loss of education provision due to industrial action
- ED004 Mainstream Schools: physical or verbal incidences towards staff
- ED005 Additional Support Needs (ASN) schools and classes: physical or verbal incidences towards staff

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Medium Risks (1)

- ED014 Failure to achieve target progress and attainment levels for young people
- ED015 Inability to meet the learning needs for pupils with additional support needs (ASN) with West Lothian schools
- ED007 Work related stress for employees with Education Services
- ED029 Unauthorised access to a school
- ED032 Injury or death whilst using secondary school swimming facilities

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Medium Risks (2)

- ED021 Failure of schools to comply with the agreed school fund procedures
- ED006 Information Security Breach
- ED003 Loss of whole or part of a school building
- ED016 Eastertoun Nursery and Primary School: Restricted access routes for emergency services vehicles

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Conclusion

- Education Services has a robust approach to identifying and managing its risks
- Risks are regularly reviewed by the Service Management Team
- Review process is supported by extensive reports from the risk management system

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GOVERNANCE AND RISK COMMITTEE

RISK MANAGEMENT WITHIN EDUCATION SERVICES

REPORT BY HEAD OF EDUCATION (PRIMARY, EARLY LEARNING AND RESOURCES)

A. PURPOSE OF REPORT

To advise the Governance and Risk Committee of Education Services' risks and to inform the Committee of the approach to risk management taken by Education Services.

B. RECOMMENDATION

It is recommended that the Governance and Risk Committee considers the approach taken by Education Services to the management of risk.

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)**	Risk management is undertaken within existing staff resources.
VII	**Consideration at PDSP**	None.
VIII	**Other consultations**	Education Services Management Team
		HT Executive Group (representative group)

D. TERMS OF REPORT

In accordance with corporate requirements, Education Services maintains its risk register in the council's corporate risk management system, Pentana. The service's risks represent key risks to service objectives and are kept under continuous review.

Education Services currently has 27 risks which are summarised in appendix 1. Of these risks, three are considered to be high and these are set out in more detail in appendix 2.

1

The three high risks are as follows:

- ED002 Loss of education provision due to industrial action;
- ED004 Mainstream Schools: physical or verbal incidences towards staff;
- ED005 Additional Support Needs (ASN) schools and classes: physical or verbal incidences towards staff.

Risks are reported to the service management team on a monthly basis. Risks are regularly reviewed and evaluated, changes are made to the risks or their scores, and new risks are added, as considered necessary. In reviewing risks the service management team considers performance information and trends, external influences such as national policy developments and pay negotiations, and incident reporting data. The service management team also considers operational matters such as health and safety incidents, individual school performance data, local monitoring information. Any additional mitigating actions identified by the service management team during the monthly risk review are added to Pentana as risk actions.

There is a complete audit trail of the review process via the service management papers and the action notes produced, which are held in the council's records management system, Objective. Agreed changes to risks or risk actions are also evidenced in Pentana and where appropriate an explanatory note is added in Pentana.

E. CONCLUSION

Education Services has implemented a robust and proactive risk management process with the aim of ensuring that risks to the achievement of its objectives are timeously identified, correctly assessed and effectively mitigated.

F. BACKGROUND REFERENCES

None.

Appendices/Attachments: (1) Education Services Risks (2) Education Services High Risks (3)

Risk Assessment Methodology

Contact Person: Donna Adam, Strategic Resources Manager – donna.adam@westlothian.gov.uk Tel No. 01506 282279

Greg Welsh
Head of Education (Primary, Early Learning and Resources)

Date of meeting: 6 March 2023

2

GOVERNANCE & RISK COMMITTEE

WORKPLAN, 6 MARCH 2023

6 March 2023		
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	Lesley Henderson
Gallagher Bassett - Employers Liability Health Check Review	In line with previous practice, reporting advice from external advisers/claims handlers	Kenneth Ribbons, Kenneth Howley
Service presentations on management of risk – Education Services	Cycle of service presentations following approach approved at G&RC on 23 August 2021	Siobhan McGarty and Greg Welsh, supported by Kenneth Ribbons
Risk Management Annual Plan	Annual plan for committee approval	Kenneth Ribbons
Self-assessment questionnaire	Annual survey – agreement of questions and to proceed	James Millar
12 June 2023		
Corporate high risks	Standing item	Kenneth Ribbons and Donald Forrest
Health & Safety Statistics	Standing item – stats and issues underlying risk register	Lesley Henderson
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

1

Non-service risks - TBC	Reporting on risks in register but not allocated to specific service area (from G&RC meeting on 14 June 2021)	Risk owner, supported by Kenneth Ribbons TBC
Risk Management Annual Report	End-of-year report on completion on annual plan	Kenneth Ribbons
Service presentations on management of risk – TBC	Cycle of service presentations following approach approved at G&RC on 23 August 2021. Services all appeared by March 2023 – to be restarted?	Head of Service, supported by Kenneth Ribbons
FOISA/DPA risks and governance	Added to Work Plan by committee on 12 December 2023	Lesley Henderson/Carol Johnston, supported by Kenneth Ribbons
Autumn 2023, date to be confirmed		
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	Lesley Henderson
Service presentations on management of risk - TBC	Cycle of service presentations following approach approved at G&RC on 23 August 2021	Head of Service, supported by Kenneth Ribbons
Non-service risks - TBC	Reporting on risks in register but not allocated to specific service area (from G&RC meeting on 14 June 2021)	Risk owner, supported by Kenneth Ribbons
Self-assessment questionnaire	Reporting results of survey of members	James Millar
Winter 2023, date to be confirmed		
Corporate high risks	Standing item	Kenneth Ribbons and Donald Forrest
Health & Safety Statistics	Standing item – stats and issues underlying risk register	Lesley Henderson
Governance Issues – Progress Report	Bi-annual update on progress of work on governance issues	James Millar

2

	brought out through annual governance statement	
Service presentations on management of risk, TBC	Cycle of service presentations following approach approved at G&RC on 23 August 2021	Head of Service, supported by Kenneth Ribbons
Non-service risks, TBC	Reporting on risks in register but not allocated to specific service area (from G&RC meeting on 14 June 2021)	Risk owner, supported by Kenneth Ribbons
Insurance risks	Following report in January 2021, present as an annual report	Donald Forrest
Property compliance risks	Following report in January 2021, present as an annual report	Donald Forrest
IT risks	Introduced as an annual report, per recommendation by G&RB in February 2021	Lesley Henderson
Risk Management Strategy	Update on progress towards outcome sin corporate strategy	Donald Forrest and Kenneth Ribbons
Governance Aspects of Annual External Audit Report	Annual reference of external audit report for scrutiny on wider aspect audit following full council on 27 September	James Millar
Corporate Health & Safety Policy and Health & Safety Risks	Annual report agreed by G&RB in February 2022	Lesley Henderson, supported by Kenneth Ribbons

3