DATA LABEL: Public

West Lothian Council

Governance and Risk Committee

West Lothian Civic Centre
Howden South Road
LIVINGSTON
EH54 6FF

5 June 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 12 June 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 Monday 06 March 2023 (herewith)

Public Items for Decision

5.   Corporate Governance 2022/23 - Annual Governance Statement - Report by Governance Manager (herewith)

Public Items for Information

6.   High Risks - Report by Head of Finance and Property Services (herewith)

7.   Management of Health and Safety - Report by Head of Corporate Services (herewith)

8.   Internal Audit Annual Report - Report by Audit, Risk and Counter Fraud Manager (herewith)

9.   Risk Management Annual Report - Report by Head of Finance and Property Services (herewith)

10.   Information Governance - Report by Head of Corporate Services (herewith)

11.   Committee Self-Assessment Feedback 2022/23 - Report by Governance Manager (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 6 MARCH 2023.

Present – Councillors Damian Doran-Timson (Chair), Harry Cartmill, Lynda Kenna and Pauline Orr; and Ann Pike (Lay Member)

Absent – Danny Logue

In attendance - Graham Hope, Chief Executive; Donald Forrest, Head of Finance and Property Services; Lesley Henderson (Head of Corporate Services); Greg Welsh, Head of Education (Primary, Early Years and Resources); Craig McCorriston (Head of Planning, Economic Development and Regeneration); 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); Andy Johnston, Operational Services; Ralph Bell, Housing, Customer and Building Services and Laura Harris, Housing, Customer and Building Services

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 agenda items 05 (Risk Management Annual Plan) and 06 (Committee Self-Assessment) would be considered after agenda item 11 (Risk Management within Education Services).

3.   MINUTES

        The Committee confirmed the Minutes of its meeting held on held on 12 December 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 HCBS004 (Overspend of allocated Housing Need budgets) was discussed, particularly concerning the in-house Housing First Service, which signalled the end of Cyrenians external support provision. The committee were informed that an evaluation of the Housing First project had been undertaken and a mainstream service determined to be more efficient with a higher quality service. Meetings were planned with neighbouring local authorities, who also had in-house provision, to share

best practice and ensure a similar approach. There was confidence that the provision would remain high, if not higher than previously provided.

Discussion continued on the same risk with the timescales of the Housing First Service pilot queried and how its progress would be reported. In response, officers advised the pilot would end in March 2023 and that the resulting tasks and approach would be mainstreamed within the existing service. Progress on actions associated with the Rapid Rehousing Transition Plan (RRTP) was reported to both the RRTP Board and the Housing PDSP with an updated plan on progress, together with forthcoming actions, presented to Council Executive.

Responding to a question regarding the risk associated with the ability to deliver against the agreed strategies to address the budget gap, officers advised robust arrangements were in place and were subject to detailed, regular monitoring and oversight.

Moving on to risk CPU001 (Failure to manage the procurement plan), it was asked if there was any external inspection of the council's procurement systems and processes. The Head of Corporate Services confirmed arrangements were in place within the Procurement team to engage with both internal and external stakeholders. Information regarding specific external engagement would be sought and circulated to committee members.

Returning to the RRTP, officers were asked if there was any analysis on the effect of the homelessness reduction processes on those already on the waiting list for a council property or looking to move to a different-sized home. It was advised the actions within the RRTP focussed on preventing homelessness and creating the opportunity to access affordable social homes through other means. Careful consideration was also taken on the proportion of lets allocated to homeless people, to allow others to achieve social housing, without homelessness becoming the only route to access properties.

Risk EH006 (Food safety and public health impacts of food supply chain disruption) was then highlighted, with officers asked how transportation delays affected the quality of produce and what was done to alleviate these delays. Committee members were informed that, from a risk management perspective, this risk related to the supply of perishable food where delays could lead to the potential for food crime and possibly result in health issues. However, currently, it was considered to be a short-term concern and would be kept under review.

Risk ED002 (Loss of education provision due to industrial action) was also discussed concerning the control for management to maintain a good working relationship with teaching unions at a local level and whether this was being achieved. It was advised that good working relationships had been maintained with both teaching and non-teaching trade unions. Officers continued and informed committee members that earlier industrial action had taken place by different unions at different times although they had later aligned their days of action, which had led to school closures. However, the previous split in industrial action dates had allowed a level

of service provision for pupils with some secondary sector senior phase attendance and almost all primary education provision.

The discussion concluded with a query regarding the two deactivated risks and how such risks continued to be monitored. The committee were informed that deactivated risks were no longer visible on Pentana, the council's corporate risk management tool, however, they continued to be held on the system and could be reactivated if necessary.

It was recommended that the committee:

1. note the council's high risks; and

2. provide feedback to officers on the risks, controls and mitigating actions.

Decision

1. To note the contents of the report; and

2. To note the Head of Corporate Services undertook to circulate to committee members the arrangements in place for external engagement in procurement systems and processes.

5.   GALLAGHER BASSETT EMPLOYERS LIABILITY RISK MANAGEMENT HEALTH CHECK

The committee considered a report (copies of which had been circulated) by the Head of Finance and Property Services informing of the outcome of the Gallagher Bassett employers liability risk management health check.

In response to a question on how the 28 RIDDOR reported incidents in 2021/2022 compared to similar-sized local authorities figures, it was advised that a benchmarking exercise was being undertaken, the results of which would be shared with committee members on completion.

It was noted that in section 11 of the 'Risk Management Health Check,' the work detailed was behind schedule. The Health and Safety Manager informed committee members that, although the review of procedural documents and guidance was slightly behind schedule, the Corporate Health and Safety policy was up to date. The review date had been reassessed and was now due for completion towards the end of 2023. It was agreed that an update would be presented to the committee, at their meeting in December 2023, on both the progress of this review and the actions detailed within the Action Plan attached to the report.

It was recommended that the committee consider the Gallagher Bassett report attached as appendix one and the risk improvement action plan attached as appendix two to the report.

Decision

1. To note the contents of the report;

2. To note the Health and Safety Managers undertaking to share with committee members the outcome of local authority benchmarking exercises relating to the number of RIDDOR reported incidents; and

3. To agree that the actions taken regarding the review of procedural Health and Safety documents and guidance would be reported to the committee, together with an update on the actions contained in the Action Plan, at its meeting in December 2023.

6.   STRATEGIC 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 strategic risks.

The new risk WLC029 (West Lothian Leisure WLL - failure to prepare and agree a medium-term financial plan 2023/24 to 2027/28) was highlighted and officers provided an update, advising that West Lothian Leisure (WLL) was engaged in preparing plans and had since agreed a budget for 2023/24. The WLL Board were to meet soon and consider their budgets for 2024/25 and 2025/26, following which this risk could be lowered. It was noted, however, that should some elements of the plan require council approval, the lowering of the risk would likely take effect after the plan was agreed.

It was recommended that the committee note the council's strategic risks.

Decision

To note the contents of the report.

7.   MANAGEMENT OF HEALTH AND SAFETY

The committee considered a report (copies of which had been circulated) by the Head of Corporate Services presenting at their request and which was 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 table providing comparative figures for Secondary School physical and verbal incidents recorded on Sphera, during the periods 1 April to 31 January 2021-22 and 2022-23, was discussed, specifically, the increase for Armadale Academy. Members of the committee were informed Education Services undertook detailed analysis, across all schools, to identify trends and increases including the gathering of information, such as the nature of the incidents, the individuals involved and the

interventions put in place to mitigate similar occurrences. The large numbers of students and staff within Armadale Academy should be considered in order to put the reported figures into context.

Additional detail was requested for two categories within the 'Incidents by Cause' table. For the 'Slipped' category in particular, whether these incidents occurred indoors or outdoors and for the noted 'Assaults' where these had occurred. This information would be collated by the Health and Safety Manager with committee members updated accordingly.

Further information was also requested regarding the reported Social Policy breach of statutory duty incident, details of which would be sought by the Health and Safety Manager and circulated to members of the committee.

It was recommended that the committee note the contents of the report.

Decision

1. To note the contents of the report;

2. To note the Health and Safety Manager would provide committee members with further analysis on two categories within the 'Incidents by Cause' table; for the 'Slipped' category, the numbers that occurred indoors and outdoors and the locations for the 'Assaults' category; and

3. To note the Health and Safety Manager undertook to identify the nature of the reported Social Policy breach of statutory duty incident and circulate to committee members as appropriate.

8.　　RISK MANAGEMENT WITHIN EDUCATION SERVICES

The committee considered a report (copies of which had been circulated) by the Head of Education (Primary, Early Learning and Resources) advising of Education Services' risks and informing of the approach to risk management taken by Education Services.

It was noted that appendices were omitted when the report had been prepared and these had subsequently been circulated to members of the committee separately.

The report was accompanied by a presentation from the Head of Education (Primary, Early Learning and Resources) which included; an overview, why risk was managed, details of corporate arrangements, information on services risk review and a summary of Education Services risks detailing those categorised as high and medium. The Head of Education (Primary, Early Learning and Resources) expanded on these subjects before providing the committee with the opportunity to ask questions.

Officers were asked about the new compulsory Maybo training modules, introduced to all Education staff, to address the potential for violence

towards them. Committee members were informed that all staff had undertaken the initial training which was now an annual training requirement for all staff, agreed with trade unions and fully embedded.

It was recommended that the committee consider the approach taken by Education Services to the management of risk.

Decision

1. To note the appendices omitted from the report and circulated in advance of the meeting; and

2. To note the contents of the report and presentation.

9.   RISK MANAGEMENT PLAN 2023/24

The committee considered a report (copies of which had been circulated) by the Head of Finance and Property Services informing of the Risk Management Plan for 2023/24.

It was recommended that the committee approve the Risk Management Plan for 2023/24.

Decision

To agree the contents of the report.

10.   COMMITTEE SELF-ASSESSMENT 2022/23

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

In view of the likelihood that the Annual Governance Statement would include a section on the COVID-19 pandemic, it was agreed that the questions on this subject should remain, possibly for the last year, and all other questions would be unchanged.

The Lay Member suggested it would be beneficial to have some knowledge of what sat behind the questions in order to provide answers that would add value. The Governance Manager undertook to discuss management processes with the Lay Member to enable contextualisation of the self-assessment questions.

It was recommended that the committee:

1. 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; and

2. agree that the questions be circulated to all committee members

after the meeting with a view to the results being reported back to the committee on 12 June 2022.

<u>Decision</u>

1. To note the contents of the report;

2. To agree the circulation of questions to all committee members including those relating to COVID-19; and

3. To note the undertaking of the Governance Manager to discuss management processes with the Lay Member in order to put the questions into context.

11.   <u>WORKPLAN</u>

A copy of the workplan had been circulated for information.

The committee members were reminded by the Chair to contact himself or the Lead Officer should they wish any items to be considered for inclusion on the workplan.

<u>Decision</u>

1. To note the workplan; and

2. To add a report for the December 2023 meeting on the actions taken regarding the review of procedural Health and Safety documents and guidance together with an update on the actions contained in the Action Plan.

DATA LABEL: PUBLIC

West Lothian Council

GOVERNANCE & RISK COMMITTEE

CORPORATE GOVERNANCE 2022/23 – ANNUAL GOVERNANCE STATEMENT

REPORT BY GOVERNANCE MANAGER/MONITORING OFFICER

A.   PURPOSE OF REPORT

To present the draft annual governance statement for approval.

B.   RECOMMENDATIONS

1. To consider and note the information in the annual compliance statements, Local Code of Corporate Governance and progress on governance issues, in Appendices 2, 3 and 4 respectively

2. To note the conclusion and assurance that the council's corporate governance standards have been substantially met in 2022/23

3. To approve the annual governance statement in Appendix 1 which will form part of the council's accounts

4. To authorise officers to update the statement where appropriate to reflect changes in circumstances prior to its approval for signature in September 2023

5. To note that the table in Appendix 4 will be updated to reflect today's meeting and to incorporate the new issues identified for 2023/24, with progress reported to committee at its meeting in December 2023

C.   SUMMARY OF IMPLICATIONS

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

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

D. TERMS OF REPORT

1 Background

1.1 After considering the Audit Risk & Counter Fraud Manager's review of the system of internal control, this committee approves an annual governance statement, prepared by the Governance Manager, for inclusion in the council's accounts. The unaudited accounts are considered at Audit Committee and then submitted for audit and published for inspection and objection by the end of June. The auditor's report and the final accounts are then considered by council and approved for signature and publication before the end of September. The audit report is referred on to this committee and to Audit Committee for scrutiny of the parts within their remits.

1.2 The annual governance statement is informed by the review of the system of internal control; annual compliance statements; the updated Local Code of Corporate Governance; and work carried out to progress governance issues identified in previous years' reporting.

1.3 The system of internal control includes financial regulations; a system of management supervision, delegation and accountability; financial processes, procedures and regulations; a comprehensive budgeting and monitoring framework; risk management arrangements; and scrutiny of periodic and annual financial and operational performance reports. It is designed and reviewed to identify risks to the achievement of the council's objectives; to evaluate the likelihood of those risks occurring; to consider the potential impact of the risks; and to manage them effectively. It is covered in section 7 of the annual governance statement. It is reported separately at today's meeting.

1.4 The annual compliance statements are designed to give the council and the public assurance about the operation of a range of key corporate policies and procedures. They are drawn together by the Monitoring Officer but are based on information provided from senior officers on compliance within their service areas. They are in Appendix 2 and are covered in section 8 of the annual governance statement.

1.5 The Local Code of Corporate Governance accords with the CIPFA/SOLACE Framework (2016) and is built around seven over-arching principles of good governance. The Code is populated each year by assessing sources of evidence, looking at the approach, implementation, and arrangements to review approach and implementation. A very brief commentary and a RAG rating are added. The updated Code is in Appendix 3 and is referred to in section 6 of the annual governance statement.

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1.6   Since the current Code was adopted the issues identified each year in the annual governance statement are extracted and compiled to help monitor progress. They are reported to this committee alongside the draft annual governance statement and an interim report is made during the reporting year. The present position is shown in Appendix 4 and the progress made during the reporting year is in section 14 of the annual governance statement.

2   Annual governance statement

2.1   The draft statement for this reporting year is in Appendix 1. There is no statutory form or content but legislation requires it to be in accordance with proper practices in relation to internal control. That requirement is satisfied by preparing it in accordance with the 2016 Framework and Guidance. The format and content are as they have been since the present Code was adopted. Last year's external audit report again stated that the annual governance statement was consistent with the governance framework, guidance, and key findings from relevant audit activity.

2.2   Some of the criteria from the Framework against which the annual statement may be assessed are:-

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

2.3   Based on the sources and evidence described, the conclusion and assurance in the annual governance statement are that the council and the West Lothian community can be assured that the council's corporate governance standards continue to have been substantially met in 2022/23.

3   Going forward

3.1   After the period allowed for inspection and objection expires the annual accounts will be presented for audit and then approval at council in September. The annual governance statement will be part of that process. A summary report on corporate governance in 2022/23 will be considered at the same council meeting.

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3.2   Guidance says that the annual governance statement should be accurate as far as possible at the date of its publication. It may be that circumstances in relation to the content of the statement will change between now and the council meeting in September. Delegated authority is therefore sought to allow for that eventuality. Any significant changes will be highlighted to committee when it considers the external audit report in the autumn.

3.3   The table of governance issues in Appendix 4 will be adjusted to reflect committee's views today. The additional areas indicated in the annual governance statement will be added. An interim report will be brought to the committee meeting in December 2023.

E.   CONCLUSION

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

F.   BACKGROUND REFERENCES

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

2   Governance & Risk Committee, 13 June 2022 and 12 December 2022

3   West Lothian Council, 27 September 2022

Appendices/Attachments: 1. Annual governance statement

                                      2. Annual compliance statements

                                      3. Local Code of Corporate Governance

                                      4. Progress report on governance issues

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

Date of meeting: 12 June 2023

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APPENDIX 1

ANNUAL GOVERNANCE STATEMENT 2022/23

1.   Introduction

1.1   The corporate governance framework comprises the systems, processes, culture and values by which the council is directed and controlled and by which it engages with and is accountable to the West Lothian community. The council's governing bodies (full council and committees), individual councillors and members of staff must try to achieve its objectives while acting in the public interest at all times. That implies primary consideration of the benefits for society, which should result in positive outcomes for stakeholders.

1.2   The council, through all of its members, has overall responsibility for good governance arrangements. In practice, the council entrusts the delivery of those tasks to committees and to appropriate council officers but subject to monitoring and scrutiny arrangements, including receiving evidence-based assurance on the governance framework's effectiveness and completeness.

1.3   The council's Corporate Plan 2018/19 to 2022/23 cemented the place of corporate governance as an "enabler". Along with risk management, financial planning and modernisation/improvement it is an essential back-office corporate service necessary to assist setting goals and priorities, monitoring achievement and reporting corporate priorities and outcomes. The Corporate Plan acknowledged the wide understanding that good governance promotes good decisions.

1.4   The statement is presented in these sections: -

1. Introduction
2. Executive summary and assurance
3. Political structure and administration
4. Management structure
5. Decision-making and scrutiny arrangements
6. Local Code of Corporate Governance
7. Annual internal audit opinion
8. Annual compliance statements
9. Audit Committee
10. Governance & Risk Committee
11. Other internal scrutiny arrangements
12. Officer roles and activity
13. External scrutiny
14. Past and current governance issues
15. Governance issues ahead
16. Conclusion and assurance

1.5   In accordance with Chartered Institute of Public Finance and Accountancy (CIPFA) guidance, recent years' statements have included a separate section on the impact of the COVID-19 pandemic on governance. That guidance has not been repeated this year. The external auditor commented positively in its annual report for 2021/22 on governance arrangements during and after the pandemic. On 26 September 2022, Governance & Risk Committee considered a report about the council's governance arrangements during the pandemic in the context of the Improvement Service and the University of St Andrews work entitled "Good governance during COVID-19: learning from the experience of Scottish Local Authorities". Members were satisfied with the report and did not recommend that any actions should be taken. The COVID-19 section has not therefore been included but reference to COVID consequences is made throughout the statement where relevant.

APPENDIX 1

1.6 Similarly, adoption of and compliance with the CIPFA Financial Management Code (2019) has featured in recent years' statements as a separate section. The council adopted the Code in February 2021 with the target of full compliance for the reporting year 2021/22. A list of actions was identified and agreed to secure full compliance, duly achieved in that reporting year. The external auditor reviewed the council's response to the action plan in its report for 2021/11. The report said that the auditor was comfortable that necessary action had been taken and the council continued to be compliant with the code. They concluded that the council had demonstrated a strong level of compliance with the Code on its implementation for 2021/22. Last year's annual governance statement confirmed that all actions were compete and that the council was fully compliant. Ongoing compliance has therefore been incorporated into the evidence assessed through the Local Code of Corporate Governance. A separate section no longer appears in this statement.

2.   Executive summary and assurance

2.1   The conclusion and assurance in this statement is based on: -
- the annual internal audit opinion by the Audit Risk & Counter Fraud Manager on the effectiveness of the framework of governance, risk management and control
- annual compliance statements and stand-alone reports in relation to significant statutory regimes and corporate policies and procedures
- the newly-populated evidence-based Local Code of Corporate Governance
- the progress made in the reporting year on areas of governance concern

2.2   There are inevitably issues on which future work is required, but, based on the sources and evidence described in this statement, the council and the West Lothian community can be assured that the council's corporate governance standards continue to have been substantially met in 2022/23.

3.   Political structure and administration

3.1   West Lothian Council has nine electoral wards and 33 councillors. The five-yearly local government elections took place in May 2022 and a local by election took place in December 2022. At the end of the reporting year the 33 councillors were made up of 15 SNP members, 12 Labour members, four Conservative members, one Liberal Democrat member, and one Independent member. A minority Labour administration was established and political leadership positions were filled in May and June 2022. The committee structure in place before the elections was continued, but with changes to political composition and a reduction in numbers and realignment of the remits of Executive Councillors and their Policy Development & Scrutiny Panels (PDSPs).

3.2   The leadership positions comprised the Provost (and Depute), the Council Leader (and Depute), six Executive Councillors (portfolio holders in relation to council services) and chairs and vice-chairs of other committees. Senior councillor payments were agreed in June 2022 and renewed in March 2023. The statutory annual report for 2022/23 on elected members' remuneration, allowances, expenses and training was reported to Council Executive on 23 May 2023.

4.   Management structure

4.1   The council's services are managed through its Executive Management Team (EMT) (Chief Executive, three Depute Chief Executives and the Head of Finance & Property Services). Those officers and seven Heads of Service and the Governance Manager form the Corporate Management Team (CMT). Interim appointments made in 2021/22 of Head of Housing, Customer & Building Services and Head of Corporate Services remain in place. An interim

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APPENDIX 1

appointment was also made in May 2023 to the post of Head of Finance & Property Services (the council's Chief Finance Officer) which is to become vacant due to retirement in August 2023. The Governance Manager's interim appointment as Monitoring Officer was made permanent by committee in February 2023. Each service has a Senior Management Team and other service managers, team leaders and teams within its structure, as set out in Management Plans presented to PDSP each year.

4.2   The service management structure is as follows.

==MANAGEMENT STRUCTURE CHART AS AT TODAY'S DATE TO BE INSERTED HERE==

https://westlothian.gov.uk/media/2959/Council-Structure-Chart/pdf/Service-Areas-May-2023.pdf?m=638193945461400000

4.3   The council in February 2018 established a Corporate Transformation Team, made up of senior council officers seconded from across its service areas and managed by a Depute Chief Executive. The team's contribution and structure were reviewed and in 2019/20 it was embedded in the council's management arrangements, with permanent appointments made, to help take forward the ongoing digital and other transformation of council services and delivery of budget reduction measures. After a temporary reinvention as the COVID-19 Resilience Team, it resumed its original remit. It will play a significant role in delivering on budget savings, transformation projects, and supporting delivery on the corporate strategies to be developed to underpin the new five-year Corporate Plan approved at full council on 30 May 2023.

4.4   Internal cross-service working amongst officers is enabled by a network of Executive Boards, Project Boards and Working Groups. They have defined remits and membership from appropriate service areas and staff grades across the council. They are added to on an *ad hoc* basis when required. A survey of members of these internal boards and working groups was carried out in 2021/22. Its findings were reported to the boards and improvement actions implemented. The structure and remits of the boards and working groups will be reviewed again in 2022/23 to ensure they service the new outcomes and priorities in the new Corporate Plan.

5.   Decision-making and scrutiny arrangements

5.1   The council has a well-established framework of committees and working groups set out in its Scheme of Administration. It remained largely untouched after the elections in May 2022 but with the political make-up adjusted. The number of PDSPs was reduced from nine to seven and their remits updated and realigned. The committee structure is supported by a complementary and statutory Scheme of Delegations to Officers which sets out the responsibilities and decision-making powers which officers may exercise without recourse to elected members. That is updated every three months to reflect new and changed delegations agreed by council and its committees.

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5.2   There are two main policy and decision-making committees (Council Executive and Education Executive). Proposed policy decisions are considered before committee decision-making at one of the seven PDSPs. There are a number of scrutiny, regulatory and appeals committees in the structure. There is one local area committee for each ward to help focus ward issues and provide a link from local areas and concerns to the decision-making function at the corporate centre. Scrutiny is carried out through Audit Committee, Governance & Risk Committee, Performance Committee, Education (Quality Assurance) Committee, West Lothian Leisure Advisory Committee and the seven PDSPs. Full council meets every 8 weeks to deal with reserved matters and political debate and scrutiny. Council established two less formal cross-party working groups in 2022 and 2023, sitting outside the formal arrangements recorded in the Scheme of Administration. They were established to consider and make recommendations to committee or council about the barriers related to the Equality Act's protected characteristics to participation as elected members, equality aspects of the Scottish Government's National Planning Framework 4, and potential solutions to homelessness problems through the use of modular housing units. Recommendations on the first of those three areas of work were accepted by Council Executive and work continues on the other two.

<mark>COMMITTEE STRUCTURE CHART TO BE INSERTED HERE</mark>

https://westlothian.gov.uk/media/3580/West-Lothian-Council-Decision-Making-Structure/pdf/Committee_Structure_Diagram_June_2022.pdf?m=638112759004170000

5.3   Standing Orders for the Regulation of Meetings and the Scheme of Administration can only be changed at a meeting of full council on notice being given. That helps ensure stability, continuity and careful consideration of proposed changes. A substantial investment had been made in 2021/22 in equipment to enable hybrid meeting arrangements and the live audio-visual webcasting and recording of meetings. Standing Orders had been updated in that year in anticipation of rolling out the new arrangements. They went live in August 2022 after a substantial programme of training and induction for members and officers alike. Members of the public may observe meetings physically or online and may participate, where appropriate, in the same ways. A substantial and growing library of recordings is available online.

6.   Local Code of Corporate Governance

6.1   The council's governance arrangements are monitored, reviewed and reported under a Framework and Guidance for Scotland called "Delivering Good Governance in Local Government", produced by CIPFA/SOLACE in 2016. The current Local Code of Corporate Governance was adopted in April 2018. Its operation is considered each year by officers and members through the process of reporting on corporate governance and is scheduled for a full review in the current administrative term.

6.2   The Code adopts the seven over-arching principles from the Framework:-

- Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law
- Ensuring openness and comprehensive stakeholder engagement
- Defining outcomes in terms of sustainable economic, social, and environmental benefits
- Determining the interventions necessary to optimise the achievement of the intended outcomes
- Developing the council's capacity, including the capability of its leadership and the individuals within it

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- Managing risks and performance through robust internal control and strong public financial management
- Implementing good practices in transparency, reporting, and audit to deliver effective accountability

6.3 Each of those principles is broken down into sub-principles and then into a hierarchy of separate elements to allow a more focused approach to the evidence-based components of each. The diagram below shows the seven principles and their interaction, and a list for each of them of the most significant sources of evidence used to establish corporate governance compliance each year.

GOVERNANCE PRINCIPLES DIAGRAM TO BE INSERTED HERE

https://westlothian.gov.uk/media/45861/The-Governance-Principles-Diagram/pdf/Governance_Principles_Diagram.pdf?m=637402488053170000

6.4 These sources of evidence and the product of scrutiny arrangements are used to assess compliance and performance over the year to determine whether the council exceeds, meets or fails to meet the required standards. Areas of concern are picked out, actions are identified and allocated, and progress is monitored through officer oversight and the Governance & Risk Committee.

6.5 The Code is used to inform the drafting and approval of the annual governance statement through the Governance & Risk Board, Corporate Management Team and Governance & Risk Committee. It is reported on in detail to Governance & Risk Committee when it approves the annual governance statement in June each year. It is then summarised in a report to full council after the summer recess, to the same meeting as the annual report by the external auditor and the council's annual accounts. Deficiencies are identified and reported and are translated into actions which are monitored throughout the following reporting year by Governance & Risk Board and Governance & Risk Committee.

6.6 Compliance in 2022/23 with the standards in the Code remains high. Under a red/amber/green assessment system there are no "red" scores. A small number will require attention in the coming year to avoid them slipping into the red category. There are 223 standards out of 258 assessed as "green", representing 86% of the total entries. Comparable figures from previous years for green scores under the same assessment process were 79%, 81%, 84%, 84% and 85% (last year).

7   Annual internal audit opinion

7.1 A significant element in the council's governance arrangements is the system of internal control. That is designed and reviewed to identify risks to the achievement of the council's objectives; to evaluate the likelihood of those risks occurring; to consider the potential impact of the risks; and to manage them effectively. It includes financial regulations and a system of management supervision, delegation and accountability, supported by regular information, administrative procedures and segregation of duties. Its key elements include an internal control framework relating to financial processes, procedures and regulations; a comprehensive budgeting and monitoring framework; scrutiny of periodic and annual financial and operational performance reports; performance management information; and project management disciplines.

7.2 As required under statutory regulations and the Public Sector Internal Audit Standards (PSIAS), the Audit Risk & Counter Fraud Manager in his role as "chief audit executive" provides an annual opinion to members on the adequacy and effectiveness of the framework of governance, risk management and control. That opinion precedes and informs this statutory annual governance statement. That in turn requires approval by the council through the Governance & Risk Committee before incorporation into the audited annual accounts and financial statements.

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7.3   Following his review for 2022/23, to be reported to Governance & Risk Committee and Audit Committee in June 2023, his conclusion and assurance to members are that the framework of governance, risk management and control is sound. That conclusion was based on internal audit and counter fraud work carried out during the year and had regard to the work of the Governance & Risk Board, an officer group which has oversight of risk and governance arrangements. No areas were identified where control was considered to be unsound. Where improvements were required actions were agreed with managers. Recommendations and actions ranked as being of high importance were logged as risk actions for progress to be monitored and reported back to committee. Actions ranked as of medium importance are followed up separately. The conclusions and assurances from his reports were accepted by committee.

8   Annual Compliance Statements

8.1   The council's Monitoring Officer arranges the production of annual compliance statements which sit alongside the Code and also inform the drafting and approval of this annual governance statement. They deal with compliance with the law and significant legal and regulatory regimes, and with the council's most important corporate policies and procedures. They are prepared after consultation with services and senior officers and take into account oversight by external regulatory and inspection bodies. They are signed by the responsible senior officer. They are designed to bring to the attention of elected members and the public any incidents of non-compliance which are significant to the council's operations and which may not have been reported elsewhere. The statements identify significant developments, issues of concern and issues to be addressed going forward.

8.2   In previous years, compliance statements were not produced for some of those regimes where arrangements were in place for separate stand-alone reporting at different times of the year. That applied to the Councillors' Code of Conduct, Freedom of Information/Data Protection (Information Governance), and on the use of the Regulation of Investigatory Powers (Scotland) Act 2000. The production of compliance statements for those areas has been reinstated so that there is in the one place and at the one time a full suite of statements reported which can be relied on in assessing compliance.

8.3   A new compliance statement was to have been added this year, in relation to statutory anti-terrorism duties. The duty to address radicalisation (known as "the prevent duty") is already in place. A new duty known as "the protect duty" is being rolled out through new legislation which is expected to introduce the requirement for an annual assurance statement. The production of an annual compliance statement has been deferred until next year when it is anticipated the new statutory rules will be in place.

8.4   The 13 statements cover the following areas of activity:-

- Best Value Framework - Head of Finance & Property Services
- Councillors' Code of Conduct - Monitoring Officer
- Discipline and Grievances - Head of Corporate Services
- Employee Whistleblowing - Head of Corporate Services
- Fraud and Corruption - Head of Finance & Property Services
- Information Governance – Head of Corporate Services
- Information Security - Head of Corporate Services
- Occupational Health & Safety - Head of Corporate Services
- Procurement - Head of Corporate Services
- Protection of Vulnerable Groups - Head of Corporate Services

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- Public Sector Equality Duty - Head of Corporate Services
- Regulation of Investigatory Powers (RIPSA) – Depute Chief Executive (Corporate, Operational and Housing Services)
- Breaches of the Law - Monitoring Officer

8.5   Areas of concern covered in the compliance statements are assessed and taken into account in the assessment of evidence in the Local Code of Corporate Governance. They may lead to inclusion in the list of governance issues to be addressed in the next reporting year. The statement by the Monitoring Officer is particularly important. The Monitoring Officer holds a statutory post and is responsible for ensuring the council's compliance with its statutory duties and responsibilities and for reporting on and addressing any breaches of the law which are significant to the operation of the council.

8.6   The Monitoring Officer secured information from service managers and consulted with the Corporate Management Team, the Chief Solicitor and the Audit, Risk and Counter Fraud Manager. His opinion is that there have been no material or significant breaches of the law by the council in 2022/23 which have or will have a material or significant impact on the operations of the council. He has certified that the council is complying in all material respects with its statutory obligations.

8.7   He did identify a number of instances where improvements to the council's compliance with legislation were required. Although they are of concern, none of those breaches was considered to present significant risk to the continuing operation and effective delivery of council services and control. Not all breaches are material to the council's operations or its finances. The most notable are summarised as follows: -

- The continuing failure to meet the statutory deadline for review of the Integration Scheme relating to the delegation of health and care functions to the West Lothian Integration Joint Board. That review was progressed 2022/23, although delays arose on the part of the Scottish Government in giving their approval. That has now been rectified with the revised Scheme approved on 15 May 2023

- The Housing Need Service again breached the "interim duty" in the Homeless Persons (Unsuitable Accommodation) (Scotland) Order 2004, by using bed and breakfast and hotel accommodation on over 500 occasions until compliant temporary accommodation was provided. The cause was again a shortage of temporary accommodation. Remedial measures continue to be deployed

- The council was required by law to establish a Short Term Lets Scheme to regulate the use of dwelling houses for guests in the course of a business. The statutory deadline in October 2022 for implementing the Scheme was missed. It was approved through Council Executive in December 2022. The first competent application was not made until January 2023

- Issues were identified in the process followed for the appointment of the Data Protection Officer in relation to consideration and evidencing consideration of statutory requirements and conditions. The issues were rectified through Council Executive on 23 February 2023. The role is now defined in the Scheme of Delegations and further improvements are being pursued in parallel with the review of Information Governance

9   Audit Committee

9.1   Audit Committee operates in compliance with the Public Sector Internal Audit Standards (PSIAS). It undertakes a corporate overview of the council's control environment, develops an anti-fraud culture to ensure the highest standards of probity and public accountability, and

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evaluates the arrangements in place for securing the economical, efficient and effective management of resources. It considers an annual review of the overall adequacy and effectiveness of the council's control framework. It monitors the independence and effectiveness of the Audit, Risk & Counter Fraud Unit. The organisational status and independence of internal audit is set out in the Internal Audit Charter. An external assessment of its compliance with PSIAS was carried out in 2022/23 and reported to Audit Committee in January 2023. It was found to fully conform in 12 of 14 areas of assessment and to generally conform in the remaining two. The Chair of the committee must be appointed from councillors who are not in the ruling administration political group. The majority of members are from outwith that group. The committee includes one non-councillor member recruited for a three-year tenure to bring a different perspective and expertise to the work of the committee. The non-councillor member's appointment was renewed in March 2023 for a further three-year period.

9.2   The committee meets four times each year. It operates through an annual work plan approved by the committee. It carries out an annual self-assessment exercise to identify improvements in its operation that might be made. The outcome of internal audit and counter-fraud investigations judged to be significant are reported. Reports are presented and considered in public unless there is clear legal justification for excluding the public. They express an opinion as to whether control is effective, satisfactory, requires improvement or unsound. Eight planned audits were completed with five in draft form at the year end and two others in progress. Two audits were carried forward to 2023/24. Six internal audits (asbestos management, legionella management, winter maintenance, vehicle and driver checks, school funds and medium-term financial strategy) and two counter fraud investigations (bank mandate and theft from school premises) were reported to Audit Committee. No areas were identified where control was considered to be unsound. Findings from audit and inspection reports ranked as of high importance are entered into the council's risk management system as risk actions. Risk actions arising from internal audit and other audit and inspection findings which are of high importance and remain outstanding after their target dates are reported to the Governance & Risk Board during the year and to the Audit Committee twice yearly. By the end of the reporting year there were three such risk actions which were due for completion by that date but had not been completed. The up-to-date position will be confirmed at Audit Committee on 27 June 2023. Those issues feed into the annual review of the system of internal control and so into this statement.

9.3   The committee also deals with reports from the council's external auditor. It receives the External Audit Annual Plan in March each year which informs the council of the audit work to be undertaken in the course of the year. The external auditor's annual report on the council's accounts and the council's financial statements are referred to the Governance & Risk Committee and Audit Committee by council after it approves the audited accounts for signature in September each year. Any actions identified are noted and are followed up through periodic reporting to committee on progress or completion.

9.4   The committee also considers reports issued by the Accounts Commission and/or Audit Scotland in relation to the council or local government as a whole. It can consider those reports from the councillors' perspective and recommend any action which it considers should be taken in response.

10   Governance & Risk Committee

10.1   The committee takes a corporate overview of the council's corporate governance and risk management arrangements, develops a culture of good corporate governance and risk awareness, and reviews the council's strategy and systems for the management of risk. It considers regular reports from the Governance Manager and the Audit, Risk & Counter Fraud

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Manager. Other reports are brought forward by other senior officers as requested by the committee through its work plan. It can consider external reports relevant to its remit.

10.2 The committee meets at least four times each year. It operates through a work plan presented to and updated after every meeting. The Chair of the committee must be drawn from members who are not in the ruling administration political group. The majority of members are from outwith that group. It carries out an annual self-assessment exercise to identify improvement that might be made in its operations. It receives reports from services on their risk management arrangements. It considers report at every meeting on the council's high risks and on health and safety incident reporting, and at every second meeting on strategic risks. It examines *ad hoc* risk and governance issues, such as cyber-security risks and business continuity planning. It considers risk reports from the council's external risk advisers. It is charged with approving the annual governance statement after considering the findings of the annual review of the system of internal control. It monitors progress against governance areas of concern.

10.3 In March 2020 its membership was formally expanded to include a non-councillor member to bring a different perspective to the work of the committee. An appointment to that position was made at the same time although induction and participation were delayed by the Covid-19 emergency until June 2020. The position fell vacant in March 2021 but was filled again in September 2021 for a three-year period.

11 Other internal scrutiny arrangements

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

11.2 PDSPs are working groups of members and representatives from external community bodies. Their number was reduced and their remits update and realigned following the local government elections in May 2022. Their scrutiny role involves considering quarterly performance reports from the service areas included in their remit. Members and external representatives are able to question officers on service performance and failures and make recommendations to them about improvement actions. Members receive information on both service and financial performance measured against agreed indicators and outcomes. In 2022/23 PDSPs also considered revenue budget savings measures being reported to council in February 2023 and the responses to the public consultation carried out in 2022 on those savings measures and on the council's priorities for the next five years.

11.3 Performance Committee is established to consider the performance of service units against the council's performance appraisal system, the West Lothian Assessment Model (WLAM). Its Chair is from outwith the ruling administration group. It receives written reports presented at public committee meetings by senior service managers and can question them and make recommendations to them about improvement actions. The committee also scrutinises quarterly and annual reports on the council's complaints handling policy and performance. It considers Factfile, the main vehicle for external performance reporting, each year prior to publication. It considers the results of the local authority benchmarking review carried out annually in conjunction with the Improvement Service. In addition to performance reporting to members, management teams routinely monitor their performance through Pentana, utilising the high-level performance indicators and service standards which are reported publicly as well as lower level management perfformance indicators. Services are divided into WLAM units which report on an agreed cycle to a panel chaired by the Chief Executive. It considers the evidence presented and allocates a score. The service unit then proceeds to report to the

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Performance Committee. The WLAM programme was reviewed in 2021/22 and a new approach is being implemented across the council in 2022/23. A report on progress on the updated programme was presented to the committee on 10 May 2023.

11.4 The Education (Quality Assurance) Committee carries out a scrutiny role solely in relation to internal and external assessment and inspection reports of educational establishments. Its Chair is from outwith the ruling administration group. The committee includes non-councillor members appointed by the council in relation to its education function. Representatives from the relevant school's Parent Council are invited to attend and take part in the committee's meetings, as is the establishment's Head Teacher. It provides a dedicated and specialised forum for scrutiny of performance in education establishments.

11.5 Leisure and culture services are delivered almost entirely through an arms' length external organisation called West Lothian Leisure Ltd. The council is its sole shareholder. Taking into account best practice, there is a dedicated advisory committee called the West Lothian Leisure Advisory Committee, attended by senior officers of both council and West Lothian Leisure, where scrutiny of service and financial performance is carried out. A review is ongoing of the relationship between the council and West Lothian Leisure, a best practice requirement reflected in the council's Scheme of Administration. The review has been caught up in dealing with financial problems facing West Lothian Leisure, reported to Council Executive on 9 and 23 May 2023. Its conclusion is overdue but is expected to report in 2023/24.

12   Significant officer roles

12.1 The council is required by law to appoint an officer to be its Head of Paid Service. The statutory duties of the post are to co-ordinate the discharge of the council's functions, to determine the number and grades of staff required, and to appoint, manage and organise its staff. The Head of Paid Service has both a power and a duty to make a statutory report to full council where considered appropriate. The law does not require specific qualifications but they are expected to have appropriate standing, leadership, communication and interpersonal skills, and qualities of integrity and impartiality in order to deliver the objectives of the post. The statutory responsibilities and duties of the post point to the post-holder being at the highest level of senior management. The Chief Executive holds this position. The statutory role description in the Scheme of Delegations was revised and approved in an amended form in February 2023.

12.2 Legislation requires the council to appoint a Chief Financial Officer. That role is to be performed conform to the governance requirements of the CIPFA Statement on the Role of the Chief Financial Officer in Local Government (2016) and in the CIPFA Financial Management Code (2019). They set out the non-statutory requirement for the Chief Financial Officer to be professionally qualified and the criteria for qualification. The council's Head of Finance & Property Services is the council's Chief Financial Officer. He operates in accordance with the council's Financial Regulations and Treasury Management Plan, and reports regularly to members on revenue and capital budgetary performance and compliance. The role is undertaken in accordance with the relevant statutory rules, guidance and standards. Treasury Management reports and capital asset management strategy reports are made to full council twice each year. The statutory role description in the Scheme of Delegations was revised and approved in an amended form in February 2023. The Head of Finance & Property Services holds this position.

12.3 The council is legally required to appoint a Monitoring Officer. The statutory function of the Monitoring Officer is to take action where it appears that a decision may give rise to a contravention of legislation or other rule of law, or maladministration, or other injustice. The law does not require the Monitoring Officer to hold any specific qualifications but they are expected to have appropriate seniority, standing, leadership, communication and interpersonal skills, and qualities of integrity and impartiality in order to fulfil the post's statutory

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responsibilities. They have a specific role in relation to ethical standards and the Councillors' Code of Conduct. The statutory role description in the Scheme of Delegations was revised and approved in an amended form in February 2023. The Governance Manager holds this position.

12.4   As required by statute, the council has appointed a Chief Social Work Officer who has statutory professional responsibility for the oversight of specified social work functions. The Scheme of Delegations states that in relation to those statutory functions the Chief Social Work Officer's decisions are not subject to change by more senior officers, but are, subject to council or committee decisions, final and binding on the council. An annual report is made to members though full council and to the Scottish Government. The statutory role description in the Scheme of Delegations was revised and approved in an amended form in February 2023. The Head of Social Policy holds the position.

12.5   The council is required to operate a professional and objective internal audit service. The Audit, Risk and Counter Fraud Unit includes internal audit, an independent appraisal function which examines and evaluates systems of financial and non-financial control. Internal audit operates in accordance with the "Public Sector Internal Audit Standards" (PSIAS). The organisational status and independence of internal audit required by PSIAS is also set out in the Internal Audit Charter. An external assessment of its compliance with PSIAS was carried out in 2022/23 and reported to Audit Committee in January 2023. It was found to fully conform in 12 of 14 areas of assessment and to generally conform in the remaining two. An annual audit work plan is prepared based on an assessment of risk and is approved by the Audit Committee. Internal audit reports are issued to the committee in relation to the outcome of significant proactive and reactive reports. Reports are issued in the name of the Audit, Risk and Counter Fraud Manager. Also, as required by PSIAS, Financial Regulations state that the internal audit function is free from interference in determining the scope of internal auditing, performing work, and communicating results, and that the Audit, Risk and Counter Fraud Manager has the right of direct access to the Chair of the Audit Committee and to the Chief Executive. The Audit, Risk and Counter Fraud Manager reports annually on compliance with PSIAS, particularly the requirement of independence and ready access to the Chief Executive and elected members. An interim report is brought to committee during each year to advise of progress towards completion of the annual plan.

12.6   Risk Management is overseen by the Audit, Risk & Counter Fraud Manager. It is embedded at Executive and Corporate Management Team level as well as in service management teams across the council. Management teams monitor, assess and mitigate service risk as a matter of routine at their meetings. Service areas report on a rota basis to Governance & Risk Committee on their management of risks in their service areas. A Risk Management Strategy 2018/19 to 2022/23 was approved in June 2018 as one of the corporate strategies supporting delivery of the Corporate Plan. A revised Risk Management Policy was approved in October 2021. An annual report on progress against agreed outcomes is made to Governance & Risk Committee each year.

12.7   The council's counter fraud activities are managed within the Audit, Risk & Counter Fraud Unit. The service is operated in accordance with the CIPFA Code of Practice on Managing the Risk of Fraud and Corruption (2014). The unit manages the council's whistleblowing hotline. It also administers the council's participation in the National Fraud Initiative. An Internal Audit and Counter Fraud Strategy 2018/19 to 2022/23 was approved in June 2018 as one of the corporate strategies supporting delivery of the Corporate Plan. An annual report on progress against agreed outcomes is made to Audit Committee each year. The review and approval of a revised Anti-Fraud & Corruption Policy was completed in June 2021. An annual compliance and assurance statement is provided each year as part of the evidence informing this statement.

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12.8   The Data Protection Act 2018 and the UK General Data Protection Regulation require the appointment of a Data Protection Officer. A statutory role description was developed and adopted for the first time through committee in February 2023, and is now included in the Scheme of Delegations. The role is concerned with personal data and not, in terms of law and guidance, with complementary information governance regimes, such as freedom of information. The duties include informing and advising the council and its staff of their data protection obligations, providing advice on carrying out data protection impact assessments and monitoring compliance, and monitoring compliance with relevant council policies and with the law. As required by statute the Scheme of Delegations reflects the right to have direct access to senior management and elected members when required, and guarantees independence from line management over-ride in relation to the post's statutory duties. The Head of Corporate Services currently holds the post but that is subject to review in parallel with the ongoing review of the Information Governance Policy.

12.9   Governance and risk management are supervised on the officer side of the council by the Governance & Risk Board. It is chaired by a Depute Chief Executive and its members include the Monitoring Officer, the Audit Risk & Counter Fraud Manager, the Governance Manager, the Data Protection Officer, the Chief Solicitor and senior managers from across the council's service areas. It receives reports from officer working groups on risk and corporate governance, and monitors corporate and high risks. Its recommendations are referred to the Corporate Management Team or committee as appropriate. It oversees the work of the Information Management Working Group after the introduction of an Information Governance Policy. It considers the annual report on corporate governance and the compliance statements before they are presented to committee. It provides an effective control and conduit for risk and governance issues and matters of concern.

12.10   In addition to performance reporting to members, management teams routinely monitor their performance through Pentana, utilising the high-level performance indicators and service standards which are reported publicly as well as lower level management performance indicators. Services are divided into WLAM units which report on an agreed cycle to a panel chaired by the Chief Executive. The panel considers the evidence presented and allocates a score. The service unit then proceeds to report to the Performance Committee. The WLAM programme was reviewed in 2021/22 and a new approach is being implemented across the council in 2022/23.

13   External scrutiny

13.1   The external auditor's annual report for 2021/22 was not delayed by COVID and was considered at council in September 2022. It was referred on to Audit Committee (on the accounting and financial aspects) and Governance & Risk Committee (on its wider-scope audit work) for further scrutiny. An unqualified audit opinion was issued. The report concluded that the council continued to demonstrate good practice in forward financial planning, good financial management arrangements, and continued to demonstrate good financial control of the in-year budget.

13.2   The key features of good governance were again found to be in place and operating effectively. The council was again found to have responded quickly to ensure that governance arrangements were appropriate and operating effectively during the global pandemic. The report stated that a number of key characteristics of Best Value were in place, including effective performance monitoring and robust governance arrangements. The council's arrangements for performance monitoring, improvement and self-assessment were found to be back on the normal planned schedule for reporting following the impact of Covid-19. The council was reported to have a culture of improvement and a commitment to self-assessment of its performance to ensure that services remain focussed on improvement. Council services

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continued to perform well compared to other councils. The auditor gave "green" assessments against Value for Money, Financial Management and Governance and Transparency. It gave an amber assessment for Financial Sustainability which reflected the ongoing challenge facing all local authorities and the significant level of risk and uncertainty outside the council's control which could impact its ability to deliver savings.

13.3 The audit of the accounts for 2022/23 will be the first year of Audit Scotland's five-year appointment as external auditor. Its external audit plan for 2022/23 was considered by Audit Committee in March 2023. It set out its approach to the wider-scope aspect of the annual audit and the way in which it planned to approach the audit of best value in the context of a renewed cycle of best value audit reports on councils starting in 2022/23.

14   Past and current governance issues

14.1 Issues of governance concern identified in previous years' statements were aggregated and reported to Governance & Risk Committee in December 2022 and June 2023 for monitoring and scrutiny. Progress is considered at the Governance & Risk Board before reports are presented to committee. Starting in 2023/24 those reports will be standing items at Governance & Risk Board meetings, rather than quarterly.

14.2 In June 2022 two outstanding issues from 2021/22 were carried forward into this current reporting year. Last year's annual governance statement identified 13 new issues to address. In December 2022, committee accepted that work was complete on 4 of those 15, with work still needed on 11 of them. Committee was informed in June 2023 that four of those 11 had been fully addressed, leaving seven outstanding.

14.3 Progress on three of the seven issues outstanding was and remains dependent on other parties. These three issues will be carried forward, subject to a qualification that their completion depends on progress being made elsewhere:-

- The Scottish Government did not advance its long-running Local Governance Review and so further work could not be carried out in the council. It is due to be relaunched jointly by Scottish Government and COSLA in July 2023
- Its move towards a National Care Service lost momentum with much of the detail still unspecified and the initial preparatory consideration in 2021/22 could not be advanced. (The legislative programme has now been delayed further, until autumn 2023)
- Amendments have not been made to legislation ruled unlawful by the Supreme Court seeking to incorporate the United Nations Convention on the Rights of the Child int domestic law. Substantial preparatory work has been carried out but it requires the introduction of the legislation before that can be concluded

14.4 Another of the seven issues outstanding relates to a compendium of significant corporate policies and procedures which require review in each administrative term. Reviews were almost all completed timeously in the last term. The list will continue to be monitored and reported to Governance & Risk Board and Governance & Risk Committee. However, to show this as a separate issue of concern is not appropriate given that the number of reviews and that those are to be scheduled over the four remaining years of the current administration. This will be removed from the primary list of governance issues outstanding but will still be reported for monitoring and assurance in a separate list and table.

14.5 There remain at the year-end three uncompleted issues which will be carried forward to 2023/24. Those are:-

- Regularisation of low monetary value leases of community centres to management committees. Work has been instructed by the council to review the community centres

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in the council's estate as a budget-savings measure. A decision has been made to delay work on the historic problem with leases until that review is completed and decisions are made. The risks of delaying the work are assessed as low

- The council has in the past run a Citizen Led Inspection Programme. It has not been operated for a considerable period of time, since before the pandemic. Its resumption was then being reviewed with consideration as to whether it continued to contribute to best value and whether alternatives were available. It has now been determined that the programme will be revived. When back in place, it will again be relied on as strong evidence in the Local Code of Corporate Governance
- The full review of the council's relationship with its ALEO, West Lothian Leisure (WLL) remains incomplete. It was first flagged as an issue to address in 2019/20, as a best practice requirement written into Standing Orders when new contractual arrangements were put in place. Progress has been slow, partly explained by the pandemic. It has not moved forward substantially this year however. It has very recently become caught up in financial problems facing WLL which led to a formal request to the council to close four of its premises. That request has been reported to Council Executive in May and June 2023 and will take time to resolve. Once those problems are addressed it is essential that the review process is carried out so that assurance can be taken as to WLL's contribution to service delivery and best value

15   Governance issues ahead

15.1   The three issues outstanding from this current year will be carried forward. The following additional governance issues will be added to those. The resulting list will be monitored and reported to Governance & Risk Board and bi-annually to Governance & Risk Committee.

15.2   Reviews underway or about to commence of these significant policies and procedures should be completed as soon as practicable. Some of these are brought out in the annual compliance statement and some in the scoring of the updated Local Code of Corporate Governance:-:-

- Information Governance, including a permanent Data Protection Officer appointment
- CCTV policy and guidance
- Surplus Property Procedures
- Community Asset Transfer Policy and Procedure
- Recruitment and Selection Policy and Procedure
- Workforce Management Plan, including succession planning
- A resumption of reporting on adherence to the Charter Against Modern Slavery in procurement policy and procedures

15.3   The ongoing introduction of a new corporate template for council and committee reports should be concluded with a view to it supporting the new Corporate Plan and corporate plan strategies.

15.4   The new Corporate Plan itself should be rolled out and its supporting strategies, outcomes and monitoring arrangements finalised.

15.5   The three issues carried over from this year where progress depends on third parties will be progressed as and when appropriate and possible (National Care Service, Local Governance Review, United Nations Convention on the Rights of the Child). A fourth will be added to this category - introduction of the "PROTECT" duty under the recently-introduced UK Terrorism (Protection of Premises) Bill (Martyn's Law).

15.6   The finalisation of the Local Outcomes Improvement Plan with community planning partners should be concluded along with the associated work on the locality and other plans that will sit below and support it.

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APPENDIX 1

15.7   The schedule of significant corporate policies, procedures and controls will be covered, and the timescales for competing those reviews will be firmed up over the next two reporting years to ensure reviews proceed at an appropriate pace before May 2027.

16 Conclusion and assurance

There are inevitably issues on which future work is required, but, based on the sources and evidence described in this statement, the council and the West Lothian community can be assured that the council's corporate governance standards continue to have been substantially met in 2022/23.

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APPENDIX 2

ANNUAL COMPLIANCE STATEMENTS 2022/23

01	Anti-Fraud and Corruption	Head of Finance & Property Services
02	Best Value Framework	Head of Finance & Property Services
03	Councillors' Code of Conduct	Monitoring Officer
04	Discipline and Grievance	Head of Corporate Services
05	Employee Whistleblowing	Head of Corporate Services
06	Information Governance	Head of Corporate Services
07	Information Security	Head of Corporate Services
08	Occupational Health & Safety	Head of Corporate Services
09	Procurement	Head of Corporate Services
10	Protecting Vulnerable Groups	Head of Corporate Services
11	Public Sector Equality Duty	Head of Corporate Services
12	Regulation of Investigatory Powers	Depute Chief Executive
13	Breaches of the Law	Monitoring Officer

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DATA LABEL: OFFICIAL

Local Code of Corporate Governance - Annual Statement of Compliance 2022/23

01

Name of Policy or Procedure:	Anti Fraud and Corruption Policy
Responsible Officer:	Donald Forrest – Head of Finance and Property Services
Stated Requirement in Code:	1. Annual statement of compliance 2. Review Anti Fraud and Corruption Policy every administrative term
Report required by:	Corporate Management Team, 31 May 2023
Review Date	The Anti Fraud and Corruption Policy was reviewed in 2021/22 and the revised policy was approved by Council Executive on 18 June 2021. The target date for the next review is 31 March 2026.
Report by the Audit Risk and Counter Fraud Manager on the operation of the policy during 2022/23	All services have confirmed compliance with the Anti Fraud and Corruption Policy during 2022/23. Financial Regulations require all allegations of fraud to be reported to the Head of Finance and Property Services. The term fraud for this purpose includes, but is not restricted to, criminal offences such as theft, corruption, bribery, and embezzlement. The Audit, Risk and Counter Fraud Unit investigates referrals in accordance with the terms of the council's Anti Fraud and Corruption Policy and the counter fraud team's procedures for the investigation of suspected fraud and irregularity. On 12 June 2018 the Council Executive approved the Internal Audit and Counter Fraud Strategy for 2018/19 to 2022/23. The Strategy was reported to the Audit Committee on 25 June 2018. Progress in relation to the implementation of the Strategy was reported to the Audit Committee on 21 October 2022. The Audit, Risk and Counter Fraud Unit received 68 referrals during 2022/23. Of these referrals 22 were categorised as whistleblowing. The outcome of the whistleblowing referrals is set out separately in the council's Whistleblowing Statement of Compliance for 2022/23. Of the 68 referrals, 55 were accepted for counter fraud investigation. The remaining 13 referrals were either not progressed (e.g. due to insufficient information) or passed to the relevant Depute Chief Executive to be dealt with under the relevant council policy. All referrals are subject to a risk assessment and work is prioritised on the basis of those referrals considered to be highest risk. The output from an investigation is a report for management setting out the facts of the matter and which contains, where considered appropriate, recommendations for improvement in control. Where an investigation is considered to raise significant issues of concern, the Audit, Risk and Counter Fraud Manager submits a report to the Audit Committee. There were two investigations during 2022/23 which were considered to be sufficiently significant to warrant being reported to the Audit Committee. On 20 January 2023 a report was submitted to the Audit Committee in relation to a bank mandate fraud. On 24 March 2023 a report was submitted to the Audit Committee in relation to a theft from a school. Following an inspection and subsequent investigation by the Driver and Vehicle Standards Agency (DVSA), enforcement action was taken, leading to a temporary cessation

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of operations and implementation of a remedial action plan. There was no requirement for a counter fraud investigation, however a member of the counter fraud team acted as the investigating officer under the disciplinary process.

The Audit Risk and Counter Fraud Unit is responsible for administering the National Fraud Initiative (NFI) which is a biennial data matching exercise co-ordinated by Audit Scotland and which involves collecting data from public authorities and matching it for potential fraud. It is important to appreciate that a data match does not necessarily indicate wrongdoing. The most recent matches were received in January 2023 and are now in the process of being investigated.

The annual counter fraud report for 2022/23, which sets out progress in delivering the 2022/23 counter fraud plan and summarises counter fraud performance during the year, will be submitted to the Audit Committee on 27 June 2023. The annual report will include an update on outcomes arising from the investigation of the NFI data matches.

Compulsory counter fraud training was rolled out to all staff in the last quarter of 2021/22. Reports on progress in a summary format are submitted to the HR Programme Board and Heads of Service are provided with the names of staff who have not undertaken the training.

The Council Executive approved an Anti Money Laundering Policy on 10 September 2019. Accompanying procedures were issued in September 2020. One money laundering referral was received during 2022/23 which was investigated and no evidence of money laundering identified. E-learning training on anti-money laundering was rolled out to selected officers in January 2023 and progress will be monitored during 2023/24.

Conclusions Drawn from Report	It is concluded that the Anti Fraud and Corruption Policy is operating effectively.
Matters for Forward Periods	The counter fraud plan for 2023/24 was approved by the Audit Committee on 24 March 2023. Fraud referrals received from 1 April 2023 onwards are being assessed and prioritised in line with resources.
Certificate by Head of Finance and Property Services	On the basis of the statements provided by services, and the information provided by the Audit, Risk and Counter Fraud Manager, I certify that the council's Anti Fraud and Corruption Policy has been complied with in 2022/23.
Signature	**Donald Forrest** **Date**

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Local Code of Corporate Governance - Annual Statement of Compliance 2022/23 | 02

Name of Policy or Procedure:	Best Value Framework
Responsible Officer:	Donald Forrest – Head of Finance and Property Services
Stated Requirement in Code:	Annual statement of compliance Review the Best Value Framework every administrative term
Report required by:	Corporate Management Team, 31 May 203
Review Date	A revised Best Value Framework was approved at Council Executive on 22 February 2022. The next full review is to take place during the administrative term starting in May 2022. It is intended that a review of the Best Value Standards will take place in 2023 to take account of changes from the updated Corporate Plan.
Report by the Head of Finance and Property Services on the operation of the policy during 2022/23	The Best Value Framework covers five main themes and two cross-cutting themes, which show the wide scope required to fully demonstrate Best Value. The following provides an update on the activities which were undertaken during the financial year 2022/23. 1. Vision and Leadership During 2022/23, the council launched public consultations on future priorities and budget strategy. The council is now in the process of setting a new strategic direction informed by the consultation, with a renewed Purpose, Vision and Values, and five new corporate Priorities for 2023 to 2028. The Corporate Plan encompasses the ambitions of the council but also identifies the challenges and opportunities that may present during this period, as well as plans to address them. The draft plan was considered at Corporate Policy and Resources PDSP in May 2023 and will be reported to West Lothian Council for approval. The council also consulted on financial strategy, including budget savings for the period 2023/24 to 2025/26 and approach to local taxation, in order to address the anticipated budget gap. A summary of the responses to the consultation was reported to Council Executive and PDSPs and will inform the council's medium-term financial strategy. There are plans for a third phase of consultation in 2024 to consider budget saving options for 2026/27 and 2027/28. 2. Governance and Accountability Progress on outstanding governance issues has been substantial and those where progress has been slow will be highlighted in the annual governance statement. Role descriptions for the four traditional statutory officers were reviewed and approved in February 2023 for incorporation in the Scheme of Delegations. A new role description was added for the statutory post of Data Protection Officer.

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Audit Committee and Governance & Risk Committee have continued their effective scrutiny of the council's control environment. Both committees carried out annual self-assessments which identified no significant weaknesses or required improvements. At meetings in January 2023, the Panels also considered proposed budget savings measures before they were presented to full council for decision at the budget-setting meeting in February 2023.

The annual external audit report 2021/22 gave a "green" assessment of the wider scope aspect of their audit, on governance and transparency, as well as on the council's arrangements to secure Best Value. A summary annual report on corporate governance was before members at the same meeting of council at which the audited accounts and statements were approved for signature and publication.

3. Effective Use of Resources

The Council performance management framework is aligned to strategic priorities and provides timely, relevant and meaningful management information to officers and elected members. Services have a suite of indicators with a multi-faceted view of performance of processes and outcomes that allow assessment of the value that they deliver to customers and stakeholders. Corporate standards for performance have also been developed to ensure a consistent approach to management and quality of performance information and there is rigorous scrutiny of performance and targets through internal assessment and review processes and scrutiny by Committees.

Performance scorecards have been developed to support effective reporting to governance groups and management teams. Performance is reported and monitored through the performance hierarchy, with regular performance meetings and public reporting to manage stakeholder confidence. The council has a range of datasets that are used to inform planning and improvement, for example; financial, performance, customer, consultations.

On 7 Feb 2023, Council approved the Housing Revenue budget for 2023/24 to 2027/28, Rent Levels for 2023/24, and the Housing Capital Investment Programme for 2023/24 to 2027/28. On 21 February 2023, Council approved the Revenue budget for 2023/24 to 2027/28, the Council Tax level for 2023/24, and the General Services Capital Investment Strategy for 2023/24 to 2032/33. Activity budgets for 2023/24 were prepared for inclusion within service management plans.

4. Partnerships and Collaborative Working

The Community Planning Partnership compromises 21 agencies and provides a framework for supporting delivery of local services. With a shared focus on improving quality of life and achieving positive change, strong partnerships have been developed with stakeholders and communities.

In 2022/23 the Third Sector Working Group supported the delivery of changes to how the Third Sector Community Support Fund and funding provided to the Third Sector was administered including the changing of payment dates, monitoring processes and a standardised time period of applications. This helped build the resilience and capacity of key community and voluntary organisations in West Lothian, particularly those operating in areas of deprivation. A joint annual report, Third Sector and West Lothian Council annual report, will be presented to the

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Economy, Community Empowerment and Wealth Building Policy Development and Scrutiny Panel showcasing the joint working.

Partnership and collaborative working underpin the approach to service delivery within many communities, such as the Summer of Play 2022 where Community Learning and Development and Active Schools joined up with the third sector, community groups and accredited clubs to deliver a programme of activity for young people.

5. Working With Communities

Local residents continue to be supported by Community Regeneration Officers to engage in community activity and community organisations. This includes support to apply for external funding and to embark on asset transfer, where appropriate. In 2022/23 West Calder Community Development Trust were supported to apply for and received £1.4 million from the Scottish Government's Capital Grant Fund in partnership with West Lothian Council. The funding is to support a Scottish Co-operative Discovery and Activity Centre in a now derelict building in West Calder, transforming the area.

Community Choices was piloted in Blackburn and Craigshill to allow the community to decide on the allocation of small grants to local projects. This was supported by direct funding to key community projects through annual funding awards. A third pilot will be delivered in 2023/24 focusing on equalities.

Communities were supported to utilised the Scottish Governments Place based investment funding provided to West Lothian Council in 22/23, with support being provided to deliver £1.132 million of locally identified capital projects by local community organisations and Third Sector organisations. Support was provided to the local community to identify and deliver town centre capital projects across all our towns and villages throughout West Lothian.

6. Sustainable Development

The Corporate Plan 2018-2023 sets out in Outcome 8 (Protecting the Built and Natural Environment) the council's aim to develop a strong, inclusive and sustainable West Lothian by building communities and services that are well designed and protecting the built and natural environment for current residents and future generations.

In order to support those aims, and as a response to the Climate Emergency, the council published its Climate Change Strategy 2021-2028 in October 2021, providing a framework for the council's actions as a public sector organisation through the period 2021-2028 while also considering the pathway to achieving a net-zero West Lothian by 2045 at the latest. Progress against the actions set out in the strategy is reported to the Environment & Sustainability PDSP on a quarterly basis. An internal audit of key controls over the council's climate change risks presented to the Audit Committee in January 2022 concluded that controls were satisfactory.

7. Fairness and Equality

The council has made good progress in mainstreaming equality since the publication of our Equality Mainstreaming Progress Report in 2021. Activities undertaken by the council are set out in the Equality Outcomes and Mainstreaming Progress Report 2021 – 2023.

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The Equality Outcomes and Mainstreaming Framework 2021-2025 includes a suite of Equality Outcomes which are intended to reflect that the council has a more mature approach to the mainstreaming of equalities into the delivery of council services. This is also to address the most significant inequalities emerging from local evidence and involvement activities that could have the greatest positive impact. The Outcomes reflect the strategic overview of the most significant equality issues for the council as a whole and build upon the progress made since 2013 to mainstream the activity that was previously the focus of the equality Outcomes contained in earlier equality mainstreaming reports.

Individual statements of compliance with Best Value were received from all WLAM service managers to confirm that their service has complied with Best Value requirements in 2022/23. These were reviewed and approved by the relevant Head of Service.

Conclusions Drawn from Report	The Council has demonstrated compliance with the Best Value Framework in 2022/23.
Matters for Forward Periods	There is a requirement that the Framework is revised each administrative term. The last review was completed in February 2022 and the next review is required to be in the five years following the local elections in May 2022. It is intended that a review of the Best Value Standards will take place in 2023 to take account of changes from the updated Corporate Plan.
Certificate by Head of Finance and Property Services	On the basis of the statements provided by the Heads of Service, I certify that the council's Best Value Framework was complied with in 2022/23.
Signature	**Date**

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03

Local Code of Corporate Governance - Annual Statement of Compliance 2022/23

Name of Policy or Procedure:	Councillors' Code of Conduct	
Responsible Officer:	James Millar – Monitoring Officer (permanent appointment made by Council Executive on 28 February 2023)	
Stated Requirement in Code:	Annual statement of compliance	
Report required by:	Corporate Management Team, 31 May 2023	
Review Date	Issues raised will be monitored by Governance & Risk Board and Governance & Risk Committee. An annual report is made to full council in November each year. A new statement is required each year.	
Report by the Monitoring Officer on the Councillors' Code of Conduct during 2022/23	Elected members' conduct is regulated by the statutory Councillors' Code of Conduct. Complaints may be made internally, investigated and determined by me if appropriate. They may also be pursued externally, to the Ethical Standards Commissioner, who investigates and reports to the Standards Commission for Scotland. The Standards Commission decides if complaints should proceed to a hearing and then conducts any hearings required. If a breach is established then sanctions range from censure to disqualification. Both internal and external complaints are handled in confidence throughout.	
	The council's duties are to raise awareness of the Code, to promote the observance by members of high standards of conduct, to assist members to comply with the Code, and to provide induction and training sessions. Members' obligations include familiarisation with and compliance with the Code and its underpinning statutory rules; having regard to statutory guidance; attending training and induction sessions; promoting and supporting the Code; and encouraging compliance by others. Being familiar with it, understanding it, applying it and complying with it are the personal responsibilities of each member. Monitoring Officers carry responsibility for ensuring the council complies with its duties and assisting members to comply with theirs. The risk of there occurring a breach of the Code of Conduct is entered in the council's risk register along with controls and actions to mitigate it.	
	Extensive training was provided for all members in the Induction Programme following the local government elections in May 2022. Two additional training sessions were provided about recent Standards Commission decisions and lessons that could be learned. Sessions were recorded and are readily available to all members along with the presentation slides. Regular emails were sent to all members to communicate significant developments. Proactive and reactive advice was provided on an *ad hoc* basis throughout the year. Separate advice notes are available to members on dealing with requests from council staff for help and on appearing at regulatory committees. An annual report on the Code of Conduct for 2021/22 was made to full council in November 2022.	
	Following the 2022 elections, members were assisted in completing their first statutory return for their registers of interests. New forms had been devised to reflect the revised Code of Conduct brought into force in November 2021. All did so within the statutory time limit. The registers are available on the internet. Bi-annual reminders are sent to remind members to check their registers and ensure they are kept up to date.	

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	Every agenda has "Declarations of Interest" as a standing item. All agenda packs include a reminder sheet for members with a summary of the Code and guidance about connections, interests and transparency statements. Declarations and statements made are recorded in the minute of the meeting.
	Two internal complaints were received during 2022/23. One complaint was not investigated because an identical external complaint was made at the same time. The other complaint concerned disrespect and was investigated. The finding was that there had been no breach of the Code.
	Two external complaints were notified to me by the Ethical Standards Commissioner. Both remain under investigation.
Conclusions Drawn from Report	The council has well-established and comprehensive arrangements in place to demonstrate compliance with its statutory duties. They are kept under review and improvements are made where indicated. There is evidence from attendance at training sessions, from members' registers of interests, from minutes of meetings, and from the low number of complaints made and upheld that members are aware of the Code, are familiar with it, and take their duty to observe it seriously.
Matters for Forward Periods	The arrangements for review of internal procedures are in the list of significant corporate policies and procedures due for review in each administrative term. That list is monitored through bi-annual reports to Governance & Risk Board and Governance & Risk Committee. training arrangements will continue as now. The full annual report is targeted for full council on 21 November 2023.
Certificate by Monitoring Officer	The council is complying in all material respects with its legal requirements.
Signature	James Millar	**Date**

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Local Code of Corporate Governance Annual Statement of Compliance 2022/23

| | **04** |

Name of Policy or Procedure:	1. **Disciplinary Procedure and Code** 2. **Procedure for Hearing Employee Grievances** 3. **Policy and Procedure for Dealing With Complaints of Bullying & Harassment**	
Responsible Officer:	Lesley Henderson – Interim Head of Corporate Services	
Stated Requirement in Code:	Annual Statement of Compliance	
Report required by:	Corporate Management Team	31 May 2023
		Next report due May 2024

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

Overview

The HR Policy & Advice team is required to keep the council's employment policies under continuous review and to undertake a review of each policy at least once every 5 years to ensure that it continues to be fit for purpose. Specific reviews are also undertaken in response to changing service requirements, developments in legislation and as part of the council's Integrated Impact Assessment (IIA) process.

This compliance statement provides details of how the council's Disciplinary, Grievance and Bullying & Harassment processes have operated during 2022/23 together with measures for improving their effectiveness.

Analysis of Cases

During the financial year 2022/23, 81 cases were dealt with under the council's Disciplinary Procedures and 3 formal cases under the Procedure for Dealing with Employee Grievances. There were 6 formal bullying and harassment cases submitted during the 2022/23 period.

Service Area	Number of Cases		
	Discipline	Grievance	Bullying & Harassment
Corporate Services	1	1	0
Education Services	12	1	3
Chief Executive, Finance & Property	3	0	0
Housing, Customer & Building Services	10	1	1
Operational Services	44	0	1
Planning, Economic Dev. & Regeneration	0	0	0
Social Policy (CHCP)	11	0	1
Total	81	3	6

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Outcome of Disciplinary Cases

Service Area	Outcome of Disciplinary Cases
Corporate Services	1 Dismissal
Education Services	2 Written Warning 1 Dismissal 3 Resignation before conclusion 6 Ongoing
Chief Executive, Finance & Property	2 Counselling 1 Written Warning
Housing, Customer & Building Services	1 No Formal Action 1 Verbal Warning 1 Final Written Warning 1 Resignation before conclusion 6 Ongoing
Operational Services	7 No Formal Action 13 Counselling 2 Verbal Warning 7 Written Warning 3 Final Written Warning 4 Dismissal 2 Resignation before conclusion 6 Ongoing
Social Policy	1 Counselling 1 Verbal Warning 1 Written Warning 2 Final Written Warning 1 Dismissal 2 Resignation before conclusion 1 Case closed out with disciplinary 2 Ongoing

Outcome of Grievance Cases at Stages 1 and 2

Service Area	Stage of Grievance	Outcome
Corporate Services	Stage 2	Upheld
Education	Stage 1	Not Upheld
Housing, Customer & Building Services	Stage 2	Not Upheld

Outcome of Bullying & Harassment Cases

Service Area	Outcome of Bullying & Harassment Cases
Education Services	1 Not Upheld 1 Upheld progressing to disciplinary 1 Ongoing
Housing, Customer & Building Services	1 Ongoing
Operational Services	1 Resignation before conclusion
Social Policy	1 Ongoing

Appeals to Committee Against Dismissal and Stage 3 Grievances

During 2022/23, a total of 10 Employee Appeal Committees (EACs) were convened in relation to 5 appeals lodged against capability dismissals, 4

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appeals lodged against punitive disciplinary action or dismissal and 1 stage 3 grievance as detailed in the table below:

Service Area	Nature of EAC	Outcome
Social Policy	Absence / Dismissal	Withdrawn
Planning, Economic Dev. & Regeneration	Absence / Dismissal	Not Upheld
Education Services	Absence / Dismissal	Withdrawn/cancelled – appellant documentation not submitted
Operational Services	Absence / Dismissal	Cancelled – appeal no longer competent
Operational Services	Absence / Dismissal	Withdrawn
Operational Services	Disciplinary / Punitive Action	Upheld
Operational Services	Disciplinary / Dismissal	Not Upheld
Operational Services	Disciplinary / Dismissal	Not Upheld
Operational Services	Disciplinary / Dismissal	Not Upheld
Housing, Construction & Building Services	Grievance	Not Upheld

Employment Tribunal Cases

During 2022/23, one employment tribunal case was lodged against the council as follows:

- Case involving sex discrimination, harassment, whistleblowing and failure to deal with a flexible working application in a reasonable manner – currently sisted until 29 April 2023.

Three employment tribunal cases were ongoing from previous years and concluded during 2022/23:

- Unfair dismissal claim – settled August 2022;
- Constructive dismissal – settled October 2022
- Racial harassment claim – settled August 2022.

Elected Member Training

As part of the induction of new elected members Employee Appeals Committee training was conducted in June 2022 with 6 committee members attending. This was followed up by a session in February 2023, with a further 4 committee members attending. In April 2023, 4 elected members attended training for Senior Officer Appointment Committees.

Conclusions Drawn from Report	The council's disciplinary, grievance and bullying and harassment policies and procedures comply with legal and corporate governance standards and are generally operating effectively. As there has been a number of investigations which have resulted in either no action or informal counselling, a review will be undertaken of the steps taken by services to determine that a formal investigation is required.
Matters for Forward Periods	HR Services will continue to work closely with Legal Services to ensure that advice to services is comprehensive, relevant and fully cognisant of the latest developments in employment law and equality legislation.

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Certificate by Head of Corporate Services	I certify that the council's existing policies and procedures in respect of discipline and grievance are operating effectively and will continue to be monitored and reviewed regularly in keeping with Corporate Governance standards.
Signature	- 44 - Date

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Local Code of Corporate Governance Annual Statement of Compliance 2022/23

Name of Policy or Procedure:	**Disclosure of Information by Employees (Whistleblowing Policy & Procedure) and Code of Conduct for Employees**	
Responsible Officer:	Lesley Henderson – Interim Head of Corporate Services	
Stated Requirement in Code:	Annual Statement of Compliance	
Report required by:	Corporate Management Team	31 May 2023
		Next report due May 2024

Report by Head of Corporate Services on Statements of Compliance with arrangements	**Overview** The HR Policy & Advice team is required to keep the council's employment policies under continuous review and all policies must be reviewed at least once every 5 years to ensure that they continue to be fit for purpose. Specific reviews are also undertaken in response to changing service requirements, developments in legislation and as part of the council's Equality Impact Assessment (EIA) process. **Annual Compliance Checklists** Services were issued with Annual Compliance checklists for the purposes of seeking confirmation of compliance with the Whistleblowing Policy and Code of Conduct for Employees (the latter in particular, relating to registered declarations of interest, disclosure of personal information and working with councillors). All services have duly confirmed that they have arrangements in place to enable employees to report matters under the terms of the council's Whistle-Blowing Policy. Employees are reminded of those arrangements along with their responsibilities under the Code of Conduct through a variety of methods including induction, team meetings, and annual e-learning. **Policy Review** Unlike other employment policies, the Employee Code of Conduct is subject to annual review. The Employee Code of Conduct was last reviewed in June 2022 and in line with the recommendations of Susanne Tanner QC's report into allegations of sexual abuse in the City of Edinburgh Council, was revised to formalise the Personal Relationships Guidance into policy. The Whistleblowing Policy and Procedure were last reviewed in January 2021 and amended to require that the HR Services Manager be consulted where a whistleblowing complaint involves a breach of employment policies. **Protected Disclosures** Twenty-two disclosure issues were reported to the Audit Risk & Counter Fraud team during 2022/23, and the team continued to manage 5 cases carried over from 2021/22 as summarised in the table below:

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Service Area	Number of Cases	Nature of Disclosures	Outcome
Corporate Services	0	-	-
Education	3	Bullying and Harassment	Matter investigated by the service. Complaint not upheld.
		School Vandalism and Bullying	Matter investigated by the service. Complaint not upheld.
		Grievance - Discrimination	Concern was already being formally progressed by the service via council's grievance policy.
Finance & Property Services	10	Grant Fraud*	Matter investigated by Counter Fraud Team. Fraud was established and fraud prevention measures were put in place.
		Blue Badge Fraud*	Matter investigated by Counter Fraud Team. No fraud established.
		Blue Badge Fraud*	Matter investigated by Counter Fraud Team. No fraud established.
		Illegal Activity at Property	Matter investigated by Counter Fraud Team. No illegal activity established. Not upheld.
		Grant Fraud	Matter investigated by Counter Fraud Team. No fraud established.
		Blue Badge Fraud	Matter investigated by Counter Fraud Team. No fraud established.
		Blue Badge Fraud	Matter investigated by Counter Fraud Team. No fraud established.
		Scam	Matter investigated by Counter Fraud Team. No action required.
		Blue Badge Fraud	Matter investigated by Counter Fraud Team. No fraud established.
		Blue Badge Fraud	Matter investigated by Counter Fraud Team. No fraud established.
Housing, Customer & Building Services	7	Corruption*	Matter investigated by Counter Fraud Team. No fraud established.
		Payroll Fraud*	Matter investigated by Counter Fraud Team. No fraud established.
		Bullying and Harassment	Matter investigated by the service. Complaint not upheld.
		Theft	Counter Fraud Team investigation still in progress.

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			Tenancy Fraud	Matter investigated by Counter Fraud Team. No fraud established.
			Payroll Fraud	Matter investigated by Counter Fraud Team. No fraud established.
			Corruption	Matter investigated by Counter Fraud Team. No fraud established.
	Operational Services	7	Concerns of large scale inefficiencies	The issues were investigated by the Head of Service who determined that the service had robust policies and procedures in place to address the issues raised and ensure that services were delivered efficiently and effectively, delivering best value to customers and service users. No further action was taken and the complaint was not upheld.
			Corruption	Matter investigated by Counter Fraud Team. Fraud was established and fraud recovery action has commenced for financial loss incurred.
			Inappropriate Behaviour in the Workplace	Matter investigated by the service. Complaint not upheld.
			Corruption	Matter investigated by Counter Fraud Team. No fraud established.
			Health and Safety	Matter progressed by the service however the employee resigned during investigation process.
			Harassment	Matter investigated by the service. Complaint not upheld.
			Payroll Fraud	Counter Fraud Team investigation still in progress.
	Planning, Economic Dev. and Regeneration	0	-	-
	Social Policy	0	-	-

* Cases carried over from 2021/22.

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

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

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Certificate by Head of Corporate Services	I certify that the council's existing policies and procedures in respect of Whistle blowing and Code of Conduct are operating effectively and will continue to be monitored and reviewed regularly in keeping with Corporate Governance standards.
Signature	- 48 - Date

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Local Code of Corporate Governance - Annual Statement of Compliance 2022/23 | 06 |

Name of Policy or Procedure:	**Information Governance**	
Responsible Officer:	Lesley Henderson – Head of Corporate Services	
Stated Requirement in Code:	Annual Statement of Compliance	
Report required by:	Corporate Management Team	31 May 2023
		Next report due June 2024
Report by Head of Corporate Services on Statements of Compliance with arrangements	The council has an Information Governance Policy that defines accountabilities and responsibilities of all who handle and manage council information. It establishes the principles of information governance and how these are achieved. This policy covers compliance with key information legislation such as, Data Protection Act 2018, Freedom of Information (Scotland) Act 2002, Environmental Information (Scotland) Regulations 2004 and the Public Records (Scotland) Act 2011.	

The council has in place an Information Management Working Group (IMWG) to direct, develop and guide how information is managed in council services. The IMWG monitors and develops policies to ensure that council services comply with information management requirements. The council's Governance and Risk Board maintains oversight of the IMWG.

During 2022/23 the IMWG developed a workplan covering future strategic and operational activity. The workplan includes a review of the Information Governance Policy and supporting documents which will be progressed during 2023/24.

A review of the corporate arrangements for supporting the management of information governance across the council are also under review. This includes a review of the statutory Data Protection Officer role and where this sits in the organisational structure. This review will be progressed during 2023.

Compliance arrangements, specific to records management, are reported to the Keeper of the Records of Scotland (the Keeper) for agreement. The council is required to have in place a Records Management Plan (RMP) and support the plan with evidence of reliable and accurate record keeping. The council submitted an updated plan and evidence to the Keeper for agreement in February 2023.

Reports on information governance management arrangements and performance will be reported annual to Corporate Policy PDSP and Governance and Risk Committee.

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Conclusions Drawn from Report	The council's existing policy and arrangements that are in place to support good Information Governance are operating effectively. A workplan has been developed for deployment during 2023/24 which will further improve arrangements and ensure resource is focused on the most value added activity.
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Matters for Forward Periods	The policy and supporting procedures will continue to be reviewed and publicised as part of the normal operation and development of the guidance.
Certificate by Head of Support Services	I certify that the council's existing guidance and procedures in respect of information security are operating effectively and will continue to be monitored and reviewed regularly in keeping with Corporate Governance standards
Signature	**Date**

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Local Code of Corporate Governance - Annual Statement of Compliance 2022/23 | 07

Name of Policy or Procedure:	**Information Security Guidance**	
Responsible Officer:	Lesley Henderson – Head of Corporate Services	
Stated Requirement in Code:	Annual Statement of Compliance	
Report required by:	Corporate Management Team	31 May 2023
		Next report due June 2024

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

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

During the 2022/23 financial year the following volumes of security incidents were recorded:

Category	2022-23		2021-22	
	Number	Percentage	Number	Percentage
Account Management / Configuration	4	1%	2	1%
Cyber Incident Investigation	3	1%	57	23%
Phishing Email / Virus / SPAM	197	69%	166	68%
Information Handling	16	6%	20	8%
Data Breach	60	21%	0	0%
Lost Equipment	5	2%	1	0%
Stolen Equipment	0	0%	0	0%
Totals	**285**	**100%**	**244**	**100%**

A total of 285 incidents in 2022/23 compares to 244 in the previous financial year. This constitutes an overall increase of 17%.

Most categories saw an increase in numbers compared to the previous year. Account management continues to benefit from a closer working relationship with HR services and increased automation in the account provisioning process. A change in classification to the report categories has been made to identify data breaches and cyber incidents separately.

Whilst the loss of equipment increased it remains low in comparison and during a period that continues to see a highly mobile workforce and remote working, all lost devices were mobile phones.

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	An increase in the number of incidents categorised as SPAM/Phishing emails reflects the increased national and international prevalence of this type of cyber threat. Increased numbers are also reflective of the increased sophistication of these vectors and targeting widely recognised topics. A Cyber Attack Desktop Exercise was undertaken to test the council's response to a major cyber-attack. As a result of this exercise IT Services produced a new Cyber Incident Response Plan and advised on the creation of a Cyber Incident Response Team, as part of its continued work to protect and prepare the councils readiness for a cyber-attack. The outcome of this exercise was reported to Governance and Risk Committee and the actions are monitored by the Governance and Risk Board. Further tests will be under taken to test the effectiveness of the actions. IT services continue to maintain the contract for the secure destruction of all old IT equipment.
Conclusions Drawn from Report	The council's existing guidance and procedures in respect of Information Security are operating effectively. Adoption of emerging national standards and co-operation across the wider public sector proves beneficial in mitigating risks associated with cyber.
Matters for Forward Periods	The guidance and supporting procedures will continue to be reviewed and publicised as part of the normal operation and development of the guidance.
Certificate by Head of Support Services	I certify that the council's existing guidance and procedures in respect of information security are operating effectively and will continue to be monitored and reviewed regularly in keeping with Corporate Governance standards
Signature	Date

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Name of Policy or Procedure:	**Occupational Health and Safety Policy**	
Responsible Officer:	Lesley Henderson – Interim Head of Corporate Services	
Stated Requirement in Code:	Annual Statement of Compliance	
Report required by:	Corporate Management Team	May 2023
Review Date		May 2023
Report by Head of Corporate Services on Statements of Compliance with arrangements	The council's Health and Safety Policy sets out the framework for Health and Safety. It defines expectations and required arrangements to meet those expectations. The Health and Safety policy and the council's scheme of delegation sets out the roles and responsibilities of officers. To provide practical assistance in the interpretation of legislation and implementation of the policy, an accompanying suite of guidance documents continues to be revised and developed. These are topic related guidance documents and address the identified hazards associated with the working practices of West Lothian Council. Services supplement these with procedural documents to reflect work activities and practices carried out within services. Monthly Health and Safety update reports are provided to the Corporate Management Team to inform them of safety issues/ concerns that have or could affect the working arrangements and services of West Lothian Council. Incident data is included in the information provided to the Corporate Management Team including reportable incidents, incidents of note, near misses and incidents of violence and aggression that have occurred within the previous month. Information is also provided on recording incidents and completion of investigations in line with timescales stipulated in Corporate Procedures. Similar reports are also presented to the HR Programme Board, Governance and Risk Board and Governance and Risk Committee. The Governance and Risk Committee also consider an annual overview of Health and Safety performance. Health and Safety advisers provide monthly reports to each service management team highlighting service relevant issues and attend service management meetings on a minimum of a quarterly basis. The data analysis within these reports is also accompanied by recommendations for actions. There is a requirement for Health and Safety and statutory compliance to be a standing item on the agenda of all management team meetings. The Corporate Health and Safety Committee and service Health and Safety Committees meet on a quarterly basis to actively promote and support employee engagement on arrangements and matters pertaining to safety, health and welfare. Employee involvement and commitment is recognised as a key factor in the successful implementation of the Council's safety management system.	

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

In 2022-2023 services continued to implement appropriate measures that take account of sector specific guidance for the control of COVID-19 within the workplace. As updated guidance was published and the need to have specific control measures relaxed services took cognisance of these and adjusted practises accordingly. Consultation has taken place with relevant Trade Unions in relation to measures taken and/or removed.

Within the review period Health and Safety have carried out targeted safety audits. The focus in 2022- 2023 was:

- Social Policy- Application of the Lifting Operations and Lifting Equipment Regulations.

This was audit was completed to monitor that previous audit findings from 2012-2022 were still in place to support the service in meeting statutory obligations. The findings and resulting action plans were agreed and subsequently provided to the service audited. Copies of associated action plans are provided to the Head of Service. Although none were found during this audit where any audit actions are identified as significant risks an appropriate action will be created in Pentana and the Health and Safety team monitor progress by services against the audit action plans and identified risk actions.

An internal audit of the management of legionella has been undertaken and the audit report was presented to the Audit Committee in January 2023. The report concluded that controls require improvement and contained one high ranking finding relating to how the council obtains assurances from third party managed premises via contracts such as the PPP or Hard FM. Regular reports from these contractors are now received as part of routine monitoring and this action is therefore now complete.

An internal audit of the management of asbestos has been undertaken and the report presented to the Audit Committee in June 2022. The report concluded that control was satisfactory. There were no high-ranking findings.

The Councils risk management consultant Gallagher Bassett undertook a liability risk management health check in August 2022. The main purpose was to review performance management arrangements and to offer constructive and practical recommendations for improvement where appropriate. The main findings highlighted that there is clear leadership on health and safety with nominated individuals driving health and safety forward.

A plan detailing actions to be taken forward following the review was presented to the Governance and Risk Board in February 2023. Actions relate to the methods of identification of safety critical training for employees, examining employee engagement in the risk assessment process and the evaluation of standards of record keeping within services in relation to reported incidents.

During the course of the year there have been 20 reports made to the Health and Safety Executive (HSE) as per the requirements of the Reporting of Incidents, Diseases and Dangerous Occurrences Regulations (RIDDOR) as shown in Table 1 below.

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Table 1 – RIDDOR reportable incidents and formal enforcement action

HSE Reportable 2022/2023 *(2021/2022)	RIDDOR reportable incidents to the HSE	HSE Notices/ Notification of Contravention / Fee for Intervention / Improvement Notice/ Fines
Chief Executives Office	0(0)	-
Social Policy	0(6)	-
Corporate	0(0)	-
HCBS	5(1)	
Operational Services	8(15)	-
Education Services	7(6)	-
HSE Reportable 2022/2023 *(2021/2022)	**RIDDOR reportable incidents to the HSE**	**HSE Notices/ Notification of Contravention / Fee for Intervention / Improvement Notice/ Fines**
Finance & Property Services	0(0)	-
PEDR	0(0)	-
Total	**20(28*)**	**-**

()* figures relate to RIDDOR incidents in the year 2021/22.

There has been no communication from the HSE with regard to any of the incidents reported under the requirements of the RIDDOR regulations. All RIDDOR reportable incidents are fully investigated internally to ensure that corrective and preventative measures are implemented to prevent a recurrence of a similar type of incident as far as reasonably practicable.

In December 2022 the HSE inspected two Education establishments to assess compliance in relation to the required duty to manage asbestos. The results of the inspections were positive and found requirements of legislation being met with some minor recommendations made.

Conclusions Drawn from Report	The councils revised Health and Safety policy is operating effectively and will continue to be monitored and reviewed regularly in keeping with Governance standards.
Matters for Forward Periods	The Council will remain committed to further developing and embedding strong safety management practices throughout the organisation. Services should ensure there are clearly defined aims for health and safety outlined within their service health and safety action plans with defined actions and completion requirements. Appropriate planning will allow services to meet organisational objectives and ensure that individual service needs are

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	identified, resources allocated and issues addressed. Each Head of Service has the responsibility for ensuring that the plan is monitored on a regular basis to ensure that identified actions are being progressed. Work will progress in 2023/24 on the proactive management and reduction of exposure to violence and aggression within the workplace.
Certificate by Head of Corporate Services	In order to complete this statement of compliance I have consulted with Heads of Service and received written confirmation of their service compliance with policies and procedures relating to health and safety. I certify that the existing Health and safety policy is operating effectively and will continue to be monitored and reviewed in keeping with Corporate Governance Standards.
Signature	Date

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Local Code of Corporate Governance - Annual Statement of Compliance 2022/23

<div style="border:1px solid black; display:inline-block">09</div>

Name of Policy or Procedure:	Compliance with all applicable Public Procurement Legislation and Standing Orders for Regulation of Contracts and Corporate Procurement Procedures
Responsible Officer:	Lesley Henderson – Interim Head Corporate Services
Stated Requirement in Code:	1. Annual Statement of Compliance 2. Review Policy every administrative term
Report required by:	Corporate Management Team 31 May 2023
Review Date	May 2023
Report by Corporate Services of Compliance with Regulations and Policy during 2022/23	In order to secure compliance for procurement activity, the council standing orders for contracts, which contain the procurement procedures, have been implemented across the council. These procedures provide guidance on how to procure and purchase goods, services and works while remaining compliant with Procurement Legislation (the Regulations). A Corporate Contract Management System (CCMS) records and monitors all contract activity across the council. Details of contract start and end dates, spend values, supplier details and risk are examples of the information recorded and published for all spend greater than £5,000. An annual review of the Corporate Procurement Strategy is also presented to the Council for scrutiny. Standing Orders for the Regulation of Contracts were last reviewed and extensively revised in October 2020. They are supported by Corporate Procurement Procedures (2022) and issue-specific guidance where appropriate. In February 2023, enquiries were made of all Heads of Services and the Corporate Procurement Manager to obtain a demonstration of compliance with the Regulations and with the Council's Standing Orders for supplies and services. During 2022/23 there was compliance with the large majority of contracts throughout the Council. However, the following issues of note have been identified:- • The use of retrospective procurement orders continues. This occurs where an order is placed without first following the procedures in place to ensure compliance with the law and with Standing Orders. It does not necessarily result in a breach of either, since the same action may have been taken after following the correct guidance. The number of incidents is small in relation to the number and value of all transactions but is nevertheless a recurring problem which has been reported to the Procurement Board and is being addressed with the services most involved

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- The Internal Audit Report of Procurement and last year's annual governance statement highlighted a requirement to update the procurement procedures, which has been implemented. Other actions identified in the audit were completed
- There has been a limited number of instances where contracts were entered into without first following appropriate procedures designed to secure competition and best value. These occurrences are recorded and addressed where necessary. None involved significant value or risk to the council and no underlying pattern was identified which required to be addressed
- Social Policy are aware of a one-off breach where a 6-month direct award was made to secure a continuation of adult social care. The direct award was identified this financial year and was carried out to safeguard stability and continuity for vulnerable service users and to enable further planning to be progressed to inform a contractual review. Future contracts have been put in place in accordance with Standing Orders.

The Procurement Reform (Scotland) Act 2014 requires that all Contracting Authorities, who are eligible to prepare and publish a procurement strategy, must publish an annual procurement report which reports on actual and planned regulated procurement activities; achievement of community benefits; activity with supported businesses; and any regulated procurement, i.e. above £50,000 for goods and services and £2,000,000 for works contracts, that did not comply with the procurement strategy. The annual report was presented to Council Executive in September 2022.

An update on the Corporate Procurement Strategy was presented to Corporate Policy and Resources PDSP in August 2022. There are 16 performance indicators that support the strategy implementation; 14 were reported as green, 1 amber and 1 red. Performance is monitored and any remedial actions are agreed at the quarterly Corporate Procurement Board.

Conclusions Drawn from Report	Regulatory compliance remained robust throughout 2022/23, with only a small number of instances wherein Standing Orders and the Regulations were infringed. In all cases, the reasons for non-compliance were fully investigated, reported to the Procurement Board and remedial training (where required) was delivered to the appropriate Service Managers.
Matters for Forward Periods	Internal procurement guidance and supporting procedures will be reviewed and updated to ensure appropriate guidance and support is provided. The Procurement Board will continue to receive regular updates on any non-compliance.
Certificate by Head of Corporate Services	I certify that, upon enquiry, during the financial year under review, apart from the issues identified in this statement, the Council's officers have complied with national and international procurement legislation, the Council's Standing Orders for the Regulation of Contracts, and Corporate Procurement Procedures.

Signature   **Lesley Henderson**   **Date   31 May 2023**

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Local Code of Corporate Governance Annual Statement of Compliance 2022/23 | 10 |

Name of Policy or Procedure:	**Protecting Vulnerable Groups**	
Responsible Officer:	Lesley Henderson – Interim Head of Corporate Services	
Stated Requirement in Code:	Annual Statement of Compliance	
Report required by:	Corporate Management Team	31 May 2023
Review Date		Next report due May 2024

Report by Head of Corporate Services on Statements of Compliance with arrangements	The Protection of Vulnerable Groups (PVG) Scheme continues to be the means by which the council ensures that unsuitable individuals are not employed to work with vulnerable groups.

PVG Checking

During the period 1 April 2022 to 31 March 2023, the council submitted a total of 1557 PVG scheme membership applications for employees or prospective employees and volunteers in regulated work. Assessments are conducted and reviewed annually by services to ensure that 'regulated posts' to which the PVG legislation applies, are identified.

The total applications processed are comprised of applications for employees and volunteers who are new to regulated work and includes the routine 3 yearly re-checking of employees and volunteers who are already in regulated work with PVG scheme membership. The total applications processed also includes PVG memberships for new elected members after the council elections in May 2022 and PVG updates for existing elected members as appropriate.

The measures taken by the council ensure that all staff in regulated positions have up to date PVG records and that new staff are only permitted to start work in such positions with the appropriate PVG clearance. The table below shows a breakdown of the PVG applications re-charged to the relevant service areas during that period:

	Education & Cultural Services	Community Health & Care Partnership	Other Service Areas	Total
Number of PVG Applications	794	716	47	1557
Percentage	51%	46%	3%	100%

Application of Policy and Procedure

During 2022/23 the PVG referral panel was convened twice, resulting in referral to disclosure Scotland both times.

In one case the employee was referred as a result of placing a child at risk of harm. In the second case, the panel were of the view that the criteria of harm or risk of harm had not been met but it was the view of the panel that the severity of the matter warranted referral. On discussion with Disclosure Scotland it was confirmed that the council could refer in this instance. |

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	In discharging its statutory obligations under the Act, the council's actions demonstrate that the council's Policy and Procedure on the Protection of Children and Protected Adults is being actively and appropriately applied. **Annual Compliance Checklists** Services were issued with Annual Compliance checklists for the purposes of seeking confirmation of compliance with the Policy and Procedure on the Protection of Children and Protected Adults. All services have duly confirmed that they have arrangements in place to ensure compliance with the policy.
Conclusions Drawn from Report	The council's arrangements for the protection of vulnerable groups are found to be robust and 'fit for purpose'.
Matters for Forward Periods	The council awaits information on future changes to the PVG scheme, which will likely remove lifetime membership of PVG and introduce an automatic PVG renewal every 5 years HR Services will continue to work closely with Legal Services to ensure that advice to services is comprehensive, relevant and fully cognisant of the latest developments in employment law and equality legislation.
Certificate by Head of Corporate Services	I certify that robust arrangements are currently in place to ensure compliance with the Protection of Vulnerable Groups (Scotland) Act 2007.
Signature	Date

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<div align="right">**11**</div>

LOCAL CODE OF CORPORATE GOVERNANCE ANNUAL STATEMENT OF COMPLIANCE 2022/23

Name of Policy or Procedure:	Public Sector Equality Duty	
Responsible Officer:	Lesley Henderson – Interim Head of Corporate Services	
Stated Requirement in Code:	Annual Statement of Compliance	
Report required by:	Corporate Management Team	31 May 2023
		Next report due May 2024
Report by Head of Corporate Services on Statements of Compliance with arrangements	The Public Sector Equality Duty requires equality to be considered as part of the functions of public authorities, including decision-making, in the design of internal and external policies and in the delivery of services, and for these issues to be kept under review. During 2022/23 the Council has continued to focus on legislative duty commitments in terms of mainstreaming equality into everything we do, actions to achieve our Equality Outcomes and implementing the Fairer Scotland Duty. Key actions taken forward to achieve these commitments include: • continuing to develop and work with existing and emerging community groups/forums and the third sector on service specific activity; and • implementation of actions identified in the Equality and Diversity Framework 2021 – 2025 and accompanying Equality Outcome Plan. The council has made good progress in mainstreaming equality since the publication of the equality mainstreaming outcomes in 2021. A summary of activities undertaken by the council is set out in the Equality Outcomes and Mainstreaming Progress Report 2021 – 2023. The Equality Outcomes and Mainstreaming Framework 2021-2025 includes a suite of equality outcomes which are intended to reflect that the council has a more mature approach to the mainstreaming of equalities into the delivery of council services, but also to address the most significant inequalities emerging from local evidence and involvement activities that could have the greatest positive impact. The Outcomes reflect the strategic overview of the most significant equality issues for the council as a whole and build upon the progress made since 2013 to mainstream the activity that was previously the focus of the equality outcomes contained in earlier equality mainstreaming reports. Progress on the framework covers mainstreaming activities that relate to procurement, staff recruitment and retention, training and support and the delivery of outcomes that aim to improve services and outcomes for the people, communities that the council serves. The council's equality outcomes align with and are supported by a number of corporate plans and strategies.	

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Examples of activities during the 2022/23 are include in the councils Equality and Diversity Framework 2021-2023 progress report. Examples include:

- A new Supporting Women and Girls initiative has been developed to help women feel safer in West Lothian's public spaces and places. The safety of women and girls is a key action within the Community Safety Strategic Plan 2022 – 2025, which was approved at the Community Safety Board on 8 August 2022.

- An Elected Members Equality and Diversity Working Group was established to help break down the barriers to inclusion for new and incumbent elected members. An action plan has been approved.

- A Legacy of Chattel Slavery Working Group has met regularly since February 2022 and the business of the group has been divided into three subgroups: recording local history connections; education; and community engagement and events.

- A Flexible Working Pilot has introduced workstyle categories for each post in the council, one of which is Hybrid Working. Along with the introduction of hybrid and homeworking, the council extended the bandwidths of the flexi-time scheme and introduced more flexibility within the working day.

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

Conclusions Drawn from Report	The council has continued to manage the implementation of the Public Sector Equality Duty within the required legal framework.
Matters for Forward Periods	Continued implementation of the Equality and Diversity Framework 2021 – 2025 and accompanying Equality Outcome Plan as agreed at Council Executive on 18 May 2021. In line with statutory requirements, a progress report was published in April 2023 that sets out examples of the work undertaken in the Council to mainstream equality, advance equality of opportunity, tackle discrimination and promote good relations both within our workforce and the wider community. The final progress report for the period will be published in April 2025.
Certificate by Head of Corporate Services	I certify that arrangements are currently in place for compliance with the Public Sector Equality Duty.
Signature	Date

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Local Code of Corporate Governance - Annual Statement of Compliance 2022/23 | **12** |

Name of Policy or Procedure:	Regulation of Investigatory Powers (Scotland) Act 2000 (RIPSA)
Responsible Officer:	Depute Chief Executive (Corporate, Housing and Operational Services), Senior Responsible Officer
Stated Requirement in Code:	Annual statement of compliance
Report required by:	Corporate Management Team, 31 May 2023
Review Date	Issues raised will be monitored by Governance & Risk Board and Governance & Risk Committee. A full annual report will be made to Public & Community Safety Policy Development & Scrutiny Panel (PDSP) on 29 August 2023. A new statement is required each year.
Report by the Senior Responsible Officer on compliance during 2022/23	The council is required to comply with RIPSA when carrying out covert surveillance under existing powers for the purposes of public health public safety or the investigation of crime. Before such activity is carried out an application must be made and an authorisation granted, which must then be kept under review and terminated when appropriate. The council must appoint a Senior Responsible Officer with overall responsibility for statutory compliance. It must appoint Authorising Officers who determine if permission should be granted for planned covert surveillance activities. It must establish a policy on the implementation of the regime and make advice and guidance available to council officers. It is expected to make a periodic report to elected members and to the public on the use of the powers. It is subject to regulation and inspection by the Investigatory Powers Commissioner's Office (IPCO).
	I am designated as the council's Senior Responsible Officer. The Governance Manager/Monitoring Officer and the Chief Solicitor are Authorising Officers. Those appointments are reflected in the Scheme of Delegations.
	The council has a Policy, Procedure and Guidance in place. Those are reviewed every three years. They are undergoing review in 2022/23. That process will be completed at committee in May 2023.
	The council is subject to statutory inspection every three years. That was done in November 2022. The outcome was positive and only minor recommendations for change were made. An action plan was put in place through Governance & Risk Board, agreed with IPCO, and reported to PDSP in February and April 2023. Actions will be completed by the end of June 2023 and completion will be reported to PDSP in August 2023.
	The council requires to make an annual statistical return to IPCO for each calendar year. The return for 2022 was made in January 2023, within the timescale stipulated.
	The council receives an annual report on compliance and any concerns arising. The report for 2021/22 was made to PDSP in August 2022. The report for 2022/23 will be made to PDSP in August 2023.
	No authorisations were requested, refused or granted in 2022/23. Services have alternative methods in place for investigation and enforcement which do not include covert surveillance and so do not require an authorisation.

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	Services which may engage in covert surveillance activity for the statutory core purposes are aware of the council's legal duties and have arrangements in place to ensure compliance. There have been no incidents of activity taking place where an authorisation should have been applied for. Refresher training will be delivered to relevant services in June 2023.
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Conclusions Drawn from Report	There have been no failures of compliance in 2022/23. As confirmed by the IPCO inspection during the year, the council has robust and effective measures in place to secure compliance.
Matters for Forward Periods	The revision of the Policy, Procedure and Guidance will be concluded at Council Executive on 23 May 2023. Refresher training will take place in June 2023. Post-inspection actions will be completed in June 2023 and reported to PDSP in August 2023. The annual report for 2022/23 will be presented to PDSP in August 2023.
Certificate by Senior Responsible Officer	The council is complying in all material respects with its legal requirements.
Signature	**Graeme Struthers**	**Date**

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Local Code of Corporate Governance - Annual Statement of Compliance 2022/23

Name of Policy or Procedure:	Breaches of the Law
Responsible Officer:	James Millar – Monitoring Officer (permanent appointment made by Council Executive on 28 February 2023)
Stated Requirement in Code:	Annual statement of compliance
Report required by:	Corporate Management Team, 31 May 2023
Review Date	Issues raised will be monitored by Governance & Risk Board and Governance & Risk Committee. A new statement is required each year.
Report by the Monitoring Officer on breaches of the law occurring or disclosed during 2022/23	Having consulted with the Heads of Service, the Chief Solicitor and the Audit, Risk and Counter Fraud Manager I can confirm that I am not aware of any actual or potential breaches of the law by the council in 2022/23 which have or will have a material or significant impact on the operations of the council. In the course of my consultation, a number of instances were, properly, notified and assessed where improvements to the council's compliance with legislation were required. I do not consider that any of those instances involved a material or significant impact on the operations or finances of the council. Where such improvements were identified, steps have been, or are being taken to deliver them, as outlined in the other statements of compliance. These are of note but in no ranked order.
	As noted in last year's statement, the statutory deadline was missed in 2020/21 for the review of the Integration Scheme relating to the delegation of health and care functions to the West Lothian Integration Joint Board. That review was progressed in 2022/23, with a revised Scheme agreed between council and health board and submitted to the Scottish Ministers for approval in August 2022. It was approved on 15 May 2023. Although out of the council's control for almost the whole year, the failure identified in 2021/22 continued. The current Scheme continued to operate effectively and no significant risks were identified
	As stated in the last two years' statements, the Housing Need Service breached the "interim duty" in the Homeless Persons (Unsuitable Accommodation) (Scotland) Order 2004, by using bed and breakfast and hotel accommodation on over 500 occasions until compliant temporary accommodation was provided. The cause was again a shortage of temporary accommodation to meet the needs of larger families or those waiting to secure temporary accommodation in particular areas. It is seen as an almost intractable problem across Scotland. One judicial review action raised against the council was settled when suitable accommodation was found. Remedial measures continue to be used, the West Lothian Rapid Rehousing Transition Plan 2019/20 to 2023/24 is being implemented, and the existing Allocations Policy utilised as effectively as possible
	The council was required by law to establish a Short Term Lets Scheme to regulate the use of dwelling houses for guests in the course of a business. The statutory deadline in October 2022 for implementing the Scheme was missed. It was approved through Council Executive in December 2022. Applicants have until October 2024 to apply. The first competent application was not made until January 2023 and so the delay in establishing the Scheme had no detrimental impact on applicants, nor on the council

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	Three fraud-related issues were dealt with. Two counter fraud investigations were reported to committee. One involved a bank mandate fraud (20 January 2023). The second concerned thefts from a school premises (24 March 2023). A third arose through an external inspection of the council-operated Vehicle Testing Station in February 2022. Three areas of concern were identified in the testing and issuing of test certificates. Suspension action was taken against six registered/accredited members of staff. The council was subject to a cessation of 28 days in September 2022 and required to reapply for DVSA authorisation. Council officers took appropriate action under the Disciplinary Policy and Procedure. Full investigations were carried out in all three cases and remedial actions were designed and implemented.
	Issues were identified in the process followed for the appointment of the Data Protection Officer, a statutory position with responsibility for securing compliance with data protection law. The detailed statutory requirements and conditions had not been properly taken into account and evidenced. The issues were addressed during the year and rectified through Council Executive on 23 February 2023. The role is now more clearly recognised and defined in the Scheme of Delegations and further improvements are being taken forward in parallel with the ongoing review of the Information Governance Policy.
Conclusions Drawn from Report	There have been no material or significant breaches of the law by the council in 2022/23 which have or will have a material or significant impact on the operations or finances of the council.
Matters for Forward Periods	The issues noted above where there were legal breaches will be incorporated into the governance matters listed in the annual governance statement. They will be included in the schedule of governance issues monitored through the Governance & Risk Board and twice yearly by Governance & Risk Committee.
Certificate by Monitoring Officer	The council is complying in all material respects with its legal requirements.
Signature	**James Millar** **Date 31 May 2023**

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APPENDIX 3

LOCAL CODE OF CORPORATE GOVERNANCE 2022/23

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

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

A1. Behaving with integrity	17 green	2 amber	Zero red	19 in total
(a) Ensuring members and officers behave with integrity and lead a culture where acting in the public interest is visibly and consistently demonstrated thereby protecting the reputation of the council				
(b) Ensuring members take the lead in establishing specific standard operating principles or values for the council and its staff and that they are communicated and understood. These should build on the Seven Principles of Public Life (the Nolan Principles)				
(c) Leading by example and using the above standard operating principles or values as a framework for decision making and other actions				
(d) Demonstrating, communicating and embedding the standard operating principles or values through appropriate policies and processes which are reviewed on a regular basis to ensure that they are operating effectively				

Evidence		RAG
Councillors' Code of Conduct, Guidance and Advice communicated to members	Post-election Induction Pack, Induction Training, quarterly and *ad hoc* emails to members on new guidance and advice, annual report to full council. Subject to Internal Audit in 2019/20, control found to be effective. Bi-annual training sessions introduced in 2020/21. Email briefings to members on revised Code, effective 7 December 2021. Report to full council on new Code in January 2022. Training sessions on new Code in December 2021 and January 2022. Included in post-elections Induction Pack in May 2022. Training sessions in Induction Programme. Continuation of bi-annual sessions and ad hoc emails to members	G

1

A1. Behaving with integrity		17 green	2 amber	Zero red	19 in total
Register of Interests (including gifts and hospitality) populated on election, reviewed and updated, made publicly available	Post-election Induction pack, forms timeously completed with Proper Officer after elections, published on internet, bi-annual reminders to review and update. Internal process reviewed February 2019. Subject to Internal Audit in 2019/20, control found to be effective. Training on registering interests in June 2021. Forms and procedures revised to reflect new Code and post-elections requirements for new registers for all members. Training sessions on new Code in December 2021 and January 2022. Included in post-elections Induction Pack in May 2022. Training sessions in Induction Programme. New registers populated and published timeously in June 2022. Bi-annual reminders continue	G			
Role descriptions for members	Reviewed in late 2021 to take account of revisions to Councillors' Code of Conduct and Guidance and family leave scheme for members. Revised version approved at Council Executive in December 2021. Included in Induction Pack after elections in May 2022.	G			
Declarations of Interest as standing item on meeting agendas and recorded in minutes	Included on all agendas, raised verbally by Chairs at all meetings, all minuted, minutes record where none are made, agendas and minutes available on internet via Coins. Forms and reminders now added to iPad agenda packs. Forms and information sheets in agenda packs revised in January 2022 to reflect revised Code of Conduct and guidance. Covered in post-elections Induction Programme and members' training since	G			
Standing Orders for meeting procedures include conduct at meetings	Standing Order 22 on members' conduct, reflects Councillors' Code of Conduct and Guidance. Conduct covered in annual report and annual review of Code. New guidance developed for use in remote access meetings. Standing Order 22 revised and changes approved in September 2021 for hybrid meetings. Conduct covered in bi-annual training sessions in 2021/22 and 2022/21 on "respect" cases	G			
Meetings held in private only with legal justification and to least extent possible, and minutes record reasons	Guidance in place on intranet, controlled and determined through Committee Officers and Governance Manager. Statutory reason required and shown in agenda and on internet, reason recorded in minutes, minute meets requirements of 1973 Act for public information. Use of "private" reports kept deliberately to a minimum and where justified by circumstances, not just permitted by law. Process continued during COVID when meetings were by remote-access. Report on law and procedures to Governance & Risk Committee in August 2021. Standing Order 24 amended in September 2021 in relation to public access	G			
Reports on standard template including council values, relevance to Corporate Plan and Local Improvement Plan	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes relevance to Corporate Plan. Requires updating and revision to refer to LOIP and new Corporate Plan and priorities. Work on revised template commenced in 2019/20. Delayed by COVID, not completed in 2021/22 due to concentration of resources on elections. Existing template is still effective. Draft considered at G&RB and CMT in 2022/23. Work still underway and expected to be completed in in 2023/24	A			

2

A1. Behaving with integrity		17 green	2 amber	Zero red	19 in total
Vision, values and priorities established in Corporate Plan	Corporate Plan 2018/2012 approved 13 February 2018 with agreed priorities, covering report included council's values per West Lothian Way (WLW). Corporate Plan includes mission statement, values and corporate priorities. Compulsory training module introduced in 2021/21, called Working to Council Values. Corporate Plan to be renewed after elections in May 2022. West Lothian Way reviewed and updated in early 2022. New WLAM programme includes corporate assessment, covering values and priorities. New five-year Corporate Plan delayed until May 2023				G
Vision, values and priorities agreed with community planning partners	Restructure and refresh of Community Planning Partnership completed in 2018/19. LOIP under revision with partners to reflect agreed priorities and outcomes. LOIP under review post-pandemic. Discussion with key partners, stakeholders and officers to review the focus areas and outcomes, ensuring they are fit for purpose and reflect the current context. High level focus areas have now been identified and work continues on developing the supporting delivery plan/actions and performance information. LOIP nearing conclusion, delivery plans considered in March 2023 at CPPB and to be brought together and approved alongside the LOIP, targeted for June 2023, followed by review and alignment of Locality Plans				A
Anti-fraud and corruption policy and procedures	Annual Counter Fraud Plan, interim and end of year reports to Audit Committee. Annual Compliance Statement with report on corporate governance. Anti-Money Laundering Policy approved in September 2019. New Procedures for the Investigation of Suspected Fraud, Corruption and Irregularities approved in June 2020. Review and updating of Anti-Fraud & Corruption Policy started in late 2020, completed via PDSP and Audit Committee at Council Executive in June 2021.				G
Whistleblowing policy and procedures	Policy, procedure and guidance reviewed between September and November 2014. Available on intranet. Annual Compliance Statement. Reported through bi-annual Counter-Fraud reports to Audit Committee, including performance and outcomes. Due to be reviewed by December 2019, not completed. Reviewed by officers in 2020/21, no significant improvements identified, no report to committee, January 2021.				G
Internal process for complaints against members	Internal procedure (2014) through Chief Executive Office and Monitoring officer. Due for review this administrative term. Subject to Internal Audit in 2019/20, control found to be effective. Procedure reviewed and review completed by August 2019 as an internal audit action. Confirmed no changes required by introduction of revised Code of Conduct in December 2021. Planned for review when Ethical Standards Commissioner's Investigations Manual is finalised, expected in 2023/24				G

3

A1. Behaving with integrity		17 green	2 amber	Zero red	19 in total
Annual report on Councillors' Code of Conduct and reporting of Standards Commission findings when required	All Commission findings have been reported as required by law (last in 2019/20). Annual report to full council (done in November 2020, 2021 and 2022). Additional report to full council in January 2022 on introduction of revised Code in December 2021. Standards Commission's findings in cases communicated through bi-annual training sessions	G			
Training on Councillors' Code of Conduct and Standing Orders - induction on election and regular refresher training	Post-election Induction Training for all members. Separate sessions for Chairs and Vice-Chairs. Refresher training as and when required. Updates by emails. Bi-annual training sessions since 2021. Additional training in early 2022 after introduction of revised Code. Sessions included in post-elections Induction Programme for May/June 2022. Bi-annual sessions and email alerts continue	G			
Employee Code of Conduct made, published and regularly reviewed	Code of Conduct in place. Tied in to Councillors' Code of Conduct. Available on intranet. Incorporated into contracts of employment. Reviewed and updated in January 2020. Suite of additional guidance issued in December 2019 and January 2020. Subject to internal audit in 2019/20, control found to be satisfactory. Reviewed after introduction of new Councillors' Code of Conduct in December 2021. Updated Code approved via PDSP at Council Executive in February 2022	G			
Induction for new staff on standards of conduct expected	Model induction procedures and checklists in place for all staff. Separate process for managers. Process covers discipline and grievance and Employee Code of Conduct. Model Induction Process reviewed and updated in March 2020. Delivered via e-learning module	G			
Employee notifications of interests or conflicts of interest – recorded and retained	Required by Employee Code of Conduct. Heads of Service require to record and retain. Done through CEO for CMT members. Reviewed and updated in January 2020. Suite of additional guidance issued in December 2019 and January 2020, including declaration/recording of interests and conflicts of interest. Subject to internal audit in 2019/20, control found to be satisfactory. Updated Employee Code of Conduct approved via PDSP at Council Executive in February 2022. Compliance confirmed annually through process for production of Annual Compliance Statement by Head of Corporate Services	G			
Senior officer record of interests maintained and refreshed annually	Covered by Employee Code of Conduct. Code reviewed in January 2020. Subject to internal audit in 2019/20, control found to be satisfactory. Suite of additional guidance issued in December 2019 and January 2020, including declaration/recording of interests and conflicts of interest. Records for CMT members collated by Chief Executive Office, signed off by Governance Manager. Updated Employee Code of Conduct approved via PDSP at Council Executive in February 2022. Compliance confirmed annually through process for production of Annual Compliance Statement by Head of Corporate Services	G			

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A1. Behaving with integrity		17 green	2 amber	Zero red	19 in total
Officer performance appraisals include standards of conduct	In Core Competency Framework in ADR Procedure. Annual appraisals of all staff. Process rolled out across staff in June 2016. Part of People Strategy. Model Induction process includes Employee Code of Conduct. New Framework for Managing Performance under development on 2018/19, interrupted by COVID-19, approved at Council Executive in October 2020, procedures and guidance for managers issued.				G

A2. Demonstrating strong commitment to ethical values		8 green	4 amber	Zero red	12 in total
(a) Seeking to establish, monitor and maintain the council's ethical standards and performance					
(b) Underpinning personal behaviour with ethical values and ensuring they permeate all aspects of the council's culture and operation					
(c) Developing and maintaining robust policies and procedures which place emphasis on agreed ethical values					
(d) Ensuring that external providers of services on behalf of the council are required to act with integrity and in compliance with ethical standards expected by the council					

Evidence		RAG
Councillors' Code of Conduct, Guidance and Advice communicated to members	Post-election Induction Pack, Induction Training, quarterly and ad hoc emails to members on new guidance and advice, annual report to full council. Subject to Internal Audit in 2019/20, control found to be effective. Bi-annual training sessions introduced in 2020/21. Email briefings to members on revised Code, effective 7 December 2021. Report to full council on new Code in January 2022. Training sessions on new Code in December 2021 and January 2022. Included in post-elections Induction Pack in May 2022. Training sessions in Induction Programme. Continuation of bi-annual sessions and ad hoc emails to members.	G
Register of Interests (including gifts and hospitality) populated on election, reviewed and updated, made publicly available	Post-election Induction pack, forms timeously completed with Proper Officer after elections, published on internet, bi-annual reminders to review and update. Internal process reviewed February 2019. Subject to Internal Audit in 2019/20, control found to be effective. Training on registering interests in June 2021. Forms and procedures revised to reflect new Code and post-elections requirements for new registers for all members. Training sessions on new Code in December 2021 and January 2022. Included in post-elections Induction Pack in May 2022. Training sessions in Induction Programme. New registers populated and published timeously in June 2022. Bi-annual reminders continue	G

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A2. Demonstrating strong commitment to ethical values		8 green	4 amber	Zero red	12 in total
Declarations of Interest as standing item on meeting agendas and recorded in minutes	Included on all agendas, raised verbally by Chairs at all meetings, all minuted, minutes record where none are made, agendas and minutes available on internet via Coins. Forms and reminders now added to iPad agenda packs. Forms and information sheets in agenda packs revised in January 2022 to reflect revised Code of Conduct and guidance. Covered in post-elections Induction Programme and members' training since	G			
Standing Orders for meeting procedures include conduct at meetings	Standing Order 22 on members' conduct, reflects Councillors' Code of Conduct and Guidance. Conduct covered in annual report and annual review of Code. New guidance developed for use in remote access meetings. Standing Order 22 revised and changes approved in September 2021 for hybrid meetings. Conduct covered in bi-annual training sessions in 2021/22 and 2022/21 on "respect" cases	G			
Training on Councillors' Code of Conduct and Standing Orders - induction on election and regular refresher training	Post-election Induction Training for all members. Separate sessions for Chairs and Vice-Chairs. Refresher training as and when required. Updates by emails. Bi-annual training sessions since 2021. Additional training in early 2022 after introduction of revised Code. Sessions included in post-elections Induction Programme for May/June 2022. Bi-annual sessions and email alerts continue	G			
Annual governance statement	Responsibility of Governance Manager in Scheme of Delegations. Completed annually via Governance & Risk Board and to Governance & Risk Committee in June each year. Completed in accordance with CIPFA/SOLACE Framework (2016). Bi-annual interim reports on progress on issues identified made to G&RB and G&RC. Adjusted per CIPFA guidance in 2019/20, 2020/21 and 2021/22 to include commentary on COVID. Adjusted in 2019/20 to make improvements from comparisons against statements for seven other councils. Addition in 2020/21 and 2021/22 per CIPFA guidance on extent of compliance with CIPFA Financial Management Code. External auditor confirmed in annual report in 2020/21 that the statement conformed with framework and guidance.	G			
Local Code of Corporate Governance – annual report and compliance statements	New Code adopted 22 April 2018. Complies with CIPFA/SOLACE Framework (2016). Completed annually via Governance & Risk Board and Corporate Management Team to Governance & Risk Committee. Full version reported to Council Executive and G&RC, interim report on progress to G&RC. Includes relevant notes on impacts of COVID on evidence. From 2021/22, summary annual report to full council at same meeting as annual accounts approved	G			

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A2. Demonstrating strong commitment to ethical values		8 green	4 amber	Zero red	12 in total

Standing Orders for Contracts, procurement policy and procedures include commitment to ethical values	Contracts Standing Orders and supporting Corporate Procurement Procedures to be approved and on intranet. Both refer to anti-fraud and corruption and whistleblowing obligations and to compliance with statutory regimes such as data protection and FOISA and living wage where competent. Decision-making complied with procurement regulations and temporary COVID-related Scottish Procurement Policy Notes from Scottish Government. Full review of Standing Orders completed in 2020/21 through cross-service working group, approved at committee in October 2020. Checked and no updates required following withdrawal from EU. Subject to internal audit in 2021/22, found control required improvement primarily due to absence of current Corporate Procurement Procedures. Called out in annual reporting in June 2022. Procedures prepared and issued on 31 October 2022 and rolled out to services by CPU	G
Ethical values feature in contracts with external service providers	Contracts Standing Orders and supporting Corporate Procurement Procedures to be approved and on intranet. Standard contract terms cover anti-fraud and corruption and whistleblowing obligations and to compliance with statutory regimes such as data protection and FOISA. Full review completed in 2020/21 through cross-service working group, approved at committee in October 2020. Annual reporting on Corporate Procurement Policy. Subject to internal audit in 2021/22, found control required improvement primarily due to absence of current Corporate Procurement Procedures. Called out in annual reporting in June 2022. Procedures prepared and issued on 31 October 2022 and rolled out to services by CPU	G
Partnership working – protocols, guidance and agreed values	Partnership Guidance available on intranet. Made in 2010, reviewed in 2012 and August 2018. Completed August 2018, trialled in 2018/19 in relation to possible ALEO for instrumental music tuition. Extent of use and compliance to be checked. Partnership and Collaborative Working covered in external auditor's report in 2020/21, no further work planned in 2021/22. Ongoing work to revise LOIP to bring community planning partners towards agreed values	A

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A2. Demonstrating strong commitment to ethical values		8 green	4 amber	Zero red	12 in total
Staff recruitment and selection policy	Selection and Recruitment Policy, procedures, Guidance and forms on intranet on MyToolkit. Last reviewed in July 2014. Due for review before end of 2019, not completed. Further delayed in 2020/21 due to COVID, especially working from home arrangements. Currently being reviewed by officers in relation to the transfer to the iTrent system and with regard to new immigration legislation. Review will progress after that work has been completed. Timetabled for completion before elections in May 2022 but not completed on time due to conflicting priorities and awaiting development of national arrangements in relation to criminal conviction declaration. Existing policy and procedure now considered by a policy review panel, to EMT in May 2022, expected to progress to PDSP and Council Executive in June 2022. Guidance and procedures were reviewed early 2022. Amendments were made to guidance on the declaration and assessment of criminal convictions during recruitment. Policy underwent a review panel, EMT instructed a broader review of the policy, less procedural focused, with the main objective being to recruit the very best people to the council. Review timetabled amongst other HR policy reviews	A			
Officer performance appraisals include standards of conduct	In Core Competency Framework in ADR Procedure. Annual appraisals of all staff. Process rolled out across staff in June 2016. Part of People Strategy. Model Induction process includes Employee Code of Conduct. New Framework for Managing Performance under development on 2018/19, interrupted by COVID-19, approved at Council Executive in October 2020, procedures and guidance for managers issued. Delivered via e-learning module	G			

A3. Respecting the rule of law		13 green	1 amber	Zero red	14 in total
(a) Ensuring members and staff demonstrate a strong commitment to the rule of the law as well as adhering to relevant laws and regulations					
(b) Creating the conditions to ensure that the statutory officers, other key post holders, and members, are able to fulfil their responsibilities in accordance with legislative and regulatory requirements					
(c) Striving to optimise the use of the full powers available for the benefit of citizens, communities and other stakeholders					
(d) Dealing with breaches of legal and regulatory provisions effectively					
(e) Ensuring corruption and misuse of power are dealt with effectively					

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A3. Respecting the rule of law		13 green	1 amber	Zero red	14 in total

Evidence		RAG
Reports on standard template including council values, relevance to Corporate Plan and Local Improvement Plan	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes relevance to Corporate Plan. Requires updating and revision to refer to LOIP and new Corporate Plan and priorities. Work on revised template commenced in 2019/20. Delayed by COVID, not completed in 2021/22 due to concentration of resources on elections. Existing template is still effective. Draft considered at G&RB and CMT in 2022/23. Work still underway and expected to be completed in in 2023/24	A
Reports ensure demonstration that legal advice has been considered	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes section on law and policy and separate section on consultations which covers legal and other professional advice	G
Standing Orders to ensure professional advice is given	Standing Order 10 requires chairs to allow officers to address the meeting. SO 15, 19 and 20 require chairs to allow financial advice to be given on financial implications. Scheme of Delegation allows Chief Social Work Officer and Monitoring Officer direct access to council or committee. Amended in 2022/23 to allow Data Protection Officer the same access	G
Scheme of Administration containing committee remits and powers	Scheme covers committees and other bodies with member involvement. Remits and powers defined. Available on internet and intranet. Reviewed and adopted in December 2016. Re-adopted in May 2017. Can only be amended by full council on notice given. Widescale review of decision-making arrangements instructed in February 2018. Changes approved by council and committee in stages throughout 2019/20 and continuing in 2020/21. Completion interrupted by COVID. Remaining issues reported and changes approved at council in September 2021, including changes needed to facilitate hybrid meeting arrangements. Amended to a limited extent following formation of new political administration in May/June 2022	G
Scheme of Delegation to Officers	Scheme made and maintained in accordance with legislation. Refreshed and republished quarterly under delegated powers to reflect committee decisions and changes in legislation or management structure. Available on internet and intranet. Updating process continued unaffected by COVID. Role descriptions of statutory officers, with the addition of Data protection Officer, approved in 2022/23. More extensive review due to be carried out between 2022 and 2027	G
Role descriptions for members	Reviewed in late 2021 to take account of revisions to Councillors' Code of Conduct and Guidance and family leave scheme for members. Revised version approved at Council Executive in December 2021. Included in Induction Pack after elections in May 2022.	G

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A3. Respecting the rule of law		13 green	1 amber	Zero red	14 in total
Finance Officer role identified and supported (CIPFA's Statement on the Role of the Chief Financial Officer in Local Government (CIPFA, 2016)	Role and responsibilities recognised and allocated in Scheme of Delegations to Officers, as a proper Officer position. Role description appended to Scheme. Statutory Officer status reflected in reporting to full council. Role description being reviewed following adoption of CIPFA Financial Code in February 2021, due by mid-2021. Minor adjustments made via delegated powers to update Scheme of Delegations, no wider changes found to be required. Report to P&R PDSP in February 2022 that all actions had been completed. Role description revised and approved at committee in 2022/23	G			
Committee support provided free of political influence	Committee Officers managed by Chief Solicitor. Officers trained and aware of need for political neutrality and independence from members, including Chairs. Agendas and minutes prepared without reference to or involvement of elected members.	G			
Record maintained of legal advice provided by officers	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes section on consultations which covers legal and other professional advice. Minutes record significant legal advice given during meetings. Council-wide Objective records management system ensures recording and retention.	G			
Monitoring Officer role identified and supported	Role and responsibilities recognised and allocated in Scheme of Delegations to Officers, as a Proper Officer position. Role description appended to Scheme. Includes statutory right of access to members and meetings. Role description reviewed and approved at committee in 2022/23	G			
Annual compliance statements	Annual compliance statements produced annually in relation to significant corporate policies and procedures. Collated and signed by relevant senior officers. Used to inform annual governance statement and other reporting on corporate governance. Available on internet as part of annual report on corporate governance. New process introduced in 2018/19 using work streams in Objective, embedded for 2019/20 onwards following that testing. Removal of RIPSA statement to become stand-alone annual report in 2019/20 and onwards. In 2022/23, restoration of statements for Code of Conduct, RIPSA and FOI/DPA, to being all together in one place at one time	G			
Independent Internal Audit function (PSIAS)	Internal Audit service provided in accordance with PSIAS. Independence secured via Internal Audit Charter. Annual Plan approved at Audit Committee. Plan for 2020/21 delayed for three months due to suspension of meetings due to COVID, approved in June as soon as meetings resumed. Annual pattern of reporting resumed in 2021/22. Annual Report including review of system of internal control considered at Governance & Risk Committee and Audit Committee in June each year. PSIAS compliance subject to external review in 2021/22, full compliance reported to Audit Committee in January 2022.	G			

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A3. Respecting the rule of law		13 green	1 amber	Zero red	14 in total
Anti-fraud and corruption policy and procedures	Annual Counter Fraud Plan, interim and end of year reports to Audit Committee. Annual Compliance Statement with report on corporate governance. Anti-Money Laundering Policy approved in September 2019. New Procedures for the Investigation of Suspected Fraud, Corruption and Irregularities approved in June 2020. Review and updating of Anti-Fraud & Corruption Policy started in late 2020, completed via PDSP and Audit Committee at Council Executive in June 2021.	G			
Governance Manager appointment	Governance Manager appointed in non-service position to coordinate with Monitoring Officer and Audit, Risk & Counter Fraud Manager on governance issues, including ethical standards, Code of Corporate Governance, annual compliance statements. Carries responsibility and Proper Officer appointments in Scheme of Delegation for annual governance statement and other aspects of the job description. Monitoring Officer role added permanently at committee in 2022/23	G			

A	38 green	7 amber	Zero red	45 in total

11

B. Ensuring openness and comprehensive stakeholder engagement

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

B1. Openness	15 green	4 amber	Zero red	19 in total
(a) Ensuring an open culture through demonstrating, documenting and communicating the council's commitment to openness				
(b) Making decisions that are open about actions, plans, resource use, forecasts, outputs and outcomes. The presumption is for openness. If that is not the case, a justification for the reasoning for keeping a decision confidential should be provided				
(c) Providing clear reasoning and evidence for decisions in both public records and explanations to stakeholders and being explicit about the criteria, rationale and considerations used. In due course, ensuring that the impact and consequences of those decisions are clear				
(d) Using formal and informal consultation and engagement to determine the most appropriate and effective interventions/ courses of action				

Evidence		RAG
Council's goals and values and priorities	Values in West Lothian Way, noted in committee report template. Priorities set and explained in Corporate Plan. Corporate Plan, supporting strategies and local outcomes Improvement Plan define outcome and performance indicators. Corporate Plan 2018/2012 approved 13 February 2018 with agreed priorities, covering report included council's values per West Lothian Way. Corporate Plan includes mission statement, values and corporate priorities. WLW reviewed in 2021/22. Compulsory e-learning module introduced in 2020/21 on working to the council's values and priorities. Approval of new five-year Corporate Plan delayed in February 2023 until May 2023	G
FOISA/EIRS publication scheme	Publication Scheme in accordance with FOISA2002 and OSIC Guidance. FOISA publication scheme is now online – i.e. our webpages are our publication scheme. ILOs to ensure that information is regularly published and at least the last two years information is available online. ILOs' work monitored by Information Management Working Group and G&RB.	G

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B1. Openness		15 green	4 amber	Zero red	19 in total
Council website	Responsibility for website allocated in Scheme of Delegation, maintained by Corporate Communications. Refreshed in 2016. Guidance on web content and administration on intranet. Performance reported in April 2018. New design and content and responsibility introduced in 2019/20. Improvements and outcomes reporting via Digital Transformation Strategy and annual strategy performance report. Software in place to identify and highlight any incompatibility with accessibility standards. Formal process in place from Monday 24 May 2021. Further redesign in 2021/22.	G			
Online service information	Website and intranet contain extensive service information pages with an A-Z index and search facility. Responsibility for maintaining updating content devolved to services in accordance with corporate guidance. Part of digital transformation process. Improvements and outcomes reporting due via Digital Transformation Strategy and annual corporate strategy performance reports. Website customer portal called "mywestlothian", allowing customers to make enquiries online. In May 2022, 58,438 residents with an account, equating to 32% of the West Lothian population. In April 2023, 67,222 residents with an account, equating to 36% of the West Lothian population.	G			
Online application processes	Online application process in place for some applications. Content being reviewed and user survey underway. Improvements and outcomes reporting due via Digital Transformation Strategy in June 2018. Improvements and outcomes reporting due via Digital Transformation Strategy and annual corporate strategy performance reports. Speedy improvements resulting from COVID-19 emergency measures. Online customer portal called "mywestlothian" has 36% of the West Lothian population registered and there are at April 2023 over 150 forms available on the website covering requests for service, applications and reporting issues such as a change of circumstances for council tax or benefits. On average 8384 forms are submitted on a monthly basis to council services. Automated workflows in internal systems reduce the time taken to deal with enquiries with at April 2023 82 workflows built in our Electronic Document Management system. Software implemented in 2022 allowed the development of four fully automated processes in FMU and one customer facing process. There are currently 5 automated processes in development with work ongoing to identify and automate the most suitable types of customer requests that come through the Customer Service Centre.	G			

13

B1. Openness		15 green	4 amber	Zero red	19 in total
Decision-making rules (Standing Orders)	Available on internet and intranet. Reviewed and adopted in December 2016. Re-adopted in May 2017. Amended since via reports to council. Can only be amended by full council on notice given. Widescale review of decision-making arrangements instructed in February 2018. Changes approved by council and committee in stages throughout 2019/20 and continuing in 2020/21. Completion interrupted by COVID. Remaining issues reported and changes approved at council in September 2021, including changes needed to facilitate hybrid meeting arrangements. Reviewed and re-adopted post-elections in May and June 2022. Minimal changes to Scheme of Administration, no changes to Standing Orders for the Regulation of Meetings			G	
Calendar of dates for submitting and publishing reports	Calendar of ordinary meetings approved annually by committee in March each year. Consultation beforehand with senior officers and chairs. Published and maintained on Coins. Schedule for reports attached to committee remit in Coins. Standing Orders state when reports to be submitted and then published. Calendar in 2019/20 interrupted due to COVID. Revised short-term calendar published in May 2020, then extended in September 2020 and return to normal arrangements in March 2021, 2022 and 2023.			G	
Assessment and review of information provided for decision-making	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes sections for significant legal and financial implications. Draft reports assessed and checked by Heads of Service, as responsible officers, prior to submission. Reports of corporate significance considered at EMT or CMT. Agenda-setting arrangements for committees and PDSPs. Bi-annual training on report-writing by Governance Manager. Template requires updating. Work on revised template commenced in 2019/20, postponed due to COVID. Existing template is still effective. Work still underway in 2022/23, and expected to be completed in 2023/24			A	
Committee report templates	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes relevance to Corporate Plan. Requires updating and revision to refer to LOIP and new Corporate Plan and priorities. Work on revised template commenced in 2019/20. Delayed by COVID, not completed in 2021/22 due to concentration of resources on elections. Existing template is still effective. Draft considered at G&RB and CMT in 2022/23. Work still underway and expected to be completed in in 2023/24			A	

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B1. Openness		15 green	4 amber	Zero red	19 in total

Public engagement strategy	Consultation pages on website. "You said/we did". Open and closed consultations collected and reported on service by service basis. Webpages show closed and current consultations. Tenant engagement/participation strategy, this was utilised in 2022/23 as part of the rent consultation. Use of social media. Community Choices pilots, especially using CONSUL, online engagement and face to face surveys. Community Engagement Plan developed by Community Planning Partnership. Face-to-face consultation meetings hampered by COVID, remote access meetings and social media surveys utilised, these have remained post Covid. Citizen's panel refresh agreed in 2022 to ensure its representative of the demographics and of geography in West Lothian, with an emphasis on support those that haven't engaged in the panel before. Engage Scotland were awarded a contract to support the refresh and upkeep of the panel. The refresh started in early 2023. Community Planning Officers have reviewed the engagement toolkit in 2022/23, with elements being identified to be refreshed. An updated tool kit to be introduced in summer 2023 as part of the approach being developed to Community Wealth Building and Community Choices. This will include a discussion with partners and community organisations on how it will be promoted and utilised.	A
Citizen survey/inspection	Citizen survey and inspection programme in place. Citizen Panel programme. Quality of Life Survey. Refreshed and relaunched in 2017/18 as response to BVAR recommendation and agreed action plan. Progress reported to Performance Committee in March 2019. New programme due for 2019/20, not put in place. Update report scheduled for Performance Committee before summer break in 2020, postponed due to COVID-19 and diversion of relevant staff to other duties. Work further postponed to wait till post-pandemic to ensure engagement is at the right time and will provide the best response. Review proposed in 2022/23 through consultation with main stakeholders to refresh the approach before activities restart. Review carried out in 2022/23, contract let to re-establish refreshed panel, population of panel underway, working group to consider best uses. Citizen-led inspection programme to be revived in 2023/24	G
Use of consultation feedback	Consultation feedback reported to PDSP and committee when undertaken. Analysed and responded and fed into recommendations and reports. "You said, we did" information on website. Record on website of all closed and open consultations. Feedback form WLC2028 public consultation in autumn 2022 reported to PDSP meetings then in revenue budget report when council tax set and budget savings measures agreed	G
Record of professional advice in reaching decisions	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes section on consultations which covers legal and other professional advice. Minutes record significant legal advice given during meetings.	G

15

B1. Openness		15 green	4 amber	Zero red	19 in total
Record of decision making and supporting materials	Action Notes issued within 3 days of meetings. Minutes prepared in house style, refreshed in 2019. Report template includes section on background references. All retained in accordance with statutory rules and Records Management Plan. Corporate records management system (Objective) ensures recording and retention.	G			
Meeting reports show details of advice given	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes relevance to Corporate Plan. Requires updating and revision to refer to LOIP and new Corporate Plan and priorities. Work on revised template commenced in 2019/20. Delayed by COVID, not completed in 2021/22 due to concentration of resources on elections. Existing template is still effective. Approach to minutes agreed in 2019, captures significant advice given at meetings. Existing template is still effective. Draft to G&RB and CMT in 2022/23. Work still underway and expected to be completed in 2023/24	A			
Equality impact assessment procedure	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes section on IIAs. Procedures and guidance available on intranet for process and publication. Updated for new Fairer Scotland duty, incorporated into Integrated Impact Assessment process.	G			
Regular public performance reporting	WLAM reporting to Performance Committee. Service performance to PDSP quarterly. SPI service reporting through website. Performance themes reporting. Process reviewed in response to BVAR recommendations and agreed actions. Factfile produced and published via Performance Committee each year. Corporate and service performance and benchmarking information published on webpages, including Local Government Benchmarking Scheme. Reports on corporate strategies scheduled for PDSPs and other committees in mid-2020, delayed due to COVID-19, reporting commenced in autumn/winter 2020 and carried out in mid-2021.	G			
Annual performance report	Factfile produced annually via Performance Committee. Webpages cover service and corporate performance. Annual report to committee on performance through Local Government Benchmarking Framework. Reports on corporate strategies scheduled for PDSPs and other committees in mid-2020, delayed due to COVID-19, reporting commenced in autumn/winter 2020, completed in mid-2021	G			
Complaints procedure	Corporate Procedure adopted in accordance with SPSO requirements. Publicised on internet and at council offices. Recorded and managed via CRM. Quarterly reports to CMT and Performance Committee. Annual performance report to Performance Committee and P&R PDSP. Performance reported on website. Participation in national benchmarking. Annual SPSO report to Council Executive. Adoption of revised Complaints Procedure in May 2021 as required by SPSO	G			

16

B2. Engaging comprehensively with institutional stakeholders		Zero green	4 amber	Zero red	4 in total
(a) Effectively engaging with institutional stakeholders to ensure that the purpose, objectives and intended outcomes for each stakeholder relationship are clear so that outcomes are achieved successfully and sustainably					
(b) Developing formal and informal partnerships to allow for resources to be used more efficiently and outcomes achieved more effectively					
(c) Ensuring that partnerships are based on: trust, a shared commitment to change, a culture that promotes and accepts challenge among partners and that the added value of partnership working is explicit					

Evidence		RAG
Database of stakeholders with whom the authority should engage	Management Plans include list of partners including institutional partners. Engagement and consultation strategy includes institutional consultees. Will be refreshed and reviewed as part of work in 2022/23 on public engagement strategy.	A
Partnership working – protocols, guidance and agreed values	Partnership Guidance available on intranet. Made in 2010, reviewed in 2012 and August 2018. Ongoing work to have them incorporated into guidance on engagement with ALEOs and other outside bodies. Completed August 2018, trialled in 2018/19 in relation to possible ALEO for instrumental music tuition. Extent of use and compliance should be checked. Partnership and Collaborative Working covered in external auditor's report in 2020/21, no further work planned in 2021/22. Ongoing work to revise LOIP to bring community planning partners towards agreed values	A
Partnership records	Partnership Guidance available on intranet. Made in 2010. Last reviewed in 2012. Ongoing work to have them incorporated into guidance on engagement with ALEOs and other outside bodies. Includes requirement for records and lists to be maintained by services. Completed August 2018, trialled in 2018/19. Extent of use and compliance should be checked. Partnership and Collaborative Working covered in external auditor's report in 2020/21, no further work planned in 2021/22. Ongoing work to revise LOIP to bring community planning partners towards agreed values	A

17

B2. Engaging comprehensively with institutional stakeholders		Zero green	4 amber	Zero red	4 in total	
Partnership performance assessment and reporting	Partnership Guidance available on intranet. Made in 2010. Last reviewed in 2012. Ongoing work to have them incorporated into guidance on engagement with ALEOs and other outside bodies. Includes requirement for reporting on performance where deemed appropriate by application of guidance. Completed August 2018, trialled in 2018/19. Extent of use and compliance should be checked. Partnership and Collaborative Working covered in external auditor's report in 2020/21, no further work planned in 2021/22. Ongoing work to revise LOIP to bring community planning partners towards agreed values	A			

B3. Engaging with individual citizens and service users effectively		6 green	1 amber	Zero red	7 in total	
(a) Establishing a clear policy on the type of issues that the council will meaningfully consult with or involve communities, individual citizens, service users and other stakeholders to ensure that service (or other) provision is contributing towards the achievement of intended outcomes						
(b) Ensuring that communication methods are effective and that members and officers are clear about their roles with regard to community engagement						
(c) Encouraging, collecting and evaluating the views and experiences of communities, citizens, service users and organisations of different backgrounds including reference to future needs						
(d) Implementing effective feedback mechanisms in order to demonstrate how views have been taken into account						
(e) Balancing feedback from more active stakeholder groups with other stakeholder groups to ensure inclusivity						
(f) Taking account of the impact of decisions on future generations of tax payers and service users						
Evidence						RAG

18

B3. Engaging with individual citizens and service users effectively		6 green	1 amber	Zero red	7 in total	
Public engagement strategy	Consultation pages on website. "You said/we did". Open and closed consultations collected and reported on service by service basis. Webpages show closed and current consultations. Tenant engagement/participation strategy, this was utilised in 2022/23 as part of the rent consultation. Use of social media. Community Choices pilots, especially using CONSUL, online engagement and face to face surveys. Community Engagement Plan developed by Community Planning Partnership. Face-to-face consultation meetings hampered by COVID, remote access meetings and social media surveys utilised, these have remained post Covid. Citizen's panel refresh agreed in 2022 to ensure its representative of the demographics and of geography in West Lothian, with an emphasis on support those that haven't engaged in the panel before. Engage Scotland were awarded a contract to support the refresh and upkeep of the panel. The refresh started in early 2023. Community Planning Officers have reviewed the engagement toolkit in 2022/23, with elements being identified to be refreshed. An updated tool kit to be introduced in summer 2023 as part of the approach being developed to Community Wealth Building and Community Choices. This will include a discussion with partners and community organisations on how it will be promoted and utilised.	A				
Communications guidance and standards	West Lothian Way. Reviewed in 2018/19 and republished on intranet, regularly updated and communicated to staff. Includes the council's Media Strategy and Social Media Guidance and practical information to ensure consistent and corporate standard. Being reviewed and expanded in 2022/23	G				
Citizen survey/inspection	Citizen survey and inspection programme in place. Citizen Panel programme. Quality of Life Survey. Refreshed and relaunched in 2017/18 as response to BVAR recommendation and agreed action plan. Progress reported to Performance Committee in March 2019. New programme due for 2019/20, not put in place. Update report scheduled for Performance Committee before summer break in 2020, postponed due to COVID-19 and diversion of relevant staff to other duties. Work further postponed to wait till post-pandemic to ensure engagement is at the right time and will provide the best response. Review proposed in 2022/23 through consultation with main stakeholders to refresh the approach before activities restart. Review carried out in 2022/23, contract let to re-establish refreshed panel, population of panel underway, working group to consider best uses. Citizen-led inspection programme to be revived in 2023/24	G				
Record of public consultations	Consultation feedback reported to PDSP and committee when undertaken. Analysed and responded and fed into recommendations and reports. Open and closed consultations published on website	G				
Use of consultation feedback	Consultation feedback reported to PDSP and committee when undertaken. Analysed and responded and fed into recommendations and reports. Open and closed consultations published on website. Feedback form WLC2028 consultation in autumn 2022 reported to speacila PDSPs and included in revenue budget report to full council in February 2023	G				
Strategic needs assessment	Undertaken in relation to health and social care services and commissioning plans. Reviewed at least every three years via IJB and H&SCP.	G				

19

B3. Engaging with individual citizens and service users effectively		6 green	1 amber	Zero red	7 in total	
Complaints procedure	Corporate Procedure adopted in accordance with SPSO requirements. Publicised on internet and at council offices. Recorded and managed via CRM. Quarterly reports to CMT and Performance Committee. Annual performance report to Performance Committee and P&R PDSP. Participation in national benchmarking. Annual SPSO report to Council Executive. Revised procedure approved in May 2021 per SPSO requirements. Performance reported on public performance reporting pages in website					G

B	21 green	9 amber	Zero red	30 in total

20

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

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

C1. Defining outcomes		11 green	2 amber	Zero red	13 in total
(a) Having a clear vision, which is an agreed formal statement of the council's purpose and intended outcomes containing appropriate performance indicators, which provide the basis for the council's overall strategy, planning and other decisions					
(b) Specifying the intended impact on, or changes for, stakeholders including citizens and service users. It could be immediately or over the course of a year or longer					
(c) Delivering defined outcomes on a sustainable basis within the resources that will be available					
(d) Identifying and managing risks to the achievement of outcomes					
(e) Managing service users' expectations effectively with regard to determining priorities and making the best use of the resources available					

Evidence		RAG
Goals, values and priorities	Values in West Lothian Way, noted in committee report template. Priorities set and explained in Corporate Plan approved 13 February 2018 includes mission statement, values and priorities. Corporate Plan, supporting strategies and local outcomes improvement plan define outcome and performance indicators. Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes relevance to Corporate Plan. Template requires updating and revision to refer to LOIP and new Corporate Plan and priorities. Compulsory e-training module introduced in 2021 on working to council's values and priorities. Corporate Plan to be renewed after elections in May 2022. West Lothian Way being reviewed and updated in early 2022. New WLAM programme includes corporate assessment, covering values and priorities.	G

21

C1. Defining outcomes		11 green	2 amber	Zero red	13 in total
Corporate plan	Corporate Plan 2018/23 approved on 13 February 2018. Supporting strategies approved in 2018/19. Council priorities identified with performance measures and outcomes. Annual performance reports for each corporate strategy. To be renewed in 2022/23 after local government elections in May 2022. Process agreed at committee in June 2022. Public consultation on saving and priorities carried out in autumn 2022, reported in January 2023. In February 2023, new Corporate Plan not ready and delayed until May 2023	G			
Management plans	Management Plans prepared in accordance with Golden Thread from Corporate Plan. Approved at senior management level and to members and public via PDSPs each year. Set out activities, services, savings, budgets and performance measures. Annual reporting delayed due to COVID, recommenced to PDSPs in November/December 2020 and again in 2021.	G			
Activity budgets	Included in Management Plans (above)	G			
Local Outcomes Improvement Plan	LOIP replaced SOAC. Agreed via Community Planning Partnership Board. LOIP under revision with partners to reflect agreed priorities and outcomes. Work ongoing in 2019/20 and 2020/21, delayed due to COVID, not yet completed. SOAC/LOIP to 2023 remains in place. Planned for completion post-pandemic to incorporate reaction to impact of COVID. Currently being reviewed post-pandemic in discussion with key partners, stakeholders and officers to review the focus areas and outcomes, ensuring they are fit for purpose and reflect the current context. High level focus areas have now been identified and work continues on developing the supporting delivery plan/actions and performance information. LOIP nearing conclusion, delivery plans considered in March 2023 at CPPB and to be brought together and approved alongside the LOIP, targeted for June 2023, followed by review and alignment of Locality Plans	A			

22

C1. Defining outcomes		11 green	2 amber	Zero red	13 in total
Public engagement strategy	Consultation pages on website. "You said/we did". Open and closed consultations collected and reported on service by service basis. Webpages show closed and current consultations. Tenant engagement/participation strategy, this was utilised in 2022/23 as part of the rent consultation. Use of social media. Community Choices pilots, especially using CONSUL, online engagement and face to face surveys. Community Engagement Plan developed by Community Planning Partnership. Face-to-face consultation meetings hampered by COVID, remote access meetings and social media surveys utilised, these have remained post Covid. Citizen's panel refresh agreed in 2022 to ensure its representative of the demographics and of geography in West Lothian, with an emphasis on support those that haven't engaged in the panel before. Engage Scotland were awarded a contract to support the refresh and upkeep of the panel. The refresh started in early 2023. Community Planning Officers have reviewed the engagement toolkit in 2022/23, with elements being identified to be refreshed. An updated tool kit to be introduced in summer 2023 as part of the approach being developed to Community Wealth Building and Community Choices. This will include a discussion with partners and community organisations on how it will be promoted and utilised.	A			
Regular reporting on delivery of outcomes	WLAM reporting to Performance Committee. Service performance to PDSP quarterly. SPI service reporting through website. Performance themes reporting. Process reviewed in 2017/18 as response to BVAR recommendations and agreed actions. Annual reports to PDSP on Corporate Strategies supporting Corporate Plan, delayed by CPVID, reporting recommenced to PDSPs in late 2020 and continued in 2021/22 and 2022/23	G			
Annual report on delivery of outcomes	Factfile produced annually via Performance Committee. "You said/we did" reports on website. Webpages cover service and corporate performance. Annual report to committee on performance through Local Government Benchmarking Framework.	G			
Community Planning Partnership	Structure and reporting arrangements in place. Structure and purposes being reviewed in 2017/18. Complete in 2018/19. New structures in place. LOIP under review in 2022 post-pandemic. Discussion with key partners, stakeholders and officers to review the focus areas and outcomes, ensuring they are fit for purpose and reflect the current context. High level focus areas have now been identified and work continues on developing the supporting delivery plan/actions and performance information. No changes to the CPP structure have been made in 21/22, however consideration will be given to the CPP structure in light of the development of the new LOIP – ensuring that the governance arrangements are suitable for the delivery of the LOIP. Locality Planning has continued to focus on the 13 areas identified through the SIMD, and has also had a focus on responding to the impact of COVID 19.	G			

23

C1. Defining outcomes		11 green	2 amber	Zero red	13 in total
Risk Management strategy	Risk Management Strategy end of term report. Corporate Plan strategy approved in 2018/19 following adoption of Corporate Plan on 13 February 2018. Annual reports to PDSP and G&RC on Corporate Strategy supporting Corporate Plan. Risk Management Policy revised in 2020 via PDSP, G&RC and due to be approved at Council Executive on 24 March 2020, postponed due to COVID-19, approved on 6 October 2020. Annual reports on progress on the strategy to Governance & Risk Committee.				G
Risk management guidance and protocols	Guidance and protocols on internet. Overseen and advised by Audit, Risk & Counter Fraud Manager. Risk Champions appointed. Risk Management Working Group overseen by Governance & Risk Board. Risk Management Standards and related guidance and procedures reviewed and updated in April 2020. Supporting guidance and protocols revised and updated in April 2021. Benchmarking carried out on risk management arrangements, reported to Governance & Risk Committee in March 2022.				G
Scrutiny of risk arrangements	Management scrutiny through service management teams, high risks to Executive Management Team, and reporting to Governance & Risk Board. Member scrutiny via Governance & Risk Committee established in June 2017. Standing/recurring items for high risks and for strategic risks. Corporate risks reported biannually. Themed and *ad hoc* reports on work plan. Benchmarking carried out on risk management arrangements, reported to Governance & Risk Committee in March 2022. External assessment of quality of risk management arrangements in 2022/23 reported to Audit Committee on 20 January 2023				G
Best Value Framework	Best Value Framework approved in April 2014. Annual compliance statements. Checklists for service use. Timetabled for review in 2020/21 to fit with post-Brexit consequences and changes. Review not complete due to diversion of resources to COVID. New Framework progressed in 2021/22 and approved at Council Executive in February 2022 via P&R PDSP. Fully implemented for 2021/22 and used as basis for annual compliance statement.				G

C2. Sustainable economic, social and environmental benefits		18 green	0 amber	Zero red	18 in total
(a) Considering and balancing the combined economic, social and environmental impact of policies and plans when taking decisions about service provision					
(b) Taking a longer-term view with regard to decision making, taking account of risk and acting transparently where there are potential conflicts between the council's intended outcomes and short-term factors such as the political cycle or financial constraints					

24

C2. Sustainable economic, social and environmental benefits		18 green	0 amber	Zero red	18 in total
(c) Determining the wider public interest associated with balancing conflicting interests between achieving the various economic, social and environmental benefits, through consultation where possible, in order to ensure appropriate trade-offs					
(d) Ensuring fair access to services					

Evidence		RAG
Goals, values and priorities	Values in West Lothian Way, noted in committee report template. Corporate Plan 2018/2022 approved 13 February 2018 includes mission statement, values and corporate priorities. Corporate Plan, supporting strategies and local outcomes improvement plan define outcome and performance indicators. Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes relevance to Corporate Plan. Compulsory e-training module introduced in 2020/21 on working to council values and priorities. Corporate Plan to be renewed after elections in May 2022. West Lothian Way being reviewed and updated in early 2022. New WLAM programme includes corporate assessment, covering values and priorities.	G
Financial strategy long term, revenue	Three-year budgets and further two year plan approved on February 2018, 2019, 2020, 2021, 2022 and 2023. Quarterly monitoring reports to CMT and members at PDSP and Council Executive. Financial Regulations reflect long-term strategy requirements. New procedure for Involvement of Elected Members in Financial Planning approved in June 2018 and implemented for budget-setting since. CIPFA Financial Management Code adopted in February 2021. Requirement for long-term financial planning reaffirmed at full council in February 2022. Renewed medium-term financial plan/strategy developed in 2022 after elections in May 2022 and implemented in February 2023	G
Financial strategy (long-term, capital)	10 year capital programme approved on 13 February 2018 and renewed in February each year since. Quarterly monitoring reports to CMT and members at PDSP and Council Executive. Financial Regulations reflect long-term strategy requirements. New statutory capital asset strategy approved at full council in March 2019 and annually thereafter. Annual strategy performance reports to members in June each year, delayed due to COVID, recommenced reporting in November/December 2020, return to normal in 2021/22.	G
Capital programme	Capital programme supported by Asset Management Strategy and six plans. Quarterly monitoring reports to CMT and to members at PDSP and Council Executive. Property Asset Management Plan (2018/19 to 2027/28) approved in December 2018. Programme renewed at annual budget-setting meetings. Performance against Asset Plans reported publicly through website pages on public performance reporting	G

25

C2. Sustainable economic, social and environmental benefits		18 green	0 amber	Zero red	18 in total
Strategic environment assessment	Scheme of Delegations allocates responsibility. Committee report template includes reference to SEA in Part C. Guidance available on intranet. Revised Scheme of Delegations for planning service, including SEAs, under development in 2019/20, reported for approval in January 2021, approved in April 2021, implemented on 4 May 2021	G			
Decision-making rules (Standing Orders)	Available on internet and intranet. Reviewed and adopted in December 2016. Re-adopted in May 2017. Amended since via reports to council. Can only be amended by full council on notice given. Widescale review of decision-making arrangements instructed in February 2018. Changes approved by council and committee in stages throughout 2019/20 and continuing in 2020/21. Completion interrupted by COVID. Remaining issues reported and changes approved at council in September 2021, including changes needed to facilitate hybrid meeting arrangements. Re-adopted in June 2023 after formation of new administration with minor changes only	G			
Financial Regulations	Made in accordance with legislation. Part of Standing Orders. Responsibility allocated in Scheme of Delegations. Reviewed and updated in 2016 and then again in August 2019. Amended in response to committee and council decisions when required. Updated following adoption of CIPFA Financial Code in February 2021. Updated in June 2022 to better reflect IJB's role. Intended for review in 2023 following approval of new Corporate Plan in May 2023	G			
Risk Management strategy	Risk Management Strategy end of term report. Corporate Plan strategy approved in 2018/19 following adoption of Corporate Plan on 13 February 2018. Annual reports to PDSP and G&RC on Corporate Strategy supporting Corporate Plan. Risk Management Policy revised in 2020 via PDSP, G&RC and due to be approved at Council Executive on 24 March 2020, postponed due to COVID-19, approved on 6 October 2020. Annual reports on progress on the strategy to Governance & Risk Committee in 2021/22.	G			
Risk management guidance and protocols	Guidance and protocols on internet. Overseen and advised by Audit, Risk & Counter Fraud Manager. Risk Champions appointed. Risk Management Working Group overseen by Governance & Risk Board. Risk Management Standards and related guidance and procedures reviewed and updated in April 2020. Supporting guidance and protocols revised and updated in April 2021. Benchmarking carried out on risk management arrangements, reported to Governance & Risk Committee in March 2022.	G			

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C2. Sustainable economic, social and environmental benefits		18 green	0 amber	Zero red	18 in total
Scrutiny of risk arrangements	Management scrutiny through service management teams, high risks to Executive Management Team, and reporting to Governance & Risk Board. Member scrutiny via Governance & Risk Committee established in June 2017. Standing/recurring items for high risks and for strategic risks. Corporate risks reported biannually. Themed and *ad hoc* reports on work plan. Benchmarking carried out in 2021/22, reported to Governance & Risk Committee in March 2022. External assessment of risk management arrangements carried out in 2022 and reported to Audit Committee in January 2023	G			
Citizen survey	Citizen survey and inspection programme in place. Citizen Panel programme. Quality of Life Survey. Refreshed and relaunched in 2017/18 as response to BVAR recommendation and agreed action plan. Progress reported to Performance Committee in March 2019. New programme due for 2019/20, not put in place. Update report scheduled for Performance Committee before summer break in 2020, postponed due to COVID-19 and diversion of relevant staff to other duties. Work further postponed to wait till post-pandemic to ensure engagement is at the right time and will provide the best response. Review proposed in 2022/23 through consultation with main stakeholders to refresh the approach before activities restart. Review carried out in 2022/23, contract let to re-establish refreshed panel, population of panel underway, working group to consider best uses	G			
Use of consultation feedback	Consultation feedback reported to PDSP and committee when undertaken. Analysed and responded and fed into recommendations and reports. "You said, we did" information on website. Website has lists of closed and open consultations. Feedback from WLC2028 consultation in autumn 2022 reported to special PDSP meetings in January 2023 and then in revenue budget report to council in February 2023	G			
Record of professional advice in reaching decisions	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes section on consultations which covers legal and other professional advice. Minutes record significant legal advice given during meetings.	G			
Record of decision making and supporting materials	Action Notes issued within 3 days of meetings. Minutes prepared in house style, updated and approved in 2019. Report template includes section on background references. All retained in accordance with statutory rules. Change to style of minutes approved in 2019	G			
Public Sector Equality Duty reporting	Mainstreaming report in accordance with legislation in June 2017, April 2019, May 2021. Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes section on EQIAs. Procedures and guidance available on intranet for process and publication. Updated for new Fairer Scotland duty, incorporated into Integrated Impact Assessment process	G			

27

C2. Sustainable economic, social and environmental benefits		**18 green**	**0 amber**	**Zero red**	**18 in total**
Equality impact assessment procedure	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes section on EQIAs. Procedures and guidance available on intranet for process and publication. Updated for new Fairer Scotland duty, incorporated into Integrated Impact Assessment process. .	G			
Best Value Framework	Best Value Framework approved in April 2014. Annual compliance statements. Checklists for service use. Timetabled for review in 2020/21 to fit with post-Brexit consequences and changes. Review not complete due to diversion of resources to COVID. New Framework progressed in 2021/22 and approved at Council Executive in February 2022 via P&R PDSP. Fully implemented for 2021/22 and used as basis for annual compliance statement.	G			
Corporate Procurement Policy (non-commercial benefits)	Corporate Procurement Strategy 2018/19 to 2022/23 approved in February 2018. Outcomes include achievement of community benefits and promotion of good working practices. Annual review of strategy and performance, last to PDSP in December 2020. Contracts Standing Orders fully revised and approved in 2020. Contract strategies must deal with these requirements. Sustainable procurement features in proposed approach to community wealth building. Absence of Corporate Procurement Procedures called out in June 2022, new procedures in place at 31 October 2022 and rolled out by CPU	G			

C	29 green	2 amber	Zero red	31 in total

28

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

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

D1. Determining interventions		8 green	5 amber	Zero red	13 in total
(a) Ensuring decision makers receive objective and rigorous analysis of a variety of options indicating how intended outcomes would be achieved and associated risks. Therefore ensuring best value is achieved however services are provided					
(b) Considering feedback from citizens and service users when making decisions about service improvements or where services are no longer required in order to prioritise competing demands within limited resources available including people, skills, land and assets and bearing in mind future impacts					

Evidence		RAG
Decision-making rules (Standing Orders)	Available on internet and intranet. Reviewed and adopted in December 2016. Re-adopted in May 2017. Amended since via reports to council. Can only be amended by full council on notice given. Widescale review of decision-making arrangements instructed in February 2018. Changes approved by council and committee in stages throughout 2019/20 and continuing in 2020/21. Completion interrupted by COVID. Remaining issues reported and changes approved at council in September 2021, including changes needed to facilitate hybrid meeting arrangements. Re-adopted in June 2023 after formation of new administration with minor changes only	G
Calendar of dates for submitting and publishing reports	Calendar of ordinary meetings approved annually by committee in March each year. Consultation beforehand with senior officers and chairs. Published and maintained on Coins. Schedule for reports attached to committee remit in Coins. Standing Orders state when reports to be submitted and then published. Calendar in 2019/20 interrupted due to COVID. Revised short-term calendar published in May 2020, then extended in September 2020 and return to normal arrangements in March 2021, 2022 and 2023.	G
Assessment and review of information provided for decision-making	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes relevance to Corporate Plan. Requires updating and revision to refer to LOIP and new Corporate Plan and priorities. Work on revised template commenced in 2019/20. Delayed by COVID, not completed in 2021/22 due to concentration of resources on elections. Existing template is still effective. Draft reported to G&RB and CMT in 2022/23, Work still underway and expected to be completed in 2023/24	A

29

D1. Determining interventions		8 green	5 amber	Zero red	13 in total

Reports on standard template including council values, relevance to Corporate Plan and Local Improvement Plan	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes relevance to Corporate Plan. Requires updating and revision to refer to LOIP and new Corporate Plan and priorities. Work on revised template commenced in 2019/20. Delayed by COVID, not completed in 2021/22 due to concentration of resources on elections. Existing template is still effective. Draft considered at G&RB and CMT in 2022/23. Work still underway and expected to be completed in in 2023/24	A
Public engagement strategy	. Consultation pages on website. "You said/we did". Open and closed consultations collected and reported on service by service basis. Webpages show closed and current consultations. Tenant engagement/participation strategy, this was utilised in 2022/23 as part of the rent consultation. Use of social media. Community Choices pilots, especially using CONSUL, online engagement and face to face surveys. Community Engagement Plan developed by Community Planning Partnership. Face-to-face consultation meetings hampered by COVID, remote access meetings and social media surveys utilised, these have remained post Covid. Citizen's panel refresh agreed in 2022 to ensure its representative of the demographics and of geography in West Lothian, with an emphasis on support those that haven't engaged in the panel before. Engage Scotland were awarded a contract to support the refresh and upkeep of the panel. The refresh started in early 2023. Community Planning Officers have reviewed the engagement toolkit in 2022/23, with elements being identified to be refreshed. An updated tool kit to be introduced in summer 2023 as part of the approach being developed to Community Wealth Building and Community Choices. This will include a discussion with partners and community organisations on how it will be promoted and utilised.	A
Citizen survey/inspection	Citizen survey and inspection programme in place. Citizen Panel programme. Quality of Life Survey. Refreshed and relaunched in 2017/18 as response to BVAR recommendation and agreed action plan. Progress reported to Performance Committee in March 2019. New programme due for 2019/20, not put in place. Update report scheduled for Performance Committee before summer break in 2020, postponed due to COVID-19 and diversion of relevant staff to other duties. Work further postponed to wait till post-pandemic to ensure engagement is at the right time and will provide the best response. Review proposed in 2022/23 through consultation with main stakeholders to refresh the approach before activities restart. Review carried out in 2022/23, contract let to re-establish refreshed panel, population of panel underway, working group to consider best uses. Citizen-led inspection programme to be revived in 2023/24	G
Use of consultation feedback	Consultation feedback reported to PDSP and committee when undertaken. Analysed and responded and fed into recommendations and reports. Access to all closed and open consultations on webpages. Feedback from WLC2028 consultation in autumn 2022 reported to special PDSP meetings in January 2023 and then in revenue budget report to council in February 2023	G

D1. Determining interventions		8 green	5 amber	Zero red	13 in total
Options appraisal	Report template requires options to be appraised and compared. Professional and financial advice required and reported. SBCs used for capital projects. Procurement Strategies required by Contracts Standing Orders and Corporate Procurement Procedures				A
Financial strategy (long-term)	Three-year budgets and further two year plan approved on 13 February 2018 and annually since. Quarterly monitoring reports to CMT and members at PDSP and Council Executive. Financial Regulations reflect long-term strategy requirements. New procedure for Involvement of Elected Members in Financial Planning approved in June 2018 and implemented for budget-setting since. CIPFA Financial Management Code adopted in February 2021. Requirement for long-term financial planning reaffirmed at full council in February 2022. Renewed medium-term financial plan/strategy developed in 2022 after elections in May 2022 and implemented at full council in February 2023				G
Record of professional advice in reaching decisions	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes section on consultations which covers legal and other professional advice. Minutes record significant legal advice given during meetings. Style of minutes reviewed and changes approved in 2019				G
Record of decision making and supporting materials	Action Notes issued within 3 days of meetings. Minutes prepared in house style. Report template includes section on background references. All retained in accordance with statutory rules. Change to style of minutes approved in 2019				G
Meeting reports show details of advice given	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes section on consultations which covers legal and other professional advice. Change to style of minutes approved in 2019, requires record of significant advice given at meetings where additional to advice in report.				A
Equality impact assessment procedure	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes section on EQIAs. Procedures and guidance available on intranet for process and publication. Updated for new Fairer Scotland duty, incorporated into Integrated Impact Assessment process. .				G

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D2. Planning interventions		15 green	1 amber	Zero red	16 in total
(a) Establishing and implementing robust planning and control cycles that cover strategic and operational plans, priorities and targets					
(b) Engaging with internal and external stakeholders in determining how services and other courses of action should be planned and delivered					
(c) Considering and monitoring risks facing each partner when working collaboratively, including shared risks					
(d) Ensuring arrangements are flexible and agile so that the mechanisms for delivering goods and services can be adapted to changing circumstances					
(e) Establishing appropriate key performance indicators (KPIs) as part of the planning process in order to identify how the performance of services and projects is to be measured					
(f) Ensuring capacity exists to generate the information required to review service quality regularly					
(g) Preparing budgets in accordance with objectives, strategies and the medium term financial plan					
(h) Informing medium and long term resource planning by drawing up realistic estimates of revenue and capital expenditure aimed at developing a sustainable funding strategy					

Evidence		RAG
Corporate Plan	Corporate Plan 2018/23 approved on 13 February 2018. Supporting strategies approved in 2018/19. Council priorities identified with performance measures and outcomes. Annual performance reports for each corporate strategy. To be renewed in 2022/23 after local government elections in May 2022. Process agreed at committee in June 2022. Public consultation on saving and priorities carried out in autumn 2022, reported in January 2023. In February 2023, new Corporate Plan not ready and delayed until May 2023	G
Management Plans	Management Plans prepared in accordance with Golden Thread from Corporate Plan. Approved at senior management level and to members and public via PDSPs. Set out activities, services, savings, budgets and performance measures. Delayed in mid-2020 due to COVID, started again in November/December 2020	G
Activity budgets	Included in Management Plans (above).	G

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D2. Planning interventions		15 green	1 amber	Zero red	16 in total	
Calendar of dates for submitting and publishing reports	Calendar of dates for submitting and publishing reports Calendar of ordinary meetings approved annually by committee in March each year. Consultation beforehand with senior officers and chairs. Published and maintained on Coins. Schedule for reports attached to committee remit in Coins. Standing Orders state when reports to be submitted and then published. Calendar in 2019/20 interrupted due to COVID. Revised short-term calendar published in May 2020, then extended in September 2020 and return to normal arrangements in March 2021, 2022 and 2023.					G
Alignment of plans, priorities, outcomes and budgets	Corporate Plan, Strategies, Outcomes, Financial Plans, Management Plans, Work Plans and financial and activity budgets all aligned through the Golden Thread approach.					G
Communications guidance and standards	West Lothian Way. Reviewed in 2018/19 and republished on intranet, regularly updated and communicated to staff. Includes the council's Media Strategy and Social Media Guidance and practical information to ensure consistent and corporate standard. West Lothian Way further reviewed and expanded in 2021/22.					G
Risk Management strategy	Risk Management Strategy end of term report. Corporate Plan strategy approved in 2018/19 following adoption of Corporate Plan on 13 February 2018. Annual reports to PDSP and G&RC on Corporate Strategy supporting Corporate Plan. Risk Management Policy revised in 2020 via PDSP, G&RC and due to be approved at Council Executive on 24 March 2020, postponed due to COVID-19, approved on 6 October 2020. Annual reports on progress on the strategy to Governance & Risk Committee.					G
Risk management guidance and protocols	Guidance and protocols on internet. Overseen and advised by Audit, Risk & Counter Fraud Manager. Risk Champions appointed. Risk Management Working Group overseen by Governance & Risk Board. Risk Management Standards and related guidance and procedures reviewed and updated in April 2020. Supporting guidance and protocols revised and updated in April 2021. Benchmarking carried out on risk management arrangements, reported to Governance & Risk Committee in March 2022.					G
Scrutiny of risk arrangements	Management scrutiny through service management teams, high risks to Executive Management Team, and reporting to Governance & Risk Board. Member scrutiny via Governance & Risk Committee established in June 2017. Standing/recurring items for high risks and for strategic risks. Corporate risks reported biannually. Themed and *ad hoc* reports on work plan. Benchmarking carried out on risk management arrangements, reported to Governance & Risk Committee in March 2022. External assessment of quality of risk management arrangements in 2022/23 reported to Audit Committee on 20 January 2023					G

33

D2. Planning interventions		15 green	1 amber	Zero red	16 in total
Financial Regulations	Made in accordance with legislation. Part of Standing Orders. Responsibility allocated in Scheme of Delegations. Reviewed and updated in 2016 and then again in August 2019. Amended in response to committee and council decisions when required. Updated following adoption of CIPFA Financial Code in February 2021. Updated in June 2022 to better reflect IJB's role. Intended for review in 2023 following approval of new Corporate Plan in May 2023				G
Financial strategy (long-term)	Three-year budgets and further two year plan approved on February 2018, 2019, 2020, 2021, 2022 and 2023. Quarterly monitoring reports to CMT and members at PDSP and Council Executive. Financial Regulations reflect long-term strategy requirements. New procedure for Involvement of Elected Members in Financial Planning approved in June 2018 and implemented for budget-setting since. CIPFA Financial Management Code adopted in February 2021. Requirement for long-term financial planning reaffirmed at full council in February 2022. Renewed medium-term financial plan/strategy developed in 2022 after elections in May 2022 and implemented in February 2023				G
Performance measures are relevant, useful and clear	Pentana used to record and monitor and report on PIs. Guidance on setting PIs on intranet. PIs reviewed at management team level. WLAM reporting and assessment by Chief Executive's WLAM Panel. Performance Committee reporting. WLAM reviewed in 2018/19, reporting arrangements to Performance Committee reviewed by committee. Service standards and public performance indicator performance on council webpages. New WLAM programme developed in 202/22 for introduction in 2022/23.				G
Performance monitoring and reporting	Pentana performance monitoring and reporting. WLAM reporting and assessment by Chief Executive's WLAM Panel. Performance Committee reporting. WLAM reviewed in 2018/19, reporting arrangements to Performance Committee reviewed by committee. Local Government Benchmarking.				G
Scrutiny of financial performance	Service budget monitoring at Senior Management Teams. Quarterly monitoring reports to CMT, PDSP and Council Executive. Quarterly reports to PDSPs on service performance to cover financial performance as well from June 2018. Monitoring reports in 2020/21 included relevant information about COVID				G
Scrutiny of service performance	WLAM reporting to Performance Committee. Service performance to PDSP quarterly. SPI service reporting through website. Performance themes reporting. Process reviewed in 2017/18 as response to BVAR recommendations and agreed actions. Factfile produced and published. Annual reports to PDSPs on corporate strategies, delayed in mid-2020 due to COVID, recommenced in November/December 2020 and carried on in 2021/22.				G

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D2. Planning interventions		15 green	1 amber	Zero red	16 in total
Partnership working – protocols, guidance and agreed values	Partnership Guidance available on intranet. Made in 2010, reviewed in 2012 and August 2018. Completed August 2018, trialled in 2018/19 in relation to possible ALEO for instrumental music tuition. Extent of use and compliance to be checked. Partnership and Collaborative Working covered in external auditor's report in 2020/21, no further work planned in 2021/22. Ongoing work to revise LOIP to bring community planning partners towards agreed values	A			

D3. Optimising achievement of intended outcomes		7 green	1 amber	Zero red	8 in total
(a) Ensuring the medium term financial strategy integrates and balances service priorities, affordability and other resource constraints					
(b) Ensuring the budgeting process is all-inclusive, taking into account the full cost of operations over the medium and longer term					
(c) Ensuring the medium term financial strategy sets the context for ongoing decisions on significant delivery issues or responses to changes in the external environment that may arise during the budgetary period in order for outcomes to be achieved while optimising resource usage					
(d) Ensuring the achievement of "social value" through service planning and commissioning					
Evidence					**RAG**
Long-term financial strategy aligns service and financial information and performance	Three-year budgets and further two year plan approved on February 2018, 2019, 2020, 2021, 2022 and 2023. Quarterly monitoring reports to CMT and members at PDSP and Council Executive. Financial Regulations reflect long-term strategy requirements. New procedure for Involvement of Elected Members in Financial Planning approved in June 2018 and implemented for budget-setting since. CIPFA Financial Management Code adopted in February 2021. Requirement for long-term financial planning reaffirmed at full council in February 2022. Renewed medium-term financial plan/strategy developed in 2022 after elections in May 2022 and implemented in February 2023	G			
Corporate Plan demonstrates social value	Corporate Plan 2018/23 approved on 13 February 2018. Supporting strategies approved in 2018/19. Council priorities identified with performance measures and outcomes. Annual performance reports for each corporate strategy. To be renewed in 2022/23 after local government elections in May 2022. Process agreed at committee in June 2022. Public consultation on saving and priorities carried out in autumn 2022, reported in January 2023. In February 2023, new Corporate Plan not ready and delayed until May 2023	G			

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D3. Optimising achievement of intended outcomes		7 green	1 amber	Zero red	8 in total
Management Plans demonstrate social value	Management Plans prepared in accordance with Golden Thread from Corporate Plan. Approved at senior management level and to members and public via PDSPs. Set out activities, services, savings, budgets and performance measures.				G
Local outcomes Improvement Plan demonstrates social value	LOIP replaced SOAC. Agreed via Community Planning Partnership Board. LOIP under revision with partners to reflect agreed priorities and outcomes. Work ongoing in 2019/20 and 2020/21, delayed due to COVID, not yet completed. SOAC/LOIP to 2023 remains in place. Planned for completion post-pandemic to incorporate reaction to impact of COVID. Currently being reviewed post-pandemic in discussion with key partners, stakeholders and officers to review the focus areas and outcomes, ensuring they are fit for purpose and reflect the current context. High level focus areas have now been identified and work continues on developing the supporting delivery plan/actions and performance information.				A
Financial Regulations	Made in accordance with legislation. Part of Standing Orders. Responsibility allocated in Scheme of Delegations. Reviewed and updated in 2016 and then again in August 2019. Amended in response to committee and council decisions when required. Updated following adoption of CIPFA Financial Code in February 2021. Updated in June 2022 to better reflect IJB's role. Intended for review in 2023 following approval of new Corporate Plan in May 2023				G
Corporate Procurement Strategy	Corporate Procurement Strategy 2013/18 ended in 2018. End of strategy reporting carried out. New Corporate Procurement Strategy approved in February 2019. Annual reporting on achievement of agreed strategic outcomes, in 2020, 2021 and 2022.				G
Standing Orders for Contracts, procurement policy and procedures include commitment to ethical values	Contracts Standing Orders and supporting Corporate Procurement Procedures to be approved and on intranet. Both refer to anti-fraud and corruption and whistleblowing obligations and to compliance with statutory regimes such as data protection and FOISA and living wage where competent. Decision-making complied with procurement regulations and temporary COVID-related Scottish Procurement Policy Notes from Scottish Government. Full review of Standing Orders completed in 2020/21 through cross-service working group, approved at committee in October 2020. Checked and no updates required following withdrawal from EU. Subject to internal audit in 2021/22, found control required improvement primarily due to absence of Corporate Procurement Procedures. Procedures prepared and issued on 31 October 2022				G
Budget monitoring reporting	Quarterly monitoring reports to CMT and members at PDSP and Council Executive. Financial Regulations reflect long-term strategy requirements. Reporting in 2020/21 covered COVID impacts on funding, spending and budget pressures.				G

D	30 green	7 amber	Zero red	37 in total

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

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

E1. Developing the entity's capacity	10 green	2 amber	Zero red	13 in total
(a) Reviewing operations, performance and use of assets on a regular basis to ensure their continuing effectiveness				
(b) Improving resource use through appropriate application of techniques such as benchmarking and other options in order to determine how resources are allocated so that defined outcomes are achieved effectively and efficiently				
(c) Recognising the benefits of partnerships and collaborative working where added value can be achieved				
(d) Developing and maintaining an effective workforce plan to enhance the strategic allocation of resources				

Evidence		RAG
Regular reviews of activities, outputs and planned outcomes	Management Plans approved annually. Aligned to Corporate Plan. Performance indicators defined in hierarchy below corporate plan outcomes. Pentana performance monitoring. Service and financial performance reported quarterly to PDSPs from June 2018. Corporate procurement strategies include high-level outcomes and scorecards for monitoring and reporting on an annual basis. Activity budgeting in annual management plans.	G
Budget monitoring arrangements	Budget monitoring at management teams. Quarterly reports to CMT. Pressures identified and mitigating actions taken and monitored. Quarterly monitoring reports to Council Executive. Service and financial performance reported quarterly to PDSPs from June 2018. Reporting in 2020/21 covered COVID impacts on funding, spending and budget pressures	G

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E1. Developing the entity's capacity		10 green	2 amber	Zero red	13 in total
Capital Asset Strategy and Plan	Capital programme supported by Asset Management Strategy and six plans. Quarterly monitoring reports to CMT and members at Council Executive. New strategy approved in December 2018. Annual reports on performance against strategic performance indicators, reported to member and on council's webpages for public access. Capital Strategy 2022/23 to 2027/28 approved at Council Executive in March 2022.				G
Benchmarking arrangements	WLAM includes benchmarking as a standard. Service arrangements and networks. Reporting to Chief Executive's WLAM Panel and onward to Performance Committee. National Local Government Benchmarking scheme. Annual reporting to Performance Committee				G
Partnership working – protocols, guidance and agreed values	Partnership Guidance available on intranet. Made in 2010, reviewed in 2012 and August 2018. Completed August 2018, trialled in 2018/19 in relation to possible ALEO for instrumental music tuition. Extent of use and compliance to be checked. Partnership and Collaborative Working covered in external auditor's report in 2020/21, no further work planned in 2021/22. Ongoing work to revise LOIP to bring community planning partners towards agreed values				A
WLAM	WLAM reporting to Chief Executive's Panel then to Performance Committee. Service performance to PDSP quarterly. SPI service reporting through website. Performance themes reporting. Process reviewed in 2017/18 as response to BVAR recommendations and agreed actions. Factfile produced and published. Annual reports on corporate strategies scheduled for PDSPs, delayed due to COVID but resumed and completed in November/December 2020 and in 2021. New WLAM developed in 2021/2022 for launch in 2022/23				G
Performance monitoring and reporting	Pentana used to record and monitor and report on PIs. Guidance on setting PIs on intranet. PIs reviewed at management team level. WLAM reporting and assessment by Chief Executive's WLAM Panel. Performance Committee reporting. Local Government Benchmarking. EQAC. Quarterly PDSP reports.				G
People Strategy	People Strategy 2018/23 approved in February 2018 as corporate strategy supporting Corporate Plan. HR policies aligned to strategy. Supported by Employee Engagement Framework and Employee Well-being Framework. Management Development programmes delivered for all managers including head teachers in 2018/19. E-learning modules developed and introduced.				G
Staff survey	Part of Employee Engagement Framework supporting People Strategy. Annual staff survey carried out. Rolled out to all employees in 2017/18 and repeated annually thereafter. Results analysed and reported to services. Focus Groups held to identify improvements. Actions developed and recorded. Impacts of COVID and working from home captured.				G

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E1. Developing the entity's capacity		10 green	2 amber	Zero red	13 in total
APR	Part of Employee Engagement Framework supporting People Strategy. Mandatory appraisal procedure and framework including personal development plan. HR Framework for supporting performance under development in 2018/19, delayed due to COVID-19, approved in October 2020	G			
Workforce development plan	People Strategy requires a structured approach to workforce and succession planning. Requires an updated Workforce Plan each financial year as a baseline for managing resource issues. Summary in Management Plan and aligned with activity based budgets. Internal audit carried out in 2018/19, reported to Audit Committee in June 2019. Control found to be satisfactory. Report to G&RC in June 2021. Being aligned with new People Strategy under new Corporate Plan to be approved in May 2023	G			
Succession planning	People Strategy requires a structured approach to workforce and succession planning. Requires an updated Workforce Plan each financial year as a baseline for managing resource issues. Summary in Management Plan and aligned with activity based budgets. Internal audit of workforce planning carried out in 2018/19, reported to Audit Committee in June 2019. Control found to be satisfactory. An action in the People Strategy 2018/23 was to develop and implement a succession planning framework for identifying and developing our leaders of the future to ensure that the council continues to operate effectively when people leave that occupy key leadership posts. EMT approved a Succession Planning Framework on 4 March 2020 and agreed to progress stages 1 and 2 of the framework in advance of full roll out. As a result of the pandemic, this work did not progress as planned. On 1 February 2023, EMT approved a timetable, targeting completion in August 2023	A			

E2. Developing the capability of the council's leadership and other individuals	11 green	3 amber	Zero red	14 in total
(a) Developing protocols to ensure that elected and appointed leaders negotiate with each other regarding their respective roles early on in the relationship and that a shared understanding of roles and objectives is maintained				
(b) Publishing a statement that specifies the types of decisions that are delegated and those reserved for the collective decision making of the council				
(c) Ensuring the leader and the chief executive have clearly defined and distinctive leadership roles within a structure whereby the chief executive leads in implementing strategy and managing the delivery of services and other outputs set by members and each provides a check and a balance for each other's authority				

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E2. Developing the capability of the council's leadership and other individuals	11 green	3 amber	Zero red	14 in total

(d) Developing the capabilities of members and senior management to achieve effective leadership and to enable the council to respond successfully to changing legal and policy demands as well as economic, political and environmental changes and risks by: - • ensuring members and staff have access to appropriate induction tailored to their role and that ongoing training and development matching individual and organisational requirements is available and encouraged • ensuring members and officers have the appropriate skills, knowledge, resources and support to fulfil their roles and responsibilities and ensuring that they are able to update their knowledge on a continuing basis • ensuring personal, organisational and system-wide development through shared learning, including lessons learnt from governance weaknesses both internal and external	
(e) Ensuring that there are structures in place to encourage public participation	
(f) Taking steps to consider the leadership's own effectiveness and ensuring leaders are open to constructive feedback from peer review and inspections	
(g) Holding staff to account through regular performance reviews which take account of training or development needs	
(h) Ensuring arrangements are in place to maintain the health and wellbeing of the workforce and support individuals in maintaining their own physical and mental wellbeing	

Evidence		RAG
Role descriptions for members	Reviewed in late 2021 to take account of revisions to Councillors' Code of Conduct and Guidance and family leave scheme for members. Revised version approved at Council Executive in December 2021. Included in Induction Pack after elections in May 2022.	G
Job descriptions for officers	All posts have role descriptions and core competencies for recruitment and job evaluation purposes.	G
Liaison between Chief Executive and Council Leader	Formal 1-2-1 sessions and other informal liaison and access arrangements in place. Joint attendance at COSLA Leaders. Chief Executive attends meetings chaired by Leader (e.g., Council Executive, CP&R PDSP)	G
Liaison between Chief Executive and political group leaders	Formal 1-2-1 liaison and access arrangements in place.	G
Liaison between senior officers and Executive Councillors	Formal and informal liaison and access arrangements in place. Agenda-setting arrangements for PDSP meetings. Senior officers appointed as Lead Officers for each PDSP	G

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E2. Developing the capability of the council's leadership and other individuals	11 green	3 amber	Zero red	14 in total

Standing Orders for Meetings, Scheme of Delegations, Scheme of Administration, Financial Regulations	Available on internet and intranet. Reviewed and adopted in December 2016. Re-adopted in May 2017. Amended since via reports to council. Can only be amended by full council on notice given. Widescale review of decision-making arrangements instructed in February 2018. Changes approved by council and committee in stages throughout 2019/20 and continuing in 2020/21. Completion interrupted by COVID. Remaining issues reported and changes approved at council in September 2021, including changes needed to facilitate hybrid meeting arrangements. Re-adopted in June 2023 after formation of new administration with minor changes only. Financial regulations updated in February 2021 on adoption of FM Code. Updated in June 2022 to better reflect IJB's role. Intended for review in 2023 following approval of new Corporate Plan in May 2023	G
Members' training (induction and ongoing, personal development plans)	Post-election arrangements made through officer working group. Included feedback and input from elected members for induction and ongoing training. Allocation of training days in calendar of meetings. Training for regulatory committees compulsory via Scheme of Administration. Officer group on Members Training commenced in 2018/19, continues to meet. Survey of all members' training needs carried out with accompanying visits to group meetings. Results reported and actions agreed followed by further consultation and training programme. Training delivered in accordance with survey results and up-to-date requests. Intranet page established with repository in Objective for training materials. Expanded information reported to Council Executive since May 2021 as part of annual report on remuneration, expenses and allowances. Working group with councillors to plan post-elections Induction Programme. Full induction programme delivered in May and June 2022. All slides and recordings available to all members. programme in place for implementation form 9 May 2022. Regular meetings with group of councillors continue to plan training around members' needs and wishes. Personal development plans offered but poor take-up	G
Staff induction and training	Covered by People Strategy. Model Induction Process in place with supporting guidance and materials revised March 2020. Staff training provided via E-learning platform Bitesize sessions, bespoke sessions when appropriate and toolbox talks. Training covered as part of personal development plan in APR procedures	G
Officer ADR	Covered by People Strategy. ADR rolled out from 2016/17, now covers all staff up to DCE level. Built round a framework of Core Competencies including delivering outcomes in ways consistent with the council's values and strategies, championing the goals and values of the council. Guidance and procedures available for managers and employees. Framework for supporting performance approved on 6 October 2020	G

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E2. Developing the capability of the council's leadership and other individuals	11 green	3 amber	Zero red	14 in total

Succession planning	People Strategy requires a structured approach to workforce and succession planning. Requires an updated Workforce Plan each financial year as a baseline for managing resource issues. Summary in Management Plan and aligned with activity based budgets. Internal audit of workforce planning carried out in 2018/19, reported to Audit Committee in June 2019. Control found to be satisfactory. An action in the People Strategy 2018/23 was to develop and implement a succession planning framework for identifying and developing our leaders of the future to ensure that the council continues to operate effectively when people leave that occupy key leadership posts. EMT approved a Succession Planning Framework on 4 March 2020 and agreed to progress stages 1 and 2 of the framework in advance of full roll out. As a result of the pandemic, this work did not progress as planned. On 1 February 2023, EMT approved a timetable, targeting completion in August 2023	A
HR policies to support officers	People Strategy 2018/23 approved in February 2018 as corporate strategy supporting Corporate Plan. HR policies aligned to strategy. Supported by Employee Engagement Framework and Employee Well-being Framework. Management Development programmes delivered for all managers including head teachers in 2018/19HR Policies aligned to People Strategy. All available on MyToolkit. TU liaison and negotiation agreements and input. HR Policies reviewed every administrative term on a cyclical basis. Performance Management Framework approved in October 2020. Annual compliance statement by Head of Service in relation to most significant corporate policies and procedures	G
Communications guidance and standards	West Lothian Way. Reviewed in 2018/19 and republished on intranet, regularly updated and communicated to staff. Includes the council's Media Strategy and Social Media Guidance and practical information to ensure consistent and corporate standard. West Lothian Way being further reviewed and expanded in 2022/23.	G

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E2. Developing the capability of the council's leadership and other individuals		11 green	3 amber	Zero red	14 in total
Public engagement strategy	Consultation pages on website. "You said/we did". Open and closed consultations collected and reported on service by service basis. Webpages show closed and current consultations. Tenant engagement/participation strategy, this was utilised in 2022/23 as part of the rent consultation. Use of social media. Community Choices pilots, especially using CONSUL, online engagement and face to face surveys. Community Engagement Plan developed by Community Planning Partnership. Face-to-face consultation meetings hampered by COVID, remote access meetings and social media surveys utilised, these have remained post Covid. Citizen's panel refresh agreed in 2022 to ensure its representative of the demographics and of geography in West Lothian, with an emphasis on support those that haven't engaged in the panel before. Engage Scotland were awarded a contract to support the refresh and upkeep of the panel. The refresh started in early 2023. Community Planning Officers have reviewed the engagement toolkit in 2022/23, with elements being identified to be refreshed. An updated tool kit to be introduced in summer 2023 as part of the approach being developed to Community Wealth Building and Community Choices. This will include a discussion with partners and community organisations on how it will be promoted and utilised.	A			
Stakeholder forums	Citizen-led inspection programme renewed in 2018/19 as part of BVAR actions. Establishment of new programme in 2019/20 not effected. Citizens Panel. Quality of Life Survey. Tenants Panel. Senior People's Forum. Licensing Forum. Consultation Forum. Citizens' Panel being refreshed in mid-2020. Formal recognition of Joint Forum of Community Councils in September 2019 The panel is due a full refresh and it is likely work will commence on this process in the summer. The contract for supporting the panel is also due to be renewed. Review of Citizen Led Inspection programme planned for 2022/23. Proposed in 2022/23 through consultation with main stakeholders to refresh the approach before activities restart. Activity relating to CLI the was postponed due to COVID-19. Citizen-led inspection programme to be revived in 2023/24	A			

E	21 green	5 amber	Zero red	26 in total

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

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

F1. Managing risk	8 green	Zero amber	Zero red	8 in total
(a) Recognising that risk management is an integral part of all activities and must be considered in all aspects of decision making				
(b) Implementing robust and integrated risk management arrangements and ensuring that they are working effectively				
(c) Ensuring that responsibilities for managing individual risks are clearly allocated				

Evidence		RAG
Risk management strategy/policy formally approved, adopted, reviewed and updated on a regular basis	Risk Management Strategy end of term report. Corporate Plan strategy approved in 2018/19 following adoption of Corporate Plan on 13 February 2018. Annual reports to PDSP and G&RC on Corporate Strategy supporting Corporate Plan. Risk Management Policy revised in 2020 via PDSP, G&RC and due to be approved at Council Executive on 24 March 2020, postponed due to COVID-19, approved on 6 October 2020. Annual reports on progress on the strategy to Governance & Risk Committee.	G

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F1. Managing risk		8 green	Zero amber	Zero red	8 in total
Corporate risk register	Maintained on Pentana. Overseen by Audit, Risk & Counter Fraud Manager. Reviewed at EMT. High risks quarterly to Governance & Risk Committee. Corporate risks biannually. Guidance and protocols on internet. Overseen and advised by Audit, Risk & Counter Fraud Manager. Risk Champions appointed. Risk Management Working Group overseen by Governance & Risk Board. Risk Management Standards and related guidance and procedures reviewed and updated in April 2020 and April 2021. Benchmarking carried out on risk management arrangements, reported to Governance & Risk Committee in March 2022. External assessment of quality of risk management arrangements in 2022/23 reported to Audit Committee on 20 January 2023	G			
Service risk registers	Maintained on Pentana. Overseen by CMT. Reviewed at SMT meetings. High risks and strategic risks to EMT and to Governance & Risk Committee. Risk Champions appointed. Management scrutiny through service management teams, high risks to Executive Management Team, and reporting to Governance & Risk Board. Member scrutiny via Governance & Risk Committee established in June 2017. Standing/recurring items for high risks and for strategic risks. Corporate risks reported biannually. Themed and ad hoc reports on work plan. Resumption of services' reporting on their own highest risks, commenced in June 2021 until March 2023. Due to be renewed in September 2023	G			
Identification of actions and allocation of responsible officers	Pentana includes provision for mitigation measures to be listed and mitigations actions identified and monitored for completion. Reports to senior management teams in services. Risk Working Group and Governance & Risk Board. Risk actions recorded in Pentana and behind schedule are reported by exception to Audit Committee. Pentana records responsible officers' names beside risk actions	G			
Risk Working Group and Risk Champions	Champions designated for services. Members of Risk Working Group, reporting to Governance & Risk Board. Focus of risk advice and guidance between services and G&RB. Group has defined remit, reviewed annually. External assessment of quality of risk management arrangements in 2022/23 reported to Audit Committee on 20 January 2023	G			
Governance & Risk Board	Chaired by Depute Chief Executive. Members include Monitoring Officer, Audit Risk and Counter Fraud Manager, Governance Manager, Chief Solicitor and senior managers across all service areas. Reports from officer working groups on risk and corporate governance. Monitors corporate and high risks. Considers the annual report on corporate governance and the compliance statements and annual governance statement. Extended in 2019/20 to monitor work of Information Management Working Group, covering Information Management Policy including DPA and FOISA. Working arrangements being reviewed in 2023/24	G			

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F1. Managing risk		8 green	Zero amber	Zero red	8 in total
Governance & Risk Committee	Remit and powers defined in Scheme of Administration. Receives standing and *ad hoc* reports on risk and governance. Chaired by non-administration member. Self-assessment carried out annually. Approves annual governance statement. Non-councillor member added and recruited in March 2020, replaced in September 2021. Maintains work plan for year ahead. Mix of standing and *ad hoc* agenda items	G			
Risk Management Annual Plan	Annual Plan approved by Governance & Risk Committee. Sets out proactive and reactive work and allocation of resources. Includes performance indicators. Annual report on progress/completion. Delayed for three months due to pandemic but approved as soon as committee meetings resumed in June 2020, back to normal routine for 2021/22. Benchmarking carried out in 2021/22 and reported to Governance & Risk Committee in March 2022. External assessment of quality of risk management arrangements in 2022/23 reported to Audit Committee on 20 January 2023	G			

F2. Managing performance		19 green	2 amber	Zero red	21 in total
(a) Monitoring service delivery effectively including planning, specification, execution and independent post implementation review					
(b) Making decisions based on relevant, clear objective analysis and advice pointing out the implications and risks inherent in the council's financial, social and environmental position and outlook					
(c) Ensuring an effective scrutiny or oversight function is in place which provides constructive challenge and debate on policies and objectives before, during and after decisions are made thereby enhancing the council's performance and that of any organisation for which it is responsible					
(d) Providing members and senior management with regular reports on service delivery plans and on progress towards outcome achievement					
(e) Ensuring there is consistency between specification stages (such as budgets) and post implementation					
Evidence					**RAG**

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F2. Managing performance		**19 green**	**2 amber**	**Zero red**	**21 in total**
Identification of outcomes in Corporate Plan and Local Outcomes Improvement Plan	Corporate Plan and LOIP have high-level outcomes and performance measures. Based on corporate and community planning priorities. Corporate Plan renewed every administrative term. LOIP under review in 2019/20 and 2020/21 with community planning partners. Process delayed due to pandemic but resumed in early 2022. Discussion with key partners, stakeholders and officers to review the focus areas and outcomes, ensuring they are fit for purpose and reflect the current context. High level focus areas have now been identified and work continues on developing the supporting delivery plan/actions and performance information. Delay in approval of Corporate Plan 2023/28 until May 2023 and LOIP review and approval proceeding only slowly. LOIP nearing conclusion, delivery plans considered in March 2023 at CPPB and to be brought together and approved alongside the LOIP, targeted for June 2023, followed by review and alignment of Locality Plans	G			
Management plans aligned to Corporate Plan	Management Plans prepared in accordance with Golden Thread from Corporate Plan. Approved at senior management level and to members and public via PDSPs. Set out activities, services, savings, budgets and performance measures. Approval delayed in 2020/21 by COVID, resumed and completed when committee and PDSP meetings resumed in autumn 2020, back to normal reporting pattern in 2021.	G			
Calendar of dates for submitting and publishing reports	Calendar of ordinary meetings approved annually by committee in March each year. Consultation beforehand with senior officers and chairs. Published and maintained on Coins. Schedule for reports attached to committee remit in Coins. Standing Orders state when reports to be submitted and then published. Calendar in 2019/20 interrupted due to COVID. Revised short-term calendar published in May 2020, then extended in September 2020 and return to normal arrangements in March 2021, 2022 and 2023.	G			
Agreement on the information that will be needed and timescales	Report template sets out requirements for committee reports. Timetable of meetings confirms meeting dates. Separate timetable provided for officers for submission of reports for agenda-setting and actual meetings. Formal agenda-setting arrangements in place for council and main committees	G			
Committee remits and powers defined	Scheme of Administration covers committees and other bodies with member involvement. Remits and powers defined. Available on internet and intranet. Reviewed and adopted in December 2016. Re-adopted in May 2017. Can only be amended by full council on notice given. Widescale review of decision-making arrangements instructed in February 2018. Changes approved by council and committee in stages throughout 2019/20 and continuing in 2020/21. Completion interrupted by COVID. Remaining issues reported and changes approved at council in September 2021, including changes needed to facilitate hybrid meeting arrangements. Amended to a limited extent following formation of new political administration in May/June 2022	G			

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F2. Managing performance		19 green	2 amber	Zero red	21 in total
Pre-decision consideration at PDSPs	Policy changes (new and amendments) and consultation responses require prior consideration at PDSP meetings. Outcome of consideration to be included in information provided to committee when decisions are made. Process for dealing with consultation responses tightened in 2019/20. Addition in 2019/20 of Joint Forum of Community Councils to list of groups sending representatives. Meetings suspended March – June 2020 due to COVID. Members and community body representatives consulted off-line by email for committee business from June 2020 till September 2020. Normal procedures resumed in October 2020 and since. Special PDSP meetings in January 2023 on budget-savings measures prior to setting council tax and budgets	G			
Publication of agendas, reports and minutes of meetings	Standing Orders set deadlines and procedures for publication of agendas and reports. Publication is via internet. Minutes are published when agenda for following meeting is issued. Public reporting is default position. Never misses a beat	G			
Discussion between members and officers on the information needs of members to support decision making	Post-election arrangements made through officer working group. Included feedback and input from elected members for induction and ongoing training. Allocation of training days in calendar of meetings. Training for regulatory committees compulsory via Scheme of Administration. Officer group on Members Training commenced in 2018/19, continues to meet. Survey of all members' training needs carried out with accompanying visits to group meetings. Results reported and actions agreed followed by further consultation and training programme. Training delivered in accordance with survey results and up-to-date requests. Intranet page established with repository in Objective for training materials. Expanded information reported to Council Executive since May 2021 as part of annual report on remuneration, expenses and allowances. Working group with councillors to plan post-elections Induction Programme. Full induction programme delivered in May and June 2022. All slides and recordings available to all members. programme in place for implementation form 9 May 2022. Regular meetings with group of councillors continue to plan training around members' needs and wishes. Personal development plans offered but poor take-up	G			
The role and responsibility for scrutiny has been established and is clear	Scrutiny is established through remits and powers of PDSPs and committees in Scheme of Administration. Training is offered to members. Improvement Service training on scrutiny in 2018/19. Chairs of Audit Committee and Governance & Risk Committee to be from outwith administration group. Minutes of scrutiny committees are reported to full council for noting. Performance Committee reviewed its reporting arrangements in 2018/19. Annual self-assessment for G&RC and Audit Committee. Lay members added and recruited to Audit Committee and Governance & Risk Committee in March 2020 and September 2021. External auditor's report for since 2019/20 found governance arrangements operating as planned, including evidence of scrutiny and challenge of officers.	G			

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F2. Managing performance		19 green	2 amber	Zero red	21 in total
Agenda, reports and minutes of scrutiny meetings	Agendas and reports are prepared and circulated in accordance with Standing Orders. Minutes record members' concerns and questioning during meetings. Minutes of scrutiny committees are reported to full council for noting.	G			
Establishment, recording and review of performance indicators	Performance management and monitoring arrangements ensure PIs are identified and are regularly reviewed to ensure continuing fitness for purpose. Pentana available for recording performance and explanations for failures. WLAM procedures involve performance assessments. Performance Committee reviewed its reporting and scrutiny arrangements in 2019.	G			
Measurement of performance and recording of performance against indicators	Pentana identifies officers responsible for monitoring and maintaining records. Regular monitoring and reporting at management teams, PDSPs and Performance Committee. WLAM procedures involve performance assessments. Performance Committee reviewed its reporting and scrutiny arrangements in 2019. Public reporting on KPIs, PPIs and service standards via website	G			
Training for members	Post-election arrangements made through officer working group. Included feedback and input from elected members for induction and ongoing training. Allocation of training days in calendar of meetings. Training for regulatory committees compulsory via Scheme of Administration. Officer group on Members Training commenced in 2018/19, continues to meet. Survey of all members' training needs carried out with accompanying visits to group meetings. Results reported and actions agreed followed by further consultation and training programme. Training delivered in accordance with survey results and up-to-date requests. Intranet page established with repository in Objective for training materials. Expanded information reported to Council Executive since May 2021 as part of annual report on remuneration, expenses and allowances. Working group with councillors to plan post-elections Induction Programme. Full induction programme delivered in May and June 2022. All slides and recordings available to all members. programme in place for implementation form 9 May 2022. Regular meetings with group of councillors continue to plan training around members' needs and wishes. Personal development plans offered but poor take-up	G			
Membership of scrutiny bodies to reflect political parties and balance	All parties represented on four scrutiny committees and all PDSPs. PDSPs include representatives from community organisations. Proportions of member representation determined as a political decision. Chairs of G&RC and Audit Committee now reserved to non-administration members. Chair of other two scrutiny committees is from outwith the administration group. No administration members chair scrutiny committees.	A			

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F2. Managing performance		19 green	2 amber	Zero red	21 in total	
Chairs independent of administration group	Chairs of G&RC and Audit Committee now reserved to non-administration members. Chair of other two scrutiny committees is from outwith the administration group. No administration members chair scrutiny committees. Chairs of Audit and Governance & Risk Committees cannot be from the administration. No such provision for other scrutiny committees but in practice non-administration members chair those too.					A
Reporting on corporate performance	BVAR identified need to review effectiveness of corporate performance reporting. Review carried out and ongoing at year end. Concluded by end June 2018. Emphasis on corporate aspects via Performance Committee. Financial performance reported alongside service performance to PDSPs. Public reporting of SPIs via website and Factfile, aged via Performance Committee. Annual updates to committee on progress against outcomes and PIs set as part of the corporate strategies supporting the Corporate Plan.					G
Financial Regulations	Made in accordance with legislation. Part of Standing Orders. Responsibility allocated in Scheme of Delegations. Reviewed and updated in 2016 and then again in August 2019. Amended in response to committee and council decisions when required, including approval of CIPFA FM Code in February 2021. Updated in June 2022 to better reflect IJB's role. Intended for review in 2023 following approval of new Corporate Plan in May 2023					G
Linkage of service performance and financial performance	BVAR identified need to review effectiveness of performance reporting and bring service and financial reporting together. Review carried out and ongoing at year end. Concluded by end June 2018. Quarterly PDSP performance reports include budget/financial information alongside service performance data.					G
Benchmarking arrangements	WLAM includes benchmarking as a standard part of scoring/assessment. Service arrangements and networks. Reporting to Chief Executive's WLAM Panel and onward to Performance Committee. National benchmarking exercise. Local Government Benchmarking scheme. Annual reporting to Performance Committee					G
Public performance reporting	WLAM reporting to Performance Committee. Service performance to PDSP quarterly. SPI service reporting through website. Performance themes reporting. Process reviewed in 2017/18 as response to BVAR recommendations and agreed actions. Annual Factfile published, agreed via performance Committee. Annual updates to committee on progress against outcomes and PIs set as part of the corporate strategies supporting the Corporate Plan					G

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F2. Managing performance		19 green	2 amber	Zero red	21 in total
Annual reports to the public	Factfile produced annually. Webpages cover service and corporate performance. Annual report to committee on performance through Local Government Benchmarking Framework. Annual updates to committee on progress against outcomes and PIs set as part of the corporate strategies supporting the Corporate Plan	G			

F3. Robust internal control		18 green	2 amber	Zero red	20 in total
(a) Aligning the risk management strategy and policies on internal control with achieving objectives					
(b) Evaluating and monitoring risk management and internal control on a regular basis					
(c) Ensuring effective counter fraud and anti-corruption arrangements are in place					
(d) Ensuring additional assurance on the overall adequacy and effectiveness of the framework of governance, risk management and control is provided by the internal auditor					
(e) Ensuring an audit committee or equivalent group/function, which is independent of the executive and accountable to the council, provides a further source of effective assurance regarding arrangements for managing risk and maintaining an effective control environment, and that its recommendations are listened to and acted upon					

Evidence		RAG
Internal Audit function, independent, resourced and maintained	Independent internal audit function maintained in accordance with legislation and PSIAS. Annual report on activity and compliance. Part of system of internal control. Peer review carried out periodically, external compliance assurance obtained and reported to Audit Committee in January 2022. Resourcing is reported and any impact on ability to complete annual plan is reported and noted. Internal auditor presents reports in own name and has direct access to the Chief Executive if required	G
Internal Audit plan	Annual Internal Audit Plan reported through Governance & Risk Board to Audit Committee for approval. Plan for 2020/21 delayed for three months due to suspension of meetings due to COVID, approved in June 2020. Normal reporting and approval resumed in 2021.	G

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F3. Robust internal control		18 green	2 amber	Zero red	20 in total	
Internal Audit reports	Internal audit reports of significance are reported to Audit Committee via G&RB. Reports include agreed actions to be noted by committee. Actions recorded in Pentana and progress/completion reported biannually to committee.					G
Annual Internal Audit report	Annual report to committee to advise of completion (or not) of annual plan. Includes reactive work. Interim report at half-year stage. Includes prioritisation. Includes annual review of the system of internal control					G
Risk management strategy/policy has been formally approved and adopted and is reviewed and updated on a regular basis	Risk Management Strategy end of term report. Corporate Plan strategy approved in 2018/19 following adoption of Corporate Plan on 13 February 2018. Annual reports to PDSP and G&RC on Corporate Strategy supporting Corporate Plan. Risk Management Policy revised in 2020 via PDSP, G&RC and due to be approved at Council Executive on 24 March 2020, postponed due to COVID-19, approved on 6 October 2020. Annual reports on progress on the strategy to Governance & Risk Committee.					G
Risk Management plan	Annual Plan reported through Governance & Risk Board to Governance & Risk Committee for approval. Plan for 2020/21 delayed for three months due to suspension of meetings due to COVID, approved in June 2020. Normal annual reporting resumed in 2021.					G
Risk Management Annual Report	Annual report to committee to advise of progress towards or completion of annual plan. Includes reactive work. Interim report at half-year stage. Includes prioritisation. Normal annual reporting resumed in 2021.					G
Corporate risk register	Maintained on Pentana. Overseen by Audit, Risk & Counter Fraud Manager. Reviewed at EMT. High risks quarterly to Governance & Risk Committee. Corporate risks biannually. Guidance and protocols on internet. Overseen and advised by Audit, Risk & Counter Fraud Manager. Risk Champions appointed. Risk Management Working Group overseen by Governance & Risk Board. Risk Management Standards and related guidance and procedures reviewed and updated in April 2020. Risk management benchmarking carried out in 2021, reported to Governance & Risk Committee in March 2022. External assessment of quality of risk management arrangements in 2022/23 reported to Audit Committee on 20 January 2023					G
Service risk registers	Maintained on Pentana. Overseen by CMT. Reviewed at SMT meetings. High risks and strategic risks to EMT and to Governance & Risk Committee. Risk Champions appointed. Management scrutiny through service management teams, high risks to Executive Management Team, and reporting to Governance & Risk Board. Member scrutiny via Governance & Risk Committee established in June 2017. Standing/recurring items for high risks and for strategic risks. Corporate risks reported biannually. Themed and ad hoc reports on work plan. External assessment of quality of risk management arrangements in 2022/23 reported to Audit Committee on 20 January 2023					G

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F3. Robust internal control		18 green	2 amber	Zero red	20 in total
Counter Fraud Annual plan (Code of Practice on Managing the Risk of Fraud and Corruption, CIPFA, 2014)	Annual Plan reported through Governance & Risk Board to Governance & Risk Committee for approval. Includes performance standards and prioritisation. New investigating procedures and guidance introduced in 2019/20. Anti-Money Laundering Policy approved in September 2019. Plan for 2020/21 delayed for three months due to suspension of meetings due to COVID, approved in June 2020, normal annual reporting resumed thereafter. New Procedures for the Investigation of Suspected Fraud, Corruption and Irregularities approved in June 2020. Revised Anti-Fraud & Corruption Policy and Procedure approved at Council Executive on 18 June 2021	G			
Counter Fraud Annual Report	Annual report to committee to advise of completion (or not) of annual plan. Includes reactive work. Interim report at half-year stage. Includes prioritisation.	G			
Annual review of system of internal control	Carried out by Audit Risk & Counter Fraud Manager. Compliant with PSIAS and Accounts Regulations 2014. Reported as part of Internal Audit Annual report to Governance & Risk Committee and then to Audit Committee. Informs annual governance statement. CIPFA Guidance on COVID incorporated in 2020/21 and 2021/22 reporting.	G			
Annual governance statement	Responsibility of Governance Manager in Scheme of Delegations. Completed annually via Governance & Risk Board and to Governance & Risk Committee in June each year. Completed in accordance with CIPFA/SOLACE Framework (2016). Bi-annual interim reports on progress on issues identified made to G&RC. Adjusted in 2019/20 to include commentary on COVID-19 and improvements from comparisons against statements for seven other councils. Incorporates in 2020/21 and 2021/22 the renewed CIPFA advice on commentary on impacts of COVID and on compliance with CIPFA FM Code (adopted February 2021). External audit report confirms compliance with standards and guidance	G			
Committee remits and powers	Scheme covers committees and other bodies with member involvement. Remits and powers defined. Available on internet and intranet. Reviewed and adopted in December 2016. Re-adopted in May 2017. Can only be amended by full council on notice given. Widescale review of decision-making arrangements instructed in February 2018. Changes approved by council and committee in stages throughout 2019/20 and continuing in 2020/21. Completion interrupted by COVID. Remaining issues reported and changes approved at council in September 2021, including changes needed to facilitate hybrid meeting arrangements. Amended to a limited extent following formation of new political administration in May/June 2022	G			

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F3. Robust internal control		18 green	2 amber	Zero red	20 in total
Audit committee complies with best practice	Audit Committee operates in accordance with legislation and best practice, including PSIAS. Defined remit and powers. Minutes reported to full council for information. Annual self-assessment carried out. Lay member added and recruited in March 2020. External report on PSIAS compliance to Audit Committee in January 2022.				G
Governance & Risk Committee	Defined remit and powers. Approves annual governance statement. Minutes reported to full council for information. Annual self-assessment carried out. Lay member added and recruited in March 2020, position vacant since March 2021, appointment made in September 2021.				G
Anti-fraud and corruption policy and procedures	Annual Counter Fraud Plan, interim and end of year reports to Audit Committee. Annual Compliance Statement with report on corporate governance. Anti-Money Laundering Policy approved in September 2019. New Procedures for the Investigation of Suspected Fraud, Corruption and Irregularities approved in June 2020. Review and updating of Anti-Fraud & Corruption Policy started in late 2020, completed via PDSP and Audit Committee at Council Executive in June 2021.				G
Training for members	Post-election arrangements made through officer working group. Included feedback and input from elected members for induction and ongoing training. Allocation of training days in calendar of meetings. Training for regulatory committees compulsory via Scheme of Administration. Officer group on Members Training commenced in 2018/19, continues to meet. Survey of all members' training needs carried out with accompanying visits to group meetings. Results reported and actions agreed followed by further consultation and training programme. Training delivered in accordance with survey results and up-to-date requests. Intranet page established with repository in Objective for training materials. Expanded information reported to Council Executive since May 2021 as part of annual report on remuneration, expenses and allowances. Working group with councillors to plan post-elections Induction Programme. Full induction programme delivered in May and June 2022. All slides and recordings available to all members. programme in place for implementation form 9 May 2022. Regular meetings with group of councillors continue to plan training around members' needs and wishes. Personal development plans offered but poor take-up				G
Membership of scrutiny bodies to reflect political parties, political balance and independence of administration group	All parties represented on four scrutiny committees and all PDSPs. Proportions determined as a political decision. Chairs of G&RC and Audit Committee now reserved to non-administration members. Chair of other two scrutiny committees is form outwith the administration group. No administration members chair scrutiny committees				A

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F3. Robust internal control		18 green	2 amber	Zero red	20 in total
Chairs independent of administration group	Chairs of Audit and Governance & Risk Committees cannot be from the administration, embedded in Standing Orders. No such formal provision for other scrutiny committees but in practice non-administration members chair those too	A			

F4. Managing data		9 green	1 amber	Zero red	10 in total
(a) Ensuring effective arrangements are in place for the safe collection, storage, use and sharing of data, including processes to safeguard personal data					
(b) Ensuring effective arrangements are in place and operating effectively when sharing data with other bodies					
(c) Reviewing and auditing regularly the quality and accuracy of data used in decision making and performance monitoring					
Evidence					**RAG**
Designated Data Protection Officer	Head of Corporate Services appointed in course of implementation of GDPR, assigned *ad interim* in January 2022 to Chief Solicitor. Recorded in Scheme of Delegations. Chairs Information Management Working Group and sits on Governance & Risk Board. Internal Audits of Information Asset Register, Information Security, Cybersecurity and GDPR reported to Audit Committee between March 19 and June 2019. Chairs Information Management Working Group, reporting to Governance & Risk Board from 2019/20. Shortcomings in DPO appointment and Information Governance identified in 2022/23, addressed via update of DPO role description in Scheme of Delegations and review of Information Governance policy and procedures (ongoing at year end)	A			
Designated ILO	ILOs identified for all services. Training provided with access to appropriate software. Meetings of IMWG. Role reviewed via process for approval of a global-overarching Information Management policy.	G			

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F4. Managing data		9 green	1 amber	Zero red	10 in total
Data protection policies and procedures, including data security and labelling	Policies reviewed in preparing for GDPR in May 2018. Compulsory e-training for all staff with annual compulsory refresher. IT Strategy approved based on Corporate Plan. Annual compliance statement. Policies reviewed regularly. Global/overarching Information Management policy approved in June 2019. Supporting guidance reviewed and available on My ToolKit. Internal Audits of Information Asset Register, Information Security, Cybersecurity and GDPR reported to Audit Committee between March 19 and June 2019. Follow-up on process for information security breaches to Audit Committee in 2020/21. Shortcomings in DPO appointment and Information Governance identified in 2022/23, addressed via update of DPO role description in Scheme of Delegations and review of Information Governance policy and procedures (ongoing at year end). Action Plan in palce, approved at Governance & Risk Board on 11 May 2023	A			
Data sharing agreements in place	Policies reviewed in preparing for GDPR in May 2018. Training provided for all ILOs to ensure appropriate agreements in place. Contracts provide for data sharing where required. IMWG oversees compliance, new responsibility for DPO under GDPR. Global/overarching Information Management policy approved in June 2019. Supporting guidance reviewed and available on My ToolKit	G			
Data processing agreements in place	Policies reviewed in preparing for GDPR in May 2018. Training provided for all ILOs to ensure appropriate agreements in place. Contracts provide for data sharing where required. IMWG oversees compliance, reporting to G&RB since 2019/20. Global/overarching Information Management policy approved in June 2019. Supporting guidance reviewed and available on My ToolKit. Review undertaken via IMWG in 2020/21 of extent and sufficiency of data processing agreements	G			
IT/software protection	IT services provide up-to-date and secure protection against data theft or data loss. Compulsory e-training for all staff with annual refresher. Risk register records risk of breach and mitigating actions and measures. Audit Committee and G&RC scrutiny of IT risks in 2018/19 and again in 2021/22. Internal Audits of Information Asset Register, Information Security, Cybersecurity and GDPR reported to Audit Committee between March 19 and June 2019. Follow-up on procedures for information security breaches to Audit Committee in 2020/21. Desktop cyber-security business continuity planning exercise carried out in April 2022 leading to improvement actions being designed and a further test arranged. Follow-up carried out on 26 April 2023. Internal audit reported after the year end concluded that control required improvement	A			

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

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

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F5. Strong public financial management		13 green	0 amber	Zero red	13 in total
Finance Officer role identified and supported (CIPFA's Statement on the Role of the Chief Financial Officer in Local Government, CIPFA, 2016)	Role and responsibilities recognised and allocated in Scheme of Delegations to Officers, as a proper Officer position. Role description appended to Scheme. Statutory Officer status reflected in reporting to full council. Role description being reviewed following adoption of CIPFA Financial Code in February 2021, due by mid-2021. Minor adjustments made via delegated powers to update Scheme of Delegations, no wider changes found to be required. Report to P&R PDSP in February 2022 that all actions had been completed. Role description revised and approved at committee in 2022/23	G			
Financial Regulations	Made in accordance with legislation. Part of Standing Orders. Responsibility allocated in Scheme of Delegations. Reviewed and updated in 2016. Amended in response to committee and council decisions when required. Date to be fixed for review this administrative term. Updated following adoption of CIPFA Financial Management Code in February 2021. Updated in June 2022 to better reflect IJB's role. Intended for review in 2023 following approval of new Corporate Plan in May 2023	G			
Budget control and monitoring guidance	Financial Regulations cover budget control procedure and responsibilities. Supported by additional guidance and allocated officer from FMU. Guidance and procedures reviewed and refreshed to address particular pressures such as TYC projects. Financial Regulations updated following adoption of CIPFA Financial Management Code in February 2021. Updated in June 2022 to better reflect IJB's role. Intended for review in 2023 following approval of new Corporate Plan in May 2023	G			
Budget and financial information passed to committee	Report template requires information on financial implications and on advice from FMU to be noted. Quarterly budget monitoring reports to PDSP and committee. In 20201/21, included information on COVID impacts on funding, spending and budget pressures	G			
FMU support and advice through designated officers	Officers allocated to services to ensure good working knowledge of service pressures and good working relationships. Financial Regulations set out budgetary processes and controls. Financial Regulations updated following adoption of CIPFA Financial Management Code in February 2021. Updated in June 2022 to better reflect IJB's role. Intended for review in 2023 following approval of new Corporate Plan in May 2023	G			
Mid to long-term financial strategy and planning	Three-year detailed budgets and further two-year financial strategy agreed in February 2018, renewed and extended annually since. Financial strategy and financial planning maintained during pandemic, budget made provision for reserves to meet continuing and unknown COVID challenges	G			

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F5. Strong public financial management		13 green	0 amber	Zero red	13 in total
Budget monitoring at service levels	Three-year budgets and further two year plan approved on 13 February 2018 and annually since. Quarterly monitoring reports to CMT and members at PDSP and Council Executive. Financial Regulations reflect long-term strategy requirements. Financial Regulations updated following adoption of CIPFA Financial Code in February 2021. Processes continued during pandemic to inform corporate planning and reporting	G			
Budget monitoring at Corporate Management Team	Three-year budgets and further two year plan approved on 13 February 2018 and annually since. Quarterly monitoring reports to CMT and to members at PDSP and Council Executive. Financial Regulations reflect long-term strategy requirements. Financial Regulations updated following adoption of CIPFA Financial Management Code in February 2021. Processes continued during pandemic to inform corporate planning and reporting	G			
Budget monitoring at Executive Management Team	Three-year budgets and further two year plan approved on 13 February 2018 and annually since. Monitoring reports to EMT and CMT. Financial Regulations reflect long-term strategy requirements. Financial Regulations updated following adoption of CIPFA Financial Code in February 2021. Processes continued during pandemic to inform corporate planning and reporting	G			
Quarterly budget monitoring reports to members	Budget monitoring reports quarterly to PDSP and committee. Required by Financial Regulations. Interrupted by suspension of PDSP meetings between March 2020 and September 2020 due to COVID. Quarterly budget-monitoring reports continued to committee after committee meetings resumed in May 2020 and continued thereafter.	G			
Identification and registering of financial pressures and risks	Risk register maintained at corporate and service levels. Regular reviews via SMT and EMT. Actions required to address pressures are identified and progress tracked and reported. Horizon-scanning reports and on up-dates to budget models and assumptions made to PDSP quarterly. Reporting continued during COVID, included information on COVID funding, spending and budget pressures	G			
Review of system of internal control	Carried out by Audit Risk & Counter Fraud Manager. Complaint with PSIAS and Accounts Regulations 2014. Reported as part of Internal Audit Annual report to Governance & Risk Committee. Informs annual governance statement. Includes COVID commentary in 2020/21 following CIFA guidance issued in 2021 and reiterated in 2022.	G			
External audit report	Report to full council by statutory deadline in September. Actions identified and agreed. Referred on to Audit Committee and/or G&RC for scrutiny. Pentana used to record actions and progress. Biannual reports back to committee on outstanding actions. Reporting on normal timetable maintained during COVID	G			

F	67 green	5 amber	Zero red	72 in total

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

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

G1. Implementing good practice in transparency	6 green	1 amber	Zero red	7 in total

(a) Writing and communicating reports for the public and other stakeholders in a fair, balanced and understandable style appropriate to the intended audience and ensuring that they are easy to access and interrogate		
(b) Striking a balance between providing the right amount of information to satisfy transparency demands and enhance public scrutiny while not being too onerous to provide and for users to understand		
Evidence		**RAG**
Website	Responsibility for website allocated in Scheme of Delegation, maintained by Corporate Communications. Refreshed in 2016. Guidance on web content and administration on intranet. Performance reported in April 2018. New design and content and responsibility introduced in 2019/20. Improvements and outcomes reporting via Digital Transformation Strategy and annual strategy performance report. Further revamp in Spring 2022.	G
Communications guidance and standards	Council's guidance on compliance with legislation on political publicity. West Lothian Way. Reviewed in 2018/19 and republished on intranet, regularly updated and communicated to staff. Includes the council's Media Strategy and Social Media Guidance and practical information to ensure consistent and corporate standard. West Lothian Way being further reviewed and expanded in 2022/23.	G
Reports on standard template including council values, relevance to Corporate Plan and Local Improvement Plan	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes relevance to Corporate Plan. Requires updating and revision to refer to LOIP and new Corporate Plan and priorities. Work on revised template commenced in 2019/20. Delayed by COVID, not completed in 2021/22 due to concentration of resources on elections. Existing template is still effective. Draft considered at G&RB and CMT in 2022/23. Work still underway and expected to be completed in in 2023/24	A

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G1. Implementing good practice in transparency		6 green	1 amber	Zero red	7 in total	
Public performance reporting	WLAM reporting to Performance Committee. Service performance to PDSP quarterly. PPI service reporting through website. Performance themes reporting. Process reviewed in 2017/18 as response to BVAR recommendations and agreed actions. Factfile produced and published. Reports on corporate strategies in mid-2019. Annual reports delayed in 2020/21 due to COVID, carried out in October/November 2020 on resumption of meetings.					G
Annual performance report (Factfile)	Factfile produced annually via Performance Committee. Webpages cover service and corporate performance. Annual report to committee on performance through Local Government Benchmarking Framework. Reports on corporate strategies scheduled for PDSPs in mid-2020. Annual reports delayed in 2020/21 due to COVID, carried out in October/November 2020 on resumption of meetings.					G
The Bulletin	Bulletin delivered quarterly to all households. Summer and Autumn 2020 editions due to the pandemic, due to pressure on resources and reduction in council news, apart from COVID. Social media used more extensively to compensate. Normal publication since resumed with focus on COVID news and guidance. Normal service resumed post-pandemic					G
Social media usage	Social media extensively used and followed. West Lothian Way reviewed in 2018/19 and republished on Intranet. Social media policy brought into global Information Management Policy approved in June 2019. Increased use during pandemic to ensure adequate communication of public health messages and information concerning council services.					G

G2. Implementing good practices in reporting	4 green	0 amber	Zero red	4 in total	
(a) Reporting at least annually on performance, value for money and stewardship of resources to stakeholders in a timely and understandable way					
(b) Ensuring members and senior management own the results reported					
(c) Ensuring robust arrangements for assessing the extent to which the principles contained in this Framework have been applied and publishing the results on this assessment, including an action plan for improvement and evidence to demonstrate good governance (the annual governance statement)					
(d) Ensuring that this Framework is applied to jointly managed or shared service organisations as appropriate					

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G2. Implementing good practices in reporting	4 green	0 amber	Zero red	4 in total	

(e) Ensuring the performance information that accompanies the financial statements is prepared on a consistent and timely basis and the statements allow for comparison with other, similar organisations

Evidence		RAG
Annual report on performance (Fact File)	Factfile produced annually via Performance Committee. Webpages cover service and corporate performance. Annual report to committee on performance through Local Government Benchmarking Framework. Reports on corporate strategies scheduled for PDSPs in mid-2020. Annual reports delayed in 2020/21 due to COVID, carried out in October/November 2020 on resumption of meetings	G
Scrutiny committees	Scrutiny committees consider service and financial performance reports. They monitor completion of risk actions arising from internal and external audit reports. Chaired by non-administration members. Self-assessments carried out annually. Lay members appointed to Audit Committee and Governance & Risk Committee in March 2020 and again in September 2021. Work plans produced and maintained with members' approval. External auditor in 2020/21 found evidence of scrutiny challenge by members of officers.	G
Local Code of Corporate Governance	New Code adopted 22 April 2018. Complies with CIPFA/SOLACE Framework (2016). Completed annually via Governance & Risk Board and Corporate Management Team to Council Executive and Governance & Risk Committee. Full version reported to Council Executive and G&RC, interim report on progress to G&RC. Includes relevant notes on impacts of COVID on evidence	G
Annual Governance Statement	Responsibility of Governance manager in Scheme of Delegations. Completed annually via Governance & Risk Board and to Governance & Risk Committee in June each year. Completed in accordance with CIPFA/SOLACE Framework (2016). Interim report on issues identified made to G&RC. Report in 2020 included commentary on COVID impacts. In 2021 includes similar commentary on COVID and also on compliance with CIPFA FM Code adopted at committee in February 2021, both per further CIPFA guidance issued in 2020/21 and reiterated in 2021/22. External audit reports confirm compliance with standards and guidance.	G

G3. Assurance and effective accountability	5 green	1 amber	Zero red	6 in total	

(a) Ensuring that recommendations for corrective action made by external audit are acted upon

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

Evidence		RAG
Audit Committee reporting and monitoring	Audit Committee conducted in accordance with PSIAS. Significant Internal Audit reports to committee. Include agreed actions and timescales for noting, Actions recorded in Pentana. Biannual reports to committee on outstanding and overdue actions. Annual Plan and Annual Report to committee, including prioritisation. Lay member recruited and appointed in March 2020	G
Internal audit service (PSIAS and CIPFA complaint)	Independent internal audit function maintained in accordance with legislation and PSIAS. Annual report on activity and compliance. Part of system of internal control. Peer review carried out periodically, last reported to Audit Committee in January 23022. Resourcing is reported and any impact on ability to complete annual plan is reported and noted. Internal auditor presents reports in own name and has direct access to the Chief Executive if required. Plan for 2020/21 delayed for three months due to suspension of meetings due to pandemic, approved in June 2020. Normal pattern of reporting on plan and completion resumed thereafter.	G
Reporting inspection outcomes to members and public	Inspection outcomes are reported to members at PDSP and/or appropriate committee. Reports available to public on council and inspecting agency websites. Reported together in "Audit, Inspections, and Awards" pages on website.	G
Annual governance statement	Responsibility of Governance manager in Scheme of Delegations. Completed annually via Governance & Risk Board and to Governance & Risk Committee in June each year. Completed in accordance with CIPFA/SOLACE Framework (2016). Interim report on issues identified made to G&RC. Report in 2020 included commentary on COVID impacts. In 2021 includes similar commentary on COVID and also on compliance with CIPFA FM Code adopted at committee in February 2021, both per further CIPFA guidance issued in 2020/21 and reiterated in 2021/22. External audit reports confirm compliance with standards and guidance.	G

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G3. Assurance and effective accountability		5 green	1 amber	Zero red	6 in total	
Risk strategy and reporting	Risk Management Strategy end of term report. Corporate Plan strategy approved in 2018/19 following adoption of Corporate Plan on 13 February 2018. Annual reports to PDSP and G&RC on Corporate Strategy supporting Corporate Plan. Risk Management Policy revised in 2020 via PDSP, G&RC and due to be approved at Council Executive on 24 March 2020, postponed due to COVID-19, approved on 6 October 2020. Risk Management Working Group overseen by Governance & Risk Board. Management scrutiny through service management teams, high risks to Executive management Team, and reporting to Governance & Risk Board. Member scrutiny via Governance & Risk Committee established in June 2017. Standing item for high risks. Corporate risks reported biannually. Services' risk arrangements reported on rota. Themed and *ad hoc* reports on work plan. External assessment of quality of risk management arrangements in 2022/23 reported to Audit Committee on 20 January 2023					G
Partnership working – protocols, guidance and agreed values	Partnership Guidance available on intranet. Made in 2010, reviewed in 2012 and August 2018. Completed August 2018, trialled in 2018/19 in relation to possible ALEO for instrumental music tuition. Extent of use and compliance to be checked. Partnership and Collaborative Working covered in external auditor's report in 2020/21, no further work planned in 2021/22. Ongoing work to revise LOIP to bring community planning partners towards agreed values					A

G	15 green	2 amber	Zero red	17 in total

Code	223 green	35 amber	Zero red	258 in total
	86%	14%	0%	100%

Movements in scoring from last year to this:-

- Eight standards moved from amber to green (Corporate Procurement Procedures introduced; progress on re-establishing the Citizens' Panel)
- Four standards moved from green to amber (succession planning; consultation/engagement strategy/toolkit; IT/Cyber security)
- No red assessments last year or this

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APPENDIX 4

PROGRESS ON GOVERNANCE ISSUES 2022/23

TABLE 1

	ISSUE	GOVERNANCE & RISK COMMITTEE 12 DECEMBER 2022	GOVERNANCE & RISK COMMITTEE 12 JUNE 2023
10/2020 01/2021 01/2022	Root and branch review of relationship with West Lothian Leisure and the ALEO model, per Scheme of Administration for WLLAC (Annual Governance Statements 2019/20, 14.8; 2020/21, 16.1; 2021/22)	Ongoing WLLAC, 23 June 2022 – first stage progressing in line with the Best Value Framework approved by Council Executive in March 2022. evidence gathering and stakeholder engagement is scheduled to complete during the summer recess and the outcome, along with recommended improvement actions, will be reported to elected members when the committee cycle resumes. Further information on the second stage will also be reported at that time. Options appraisal work has been programmed for the Autumn, and final reporting of officer recommendations scheduled for December 2022 November 2022 - staffing resources have been prioritised towards concluding review stage one and undertaking necessary reporting to Council Executive by 17 January 2023. Preliminary reporting on stage one is tracking to WLL Advisory Committee on 7 December 2022, following conclusion of related engagement with WLL management scheduled for 25 November. Consideration of the interdependencies and constraints between the proposed WL2028 savings	Ongoing, roll forward to 2023/24 Progress overtaken by WLC2028 consultation on budget savings measures which led to full council deciding in February 2023 that a saving should be pursued by moving towards the removal of WLL's management fee. In April 2023 WLL requested council's consent to close four facilities and that request is currently progressing through Council Executive for determination. Decisions made as a result of that process may impact on the future relationship between the council and WLL. Due to these changes in circumstances, officers recommend that the current review process does not proceed any further at this time. The triennial review requirement in the Scheme of Administration applies again in 2023/24 and officers will report to Council Executive with appropriate recommendations before the end of that year

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ISSUE		GOVERNANCE & RISK COMMITTEE 12 DECEMBER 2022	GOVERNANCE & RISK COMMITTEE 12 JUNE 2023
		measures relating to WLL and the approach to progressing stage two of the review is ongoing	
02/2021	Significant concerns arising from the annual compliance statements, in particular breaches of the law identified by the Monitoring Officer, will be pursued and remedial action taken (8.5 and 16.2)	Ongoing, but paused Historic issue of legal compliance in relation to leases for nominal sums to community education centre management committees. Actions have been designed to address the issue identified. Community education centres may be affected by budget savings measures and the review of the council's operational estate. Standardisation and modernisation of leases will be addressed after relevant decisions are made in February 2023. Risk has been assessed as low	Ongoing, roll forward to 2023/24 On 21 February 2023, revenue budget savings were agreed from a rationalised community centre portfolio requiring consultation with management committees and other stakeholders. The consultation will take place in 2023/24 followed by reports to CP&R PDSP and Council Executive. Following conclusion of this process, leases will be modernised and standardised
05/2022	A new corporate plan is due to be developed and approved in early 2023. The new plan, the prior public engagement and the identification of corporate priorities will be a major piece of work and will inform the council's planning and service delivery for many years. (16.5)	Ongoing Council Executive, 21 June 2022 – approval of planned phased public consultation and engagement exercise and reporting arrangements Council Executive, 4 October 2022 – results of Phase 1 reported, Phase 2 to commence, public consultation launched, timescales for reporting back all agreed	Completed Corporate Plan approved at full council on 30 May 2023

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	ISSUE	GOVERNANCE & RISK COMMITTEE 12 DECEMBER 2022	GOVERNANCE & RISK COMMITTEE 12 JUNE 2023
06/2022	There are likely to be consequences for the council flowing from the long-running Scottish Government/COSLA Review of Local Governance (16.6)	Not started, dependent on third party Awaiting firm proposals from Scottish Government, following brief and unspecific undertakings to "conclude the Local Governance Review at the earliest possible date" and introduce a Local Democracy Bill within this Parliament" (Programme for Government 2021/22)	Ongoing, roll forward to 2023/24, subject to caveat that progress depends on Scottish Government No substantial movement from Scottish Government during the year. Some indication of progress in Ministerial undertakings given since the election of the new First Minister, including a "New Deal for Local Government" and closer partnership working between Scottish Government and COSLA. Work will re-restart when Scottish Government's plans become clearer, relaunch now intended for July 2023
08/2022	The citizen led inspection programme was suspended during the pandemic. It features in the Code of Corporate Governance as an item of evidence relied on to demonstrate compliance. (16.8)	Ongoing but paused A decision should be made about refreshing the programme or its replacement. November 2022 – based on a lack of engagement with the Citizen Led Inspection Programme prior to the pandemic, restarting the programme has been paused. Revised arrangements for consulting and engaging with West Lothian citizens and service users are required. Arrangements to determine the most suitable approaches to doing this will be picked up as part of the corporate planning process, through one of the new round of corporate strategies to be developed in early 2023. Relaunching or	Ongoing, roll forward to 2023/24 New Customer Strategy 2023/28 to be developed under Corporate Plan. Will address council-wide approach to consultation and engagement with customers. CLI approach will be renewed as part of that, alongside the other approaches to engagement

ISSUE		GOVERNANCE & RISK COMMITTEE 12 DECEMBER 2022	GOVERNANCE & RISK COMMITTEE 12 JUNE 2023
		reforming the CLI programme may be considered along with the other methods of engagement	
09/2022	The Citizens' Panel features in the Code of Corporate Governance as an item of evidence relied on to demonstrate compliance. Work on the refresh of the Citizens Panel has not progressed for some time and that should be taken forward alongside work on a public engagement strategy (16.8)	Ongoing A decision should be made about refreshing the programme or its replacement Full council, 22 June 2022 – Citizens' Panel included in list of issues on strengthening democracy to be progressed by officers and reported back to PDSP post-recess November 2022 - the procurement process has been undertaken to refresh the Citizens' Panel. A contactor has been appointed and has begun to the process. This will be undertaken by the end of March 2023, with ongoing refreshing of the membership planned over the next two years. An update of the Citizens' Panel refresh will be reported at the Community Planning Partnership Board on 21 November 2022	Completed, now being progressed via officers and CPPB Contract awarded to refresh the Citizen's Panel, maintain membership and support the use of the panel. Existing panel members contacted about continuing participation, recruiting new members underway. Web portal established as an access point for members and potential members. Update presented to Community Planning Partnership Board in March 2023. Short life officer working group to be formed to look at how to best utilise the panel for engagement
10/2022	The schedule of significant corporate policies, procedures and controls prepared and monitored in 2021/22 to ensure their review in each administrative term (16.10)	Ongoing December 2022 - A schedule of significant corporate policies, procedures and controls has been prepared to ensure their review before the end of the administrative term in May 2022. Substantial completion was reported in 2021/22. It will be maintained and monitored as part of the checks on progress on governance issues. Those	Ongoing, but will be removed from this list In future, will be reported as a separate list, per updated Table 2, below. The table will be updated and populated with deadlines for future years' reporting as the administrative term passes and scheduled reviews become due. At 31 March 2023, there are no reviews

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ISSUE		GOVERNANCE & RISK COMMITTEE 12 DECEMBER 2022	GOVERNANCE & RISK COMMITTEE 12 JUNE 2023
		outstanding will be carried forward as individual items of governance concern	outstanding or delay in any of them which is causing any significant risk
12/2022	Following the Feeley Report in January 2021 and the Scottish Government's plans for a national care service, there will be impacts on the council corporately, on its services and on its staff. (16.12)	Ongoing Developments will be kept under review and actions designed and taken as required. December 2022 - Bill introduced in Holyrood. Pre-legislative scrutiny ongoing via a number of places and committees. COSLA have provided written submissions to the proposals as has the council and the IJB. Not possible to clarify what the outcome of this first stage will be	Ongoing, roll forward to 2023/24, subject to caveat that progress depends on Scottish Government Scottish Ministers secured a further extension to the Scottish Parliament's consideration of the National Care Service Bill (Stage 1) until after summer 2023. Delay will allow for further consideration of issues that have been raised by key stakeholders and updating of Financial Memorandum
13/2022	The Scottish Government has not advanced remedial legislation in relation to its incorporation of the UN Convention of the Rights of the Child but intends to do so (16.13)	Ongoing Preparatory work has started and will continue to ensure the council is able to meet its expected legal duties successfully December 2022 - Scottish Government plans for amended legislation announced in June 2022. Cross-service Children's Rights and Participation Working Group established reporting through the multi-agency Children and Families Strategic Planning Group. Annual report for 2017-2020 presented at the Group and to be presented to CPPB on 21 November for approval for publishing and presentation to Scottish Government. Working group to focus on next annual report,	Ongoing, roll forward to 2023/24, subject to caveat that progress depends on Scottish Government Amended legislation still awaited. Report for 2017-2020 approved for publication and returned to the Scottish Government in November 2022. Report for 2020-2023 report targeted at Community Planning Partnership Board in August 2023. Cross-service children's rights and participation working group progressing local children's rights network. Includes work with Improvement Service to support development of a post-legislation local plan. Self-evaluation toolkit to support schools and service areas to track progress. "Rights Respecting Schools Award"

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	ISSUE	GOVERNANCE & RISK COMMITTEE 12 DECEMBER 2022	GOVERNANCE & RISK COMMITTEE 12 JUNE 2023
		following progress of the Bill and developing a coordinated approach for implementation	for pupils and engagement with RRS accreditation
14/2022	The conduct of meetings through hybrid arrangements, from May 2022 (16.14)	Ongoing Will require training for members and officers and the design and implementation of guidance and protocols to ensure the effective conduct of business Full council, 24 May 2022 – commencement date postponed until 16 August 2022. Work underway on guidance and protocols and arrangements to be made for training of members and officers November 2022 – training completed, system in regular use, final versions of guides for members, officers and the public are being finalised	Completed Members and officer guidance and protocols complete and issued. Review and update will be undertaken as necessary on an ongoing basis. Training for Members and Officers delivered and will be refreshed and/or delivered on a bespoke basis as required in future. Guidance and protocols complete and issued subject to review and update as necessary going forward. Training complete. Hybrid system in regular use. Guides for members, officers and members of the public are complete and issued and subject to review and update as necessary going forward
15/2022	The triennial inspection of the council's arrangements to secure compliance with its duties under the Regulation of Investigatory Powers (Scotland) Act 2000 (16.15)	Ongoing November 2022 – inspection took place on 21 November, report (positive) received 22 November. Action plan being developed for small number of technical recommendations. Outcome will be reported to Public & Community Safety PDSP	Completed Action Plan established, agreed with statutory inspector, reported to PDSP on 23 February 2023. Revised draft policy, procedure and guidance reported to PDSP on 27 April with note of progress on action plan. Revised policy approved at Council Executive on 23 May. Training session to take place in late June. Actions will all be complete and confirmed in annual compliance report to PDSP on 29 August 2023

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TABLE 2

DOCUMENTS, POLICIES AND PROCEDURES FOR TERMLY REVIEW

	Item	Who	Governance & Risk Committee, 12 December 2022	Governance & Risk Committee, 12 June 2023
01	Anti-Fraud & Corruption	F&PS	Revised document to P&R PDSP on 14 June 2021, approved at Council Executive on 22 June 2020	Review required before May 2027, target is June 2025 (five-year anniversary)
02	Anti-Money Laundering Policy	F&PS	Approved by Council Executive, 10 September 2019	Review required before May 2027, target is September 2024 (five-year anniversary)
03	Appointed Members of Education Executive	CORP	Education Executive, 16 November 2021 - approved via PDSP WLC, 24 May 2022 – six members appointed, one replaced on 27 September 2022. Power delegated on 27 September 2022 to enable DCE to appoint to vacancies arising during the administrative term	Review of appointments to be done by November 2026, to allow elections and appointments after local government elections in May 2027
04	Best Value Regime	F&PS	P&R PDSP on 4 February 2022 then Council Executive on 22 February 2022 - approved the updated Best Value framework and agreed this should be used to assess compliance with Best Value from 2021/22	Review required before May 2027. Review planned for 2023 to take account of changes from the updated Corporate Plan (to be approved in May 2023)
05	CCTV Policy and Guidance	LH	Added in 2022/23. Long overdue for review. Review underway in 2022/23	Review work started in January 2023, underway in parallel with review of Information Governance Policy

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	Item	Who	Governance & Risk Committee, 12 December 2022	Governance & Risk Committee, 12 June 2023
06	Contracts Standing Orders	CORP	Council Executive, 6 October 2020. Full review carried out	Review required before May 2027, ideally by five-year anniversary in October 2025 (five-year anniversary) (see Item 08)
07	Corporate Complaints Procedure	CORP	Revised Procedure considered at P&R PDSP on 23 April 2021, approved at Council Executive on 18 May 2021	Review required before May 2027, ideally by May 2026 (five-year anniversary)
08	Corporate Procurement Procedures	CORP	Added in response to adverse finding in Internal Audit report in 2020 and annual governance statement for 2021/22

Revised procedures implemented from 1 November 2022 | Review arrangements to be finalised but likely to be carried out alongside termly review of Contracts Standing Orders (see Item 06) |
09	Councillor Complaints Internal Procedure	JDM	Reviewed and revised in accordance with Action Plan via Audit Committee 2018/19. No further action required unless as a result of new Code of Conduct	Will be reviewed in 2023/24 when ESC Investigations Manual is finalised
10	Discipline, Grievance, Bullying & Harassment	CORP	Reviewed as part of ongoing policy and review schedule of HR policies over a five-year period. Review was administrative in nature and no significant changes or improvements were identified. Officers considered there was no requirement to go to committee	Review and report to Council Executive required before May 2027. Date of last review not clear, should be established and next review timed accordingly
11	Employee Code of Conduct	CORP	Updated and revised Code of Conduct agreed via PDSP at Council Executive on 22 February 2022	Review required before May 2027, ideally by February 2027 (five-year anniversary)

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	Item	Who	Governance & Risk Committee, 12 December 2022	Governance & Risk Committee, 12 June 2023
12	Financial Regulations	F&PS	Council Executive, 6 February 2018. Full review carried out. Then again for FM Code (September 2021) and again for Internal Audit report on IJB budgeting provision (June 2022) Council Executive, 21 June 2022 – amendments for IJB budgeting	Review required before May 2027, target is September 2026 (five-year anniversary of last wholesale review)
13	Information Governance	CORP	Approved at Council Executive in June 2019. Policy is reviewed annually by officers, with any proposed significant changes brought to P&R PDSP and then to Council Executive for approval, as necessary	Review required before May 2027, ideally by June 2024 (five-year anniversary). Review underway in 2022/23 and 2023/24
14	Integration Scheme	AW	Added to reflect statutory duty for quinquennial review. Draft revised Scheme approved at Council Executive on 22 April 2022. To be submitted to Scottish Ministers in June 2022 Submitted to Ministers in August 2022. Feedback incorporated and resubmitted in November 2022.	Next review will be due 5 years after approval by Ministers (imminent, apparently, as at 27 April), likely not to happen due to introduction of National Care Service
15	Internal Audit Charter	F&PS	Last approved by Audit Committee on 8 October 2018	Review required before May 2027, target is October 2023 (five-year anniversary)
16	Local Code of Corporate Governance	JDM	Due for full review by 2023/24 at the latest. No further action required	Review required before June 2024
17	Member Role Descriptions	JDM	Revised version considered at P&R PDSP on 3 December 2021 and approved at Council Executive on 21 December 2021. Included in post-election Induction Pack	Review required before May 2027, ideally by December 2026 (five-year anniversary, and in advance of local government elections in May 2027)

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	Item	Who	Governance & Risk Committee, 12 December 2022	Governance & Risk Committee, 12 June 2023
18	Members' Involvement in Financial Planning	F&PS	Completed as an action from Best Value Assurance Report. Completed in June 2018 (Council Executive). Review as part of process of adoption of new Corporate Plan in next term. No further action required Council Executive, 15 February 2022, 21 June 2022 and 4 October 2022, and in other reports – process covered and reaffirmed in reports on budget and corporate plan	Completed, NFA until next administrative term
19	Members' Register of Interests Procedure	JDM	Reviewed and revised in accordance with Action Plan via Audit Committee 2018/19. No further action required unless as a result of new Code of Conduct. Reviewed following introduction of new Code of Conduct and in March 2022 as part of the Induction preparations	Review required before May 2027, ideally before March 2027 (five-year anniversary)
20	Members' Use of Council Facilities	JDM	Review and revision carried out in December 2021 and January 2022. Elected members involved off-line and at P&R PDSP on 4 February 2022. Revised versions approved at Council Executive on 22 February 2022. Included in post-election Induction Pack	Review required before May 2027, ideally by February 2026 (five-year anniversary, and in advance of local government elections in May 2027)
21	Occupational Health & Safety	CORP	Revised Policy presented to P&R PDSP December 2020 and to Council Executive on 19 January 2021	Review required before May 2027, ideally by January 2026 (five-year anniversary)
22	Officer/Member Protocol	JDM	Review and revision carried out in December 2021 and January 2022. Elected members involved off-line and at P&R PDSP on 4 February 2022. Revised versions approved at Council Executive on 22 February 2022. Included in post-election Induction Pack	Review required before May 2027, ideally by February 2027 (five-year anniversary, and in advance of local government elections in May 2027)

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	Item	Who	Governance & Risk Committee, 12 December 2022	Governance & Risk Committee, 12 June 2023
23	PREVENT Policy and Procedure	GS	Added to reflect new statutory regime and additional legal duties	Legislation delayed for new PROTECT duty. Statutory guidance required. Consideration required of need for policy and/or procedure and staff training and awareness-raising
24	PVG	CORP	Policy and procedure reviewed and approved via P&R PDSP on 5 February 2021 at Council Executive on 23 February 2021. Other actions agreed at Audit Committee in March 2021 to be followed up by internal audit and at Audit Committee	Review required before May 2027, ideally by February 2026 (five-year anniversary)
25	Recruitment and Appointments Policy and Procedure	LH	Added in 2022/23. Overdue for review, since 2021, per Local Code of Corporate Governance	Policy underwent review panel in 2022/23. EMT instructed broader review, will not be complete before completion of other key policy reviews taking priority. Review before May 2027, ideally before the end of 2021 (five-year review)
26	Report template	JDM	Work delayed due to other priorities, mainly conduct of elections in May 2022. Existing template and guidance considered to still be adequate and no material risk is identified by delays. To be reviewed and refreshed alongside new corporate plan November 2022 - benchmarking carried out, draft revised template circulated to relevant officers, reported to G&RB on 14 November 2022 and to CMT on 30 November 2022	Work underway in 2022/23, expected to be completed in 2023/24

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	Item	Who	Governance & Risk Committee, 12 December 2022	Governance & Risk Committee, 12 June 2023
27	RIPSA Policy and Procedure	JDM	Added to reflect significance, risk and triennial regulatory inspection Statutory inspection due in November 2022, review and update planned for 2022/23 to reflect any changes recommended by the Inspector	Statutory inspection due in November 2022, review and update planned for 2022/23 to reflect any changes recommended by the Inspector. Revised policy to Public & Community Safety PDSP on 27 April, approved at Council Executive on 23 May 2023. Next review in 2025/26 in parallel with next triennial IPCO inspection
28	Risk Management	F&PS	Reviewed and reported to Council Executive on 6 October 2020	Review required before May 2027, target is October 2025 (five-year anniversary)
29	Scheme of Administration	JDM	WLC, 28 September 2021 – miscellaneous changes and improvements added along with hybrid meeting changes, nothing more planned Full council, 24 May and 22 June 2022 – further changes affecting PDSPs Full council, 27 September 2022 – minor changes made following consideration of report on vacancies on committees and outside bodies	Review required before May 2027, ideally by December 2026 (five-year anniversary, and in advance of local government elections in May 2027)
30	Scheme of Delegations	JDM	Quarterly updates continued. Scheme checked for completeness in December 2021 and January 2022. No significant issues identified. Review completed, existing procedure for updating will continue November 2022 - Statutory Officer role descriptions under review, to be updated and potentially with added roles for Data Protection Officer, Chief Planner and Chief Education Officer	Full review by December 2026 (see Item 33)

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	Item	Who	Governance & Risk Committee, 12 December 2022	Governance & Risk Committee, 12 June 2023
31	Scheme of Members' Remuneration and Allowances	CORP	Currently reviewed and reported annually. Annual periodicity is not a statutory requirement. Last to Council Executive in March 2023	Completed for 2023/24 though report to Council Executive on 21 March 2023. Currently requires annual review and approval. Could be shifted to a five-year cycle but likely to remain on an annual basis
32	Standing Orders for the Regulation of Meetings	JDM	WLC, 28 September 2021 – miscellaneous changes and improvements added along with hybrid meeting changes, nothing more planned	Review required before May 2027, ideally by December 2026 (in advance of ;local government elections in May 2027)
33	Statutory Officers' Role Descriptions	JDM	Added in 2022/23, new item	Reviewed and approved at Council Executive on 28 February 2023. Should be reviewed as part of full review of Scheme of Delegations, by December 26 (see Item 30)
34	Treasury Management	F&PS	Last reported to full council on 24/11/20. Bi-annual reports timetabled. No additional action required	Review required before May 2027, target is November 2025 (five-year anniversary)
35	Unacceptable Actions Policy	CORP	Review in 2020 concluded that administrative changes only were required. SPSO jurisdiction continues alongside corporate complaints procedure. Implementation of the procedure is monitored via the Governance & Risk Board. Officers concluded that a report to elected members was not required	Review and report to committee required before May 2027, ideally before the end of calendar year 2025
36	Whistle-Blowing	CORP	Policy reviewed by officers in January 2021, no changes proposed or reported to committee	Review required before May 2027, ideally by January 2026 (five-year anniversary)

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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.

The council's high risks are set out in detail in appendix one. There are 12 high risks, the same number as reported to the Committee in March 2023.

The following are no longer considered to be high risks:

- ED002 "Loss of education provision due to industrial action";
- CPU001 "Failure to manage the procurement plan".

The following are now considered to be high risks:

- WLC019 "Failure to deliver the financial plan 2023/24 to 2025/26" – this is a new risk;
- SPCC001 "Insufficient availability of beds to meet service demands - care homes".

The council's highest risk is now risk HCBS004 "Overspend of allocated Housing Need budgets".

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.

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: 12 June 2023

Governance and Risk Committee Appendix 1 High Risks

Report Author: Kenneth Ribbons
Generated on: 02 June 2023 10:59
Report Layout: .. 10 (previously R09b) Original Score, Current Score, Internal Controls with linked Actions (outstanding only)
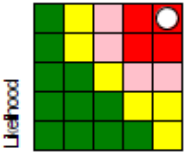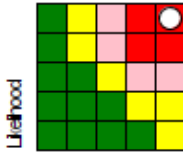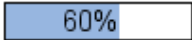
Key to Risk Scores

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

Key to Action Status

Icon	Status
🛑	Overdue
🔺	Approaching Due Date
▶	In progress
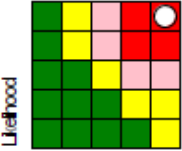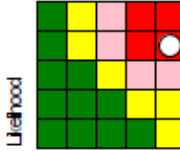
	HCBS004 Overspend of allocated Housing Need budgets	Increased demand for homeless services. This may also result in an overspend of allocated budgets.
	Current Controls:	Through the implementation of the 5 Year West Lothian Rapid Rehousing Plan a number of controls are in place aimed at reducing demand 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 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.
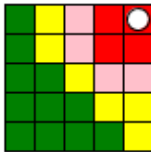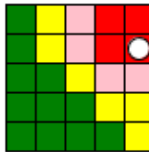
Move to a prevention approach to homelessness to reduce demand. This will be achieved through the transition to a wider housing options approach to prevent homelessness and the introduction of Personal Housing Plans as part of the implementation of the Allocations Policy review.

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.

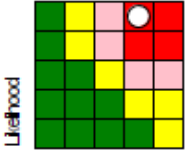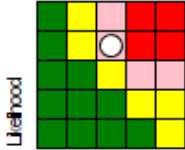| Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked	Risk Actions	Original Due Date	Due Date	Progress	Description
25		25		▶	HQSRRTP4 Overspend of Allocated Housing Need Budget - RRTP Homeless Prevention and Supply	30-Mar-2024	31-Mar-2024	60%	Through actions within the Rapid Rehousing 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. 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
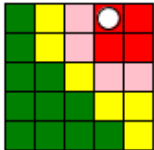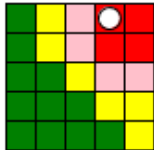
									Grant for 2022/23 and 2023/24 to ensure a minimum of 300 affordable homes be completed each year.
					▶	HQSRRTP5 Overspend of Allocated Homeless Budget Support	31-Mar-2024	31-Mar-2024	70%	Through actions within the Rapid Rehousing Transition Plan (RRTP) support people to sustain their homes to prevent 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.

	WLC019 Failure to deliver the financial plan 2023/24 to 2025/26	Unanticipated external events such as higher than expected inflation, lower economic growth, adverse financial settlements, or social or demographic changes, or internal factors such as deficient project management, leading to an inability to deliver the medium term financial plan. Resulting in unplanned budget savings measures, an adverse impact on service delivery, and reputational damage.
Current Controls:		**Wider Economic Risks Including Ongoing Impact of Covid-19 Pandemic** Updates on the economic context at UK, Scottish and West Lothian level are presented quarterly to the Partnership and Resources PDSP. Horizon Scan reports prepared on a quarterly basis for Partnership and Resources PDSP. Regular review and update of Scottish government funding announcements and wider economic data used to inform budget planning assumptions. Close monitoring of monthly inflation rates and assessment of any resulting impacts on council costs and budget assumptions. Covid-19 additional costs monitored on a regular basis to identify ongoing additional costs resulting from the pandemic and returns submitted to COSLA as necessary. Transformation project team work with services and FMU to drive forward implementation of service changes required to achieve financial balance. **Local Government finance settlements** Regular review and update of Scottish government funding announcements and wider economic data used to inform budget planning assumptions. Robust financial planning and budgetary framework in place. Reports to committee on Chancellors Budget / Scottish Budget. **Failure to effectively manage the financial plan** Comprehensive financial regulations in place. Robust financial planning and budgetary framework in place. Transformation project team work with services and FMU to drive forward implementation of service changes required to achieve financial balance. Well established RAG analysis processes in place to monitor delivery of savings. The level of uncommitted reserves is reviewed as part of the revenue budget setting process and will continue to be subject to a specific recommendation in the annual revenue budget report. Updates on the economic context at UK, Scottish and West Lothian level and an update on the council's future budget model are presented quarterly to the Partnership and Resources PDSP. The Transformation Team works with FMU and HR to monitor the delivery of savings across the council. The outcome of this monitoring is included in quarterly monitoring reports to the Council Executive and includes a review of progress on delivery of budget savings for the three remaining years of the financial strategy.
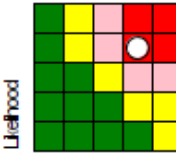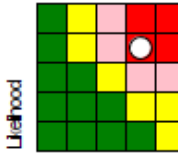
Regular review and update of Scottish government funding announcements and wider economic data used to inform budget planning assumptions.
Briefing elected members on budget matters.
Monitoring reports go to CMT, PMAB and committee on a regular basis.
Update of financial plan expenditure and funding assumptions as part of annual budget setting process

Unbudgeted and emergency budgetary pressures
Robust financial planning and budgetary framework in place.
Transformation project team work with services and FMU to drive forward implementation of service changes required to achieve financial balance.
The level of uncommitted reserves is reviewed as part of the revenue budget setting process and will continue to be subject to a specific recommendation in the annual revenue budget report.

Unplanned use of reserves
Comprehensive financial regulations in place.
Robust financial planning and budgetary framework in place.
The level of uncommitted reserves is reviewed as part of the revenue budget setting process and will continue to be subject to a specific recommendation in the annual revenue budget report.
Regular review and update of Scottish government funding announcements and wider economic data used to inform budget planning assumptions.

Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked	Risk Actions	Original Due Date	Due Date	Progress	Description
25		20							

	WLC029 West Lothian Leisure - failure to prepare and agree a medium term financial plan 2024/25 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 2024/25 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		20							
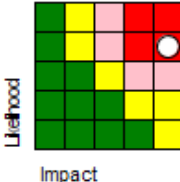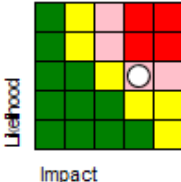
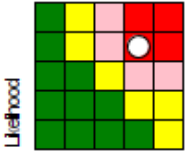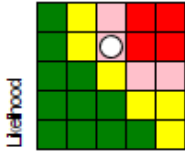|	HCBS012 Breach of statutory homeless duty	Lack of adequate accommodation due to increased demand results in Housing, Customer and Building Services (HCBS) breaching our statutory duties to accommodate unintentionally homeless people in suitable accommodation.
	Current Controls:	The council and its 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

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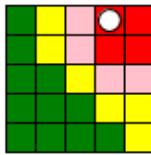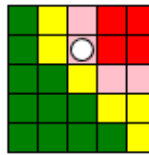
	WLC004 Political uncertainty - impacting on service delivery	Political uncertainty relates to activity or changes in respect of: local government, Scottish government, UK government, or international political circumstances which may impact on the council. An inability to plan effectively for major changes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

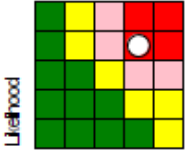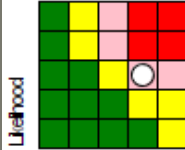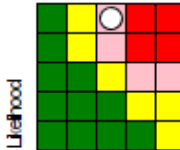| Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked	Risk Actions	Original Due Date	Due Date	Progress	Description
16		16							

	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 2023/24 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.

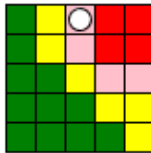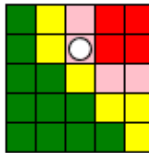| Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked	Risk Actions	Original Due Date	Due Date	Progress	Description
20		12							

	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							
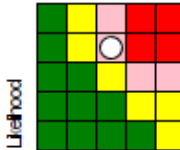
	WLC025 Economic Downturn	An economic downturn, defined as an increase in the unemployment rate on 5 months from a rolling six month period, an economic recession extending for six months and / or the loss of a single employer with greater than 1,000 employees, could lead to pressure on business activity 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		12							

	SPCC001 Insufficient availability of beds to meet service demands - care homes	Insufficient supply of care home beds to meet service demands. Currently this risk is highest in respect of the market pressure related to Older Peoples services and this risk relates specifically to care homes. The risk is also related to pressures around delayed discharge (one of the sources of pressure), also noted as a risk for the IJB (IJB006) The risk is closely monitored by the Social Policy Management Team.
Current Controls:		Bed based review being progressed to ensure strategic commissioning of care home beds to support current and future need. Care home link officers maintain daily contact with care homes to establish occupancy rates and bed availability. This is shared with relevant HSCP staff to identify emerging issues that may impact upon service delivery. This is supplemented by daily review of TURAS system to inform and identify any issue impacting upon capacity e.g. outbreak of illness. There are twice weekly resilience meetings involving heads of service/senior managers to review any emerging issues with bed capacity that impact upon wider system issues such as delayed discharge. Weekly assurance arrangements, with senior management representation, are in place for care home provision where provider risks and issues are highlighted and actioned as required. There are regular care home provider forums where issues that impact upon bed capacity are discussed and reviewed as necessary. Providers have identified link officer as points of contact out with scheduled meetings Close links with planning to identify any emerging care home planning applications to support decision making and local planning. Delayed Discharges are closely monitored and reported on a daily basis. Active targeted recruitment of staff and active monitoring of sickness absence to support internal care home provision. Contracted services have an identified contract Link Officer who will undertake contract monitoring activities which includes financial assessment and organisation viability which is included in the wider contract monitoring framework. The contract and supplier management process is a risk assessment based approach which assigns level of provider risk to determine the level of contract monitoring controls to be deployed to each contract. Provider contract monitoring information is reported to the Contracts Advisory Group on a quarterly basis highlighting RAG status of each provider and necessary controls applied.

Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked	Risk Actions	Original Due Date	Due Date	Progress	Description
16		12							

⚠	**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 hav**e**
		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;
		Implementation of Assessment and review team to ensure care is targeted in proportionate manner supported by technology enabled care where possible - with robust monitoring of unmet need.
		Implementation of pilot 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;
		A 'test of change' block contract is now in place to support delivery of care at home packages of care in situations where there have been challenges to source care at home.
		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.

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

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

LIKELIHOOD TABLE

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

Each risk is scored 1-5 for likelihood.

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

IMPACT TABLE

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

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

DATA LABEL: PUBLIC

GOVERNANCE AND RISK COMMITTEE

MANAGEMENT OF HEALTH & SAFETY

REPORT BY HEAD OF CORPORATE SERVICES

A   PURPOSE OF REPORT

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

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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 statistical information. Statistical information in Appendices 1 and 2 of this report cover the reporting period of 01st April 2022 to 30th April 2023.

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

There has been no activity since the previous report to Committee in March 2023.

D.4   Health and Safety Committee

The Corporate Health and Safety Committee last met on the 28th March 2023. Representatives from Council Services attended along with representatives from recognised Trade Unions. The Committee considered discussions that had taken place at service health and safety committees, health and safety statistics, regulatory updates, employers liability action plan review and the violence and aggression working group action plan. The next meeting of the committee will take place on 26th June 2023.

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. Services are currently undertaking a review to ensure the management and use of devices within services meet requirements outlined in the Corporate Lone Working Device Procedure.

D.6   Employers Liability Insurance Payments

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

E.   CONCLUSION

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

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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 March 2023
(2) Education Services Violent Incident Statistics- 01st April 2022- 31st March 2023

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

Lesley Henderson, Interim Head of Corporate Services

Date of meeting: 12th June 2023.

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	May 2023

GOVERNANCE AND RISK COMMITTEE

APPENDIX 1 HEALTH AND SAFETY STATISTICS

RIDDOR REPORTABLE INCIDENTS – 1 April 2022 to 31 March 2023

HSE Reportable 2018/19	Specified Injury	Over 7 Day Absence	Member of the Public	Dangerous Occurrence	Disease	Total	HSE Notices	HSE Visits / Enquiries
Education	1	2	4			**7**		1
HCBS	2	2	1			**5**		
Operational	1	7				**8**		2
2022/23	4	11	5			**20**		3
2021/22	1	16	6		1	24		

CUMULATIVE INCIDENTS RECORDED – 1 April 2022 to 31 March 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	36	14	0	36
June	0	1	306	2	32	18	0	54
July	0	0	54	5	22	17	0	53
August	0	0	327	4	23	16	0	41
September	1	0	481	2	24	15	0	49
October	0	0	302	3	24	11	0	50
November	0	1	420	0	41	16	0	25
December	0	2	209	6	31	13	0	35
January	0	1	197	0	31	13	0	35
February	0	1	200	6	37	17	0	41
March	0	4	314	3	44	17	0	36
2022/23	1	12	3293	34	357	179	0	500
2021/22	3	5	2792	22	316	197	1	427

Cumulative Incidents by Service
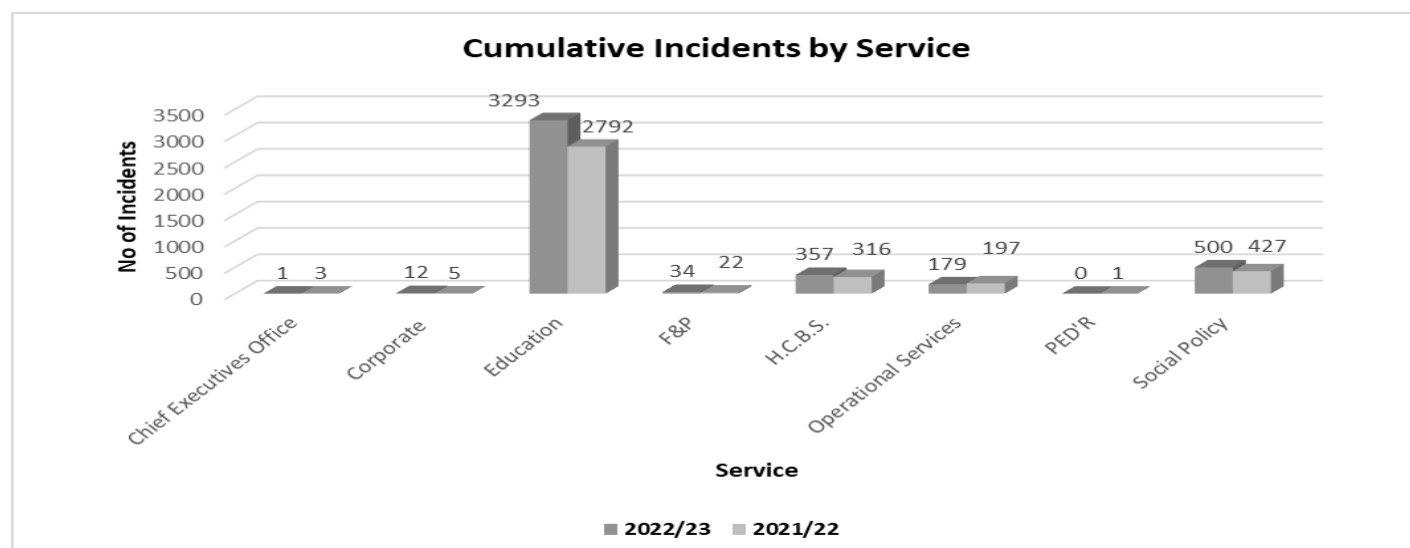
CUMULATIVE ACCIDENTS RESULTING IN INJURY 1 April 2022 to 31 March 2023

Service / Injured Party	Chief Executives Office	Corporate	Education	F&P	H.C.B.S.	Operational Services	PED'R	Social Policy	Totals
Employee	1	12	494	17	179	124	0	84	911
Third Party	0	0	21	2	29	10	0	192	254
Pupil / Student	0	0	491	0	3	0	0	0	494

CUMULATIVE INCIDENTS by Cause 1 April 2022 to 31 March 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, lights	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

CUMULATIVE REPORTED VERBAL INCIDENTS – 1 April 2022 to 31 March 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	23
July	0	0	0	2	11	2	0	2
August	0	0	5	0	12	0	0	3
September	0	0	13	1	3	0	0	2
October	0	0	13	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	11	0	13	0	0	5
February	0	1	9	4	21	0	0	0
March	0	5	9	1	18	2	0	1
2022/23	**0**	**12**	**108**	**16**	**168**	**13**	**0**	**24**
2021/22	**0**	**2**	**108**	**3**	**157**	**8**	**0**	**34**

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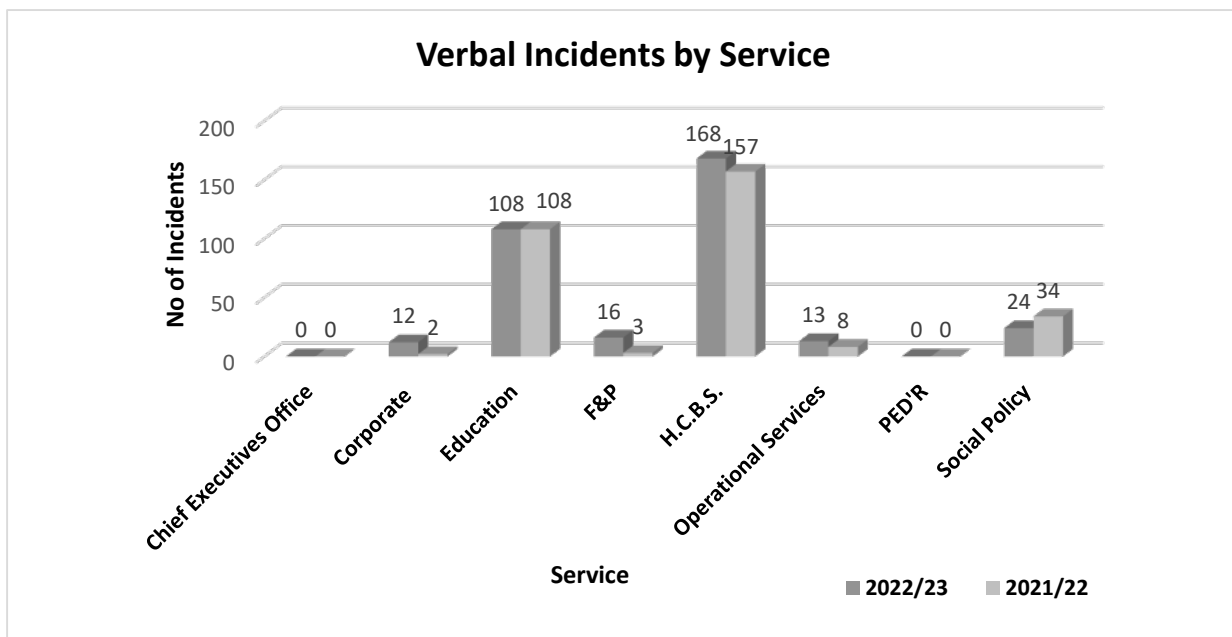
CUMULATIVE REPORTED PHYSICAL INCIDENTS – 1 April 2022 to 31 January 2023

	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	0	0	0	5

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
February	0	0	22	0	0	0	0	3
March	0	0	53	0	0	0	0	3
2022/23	**0**	**0**	**437**	**0**	**5**	**2**	**0**	**41**
2021/22	**0**	**0**	**505**	**0**	**1**	**1**	**0**	**34**

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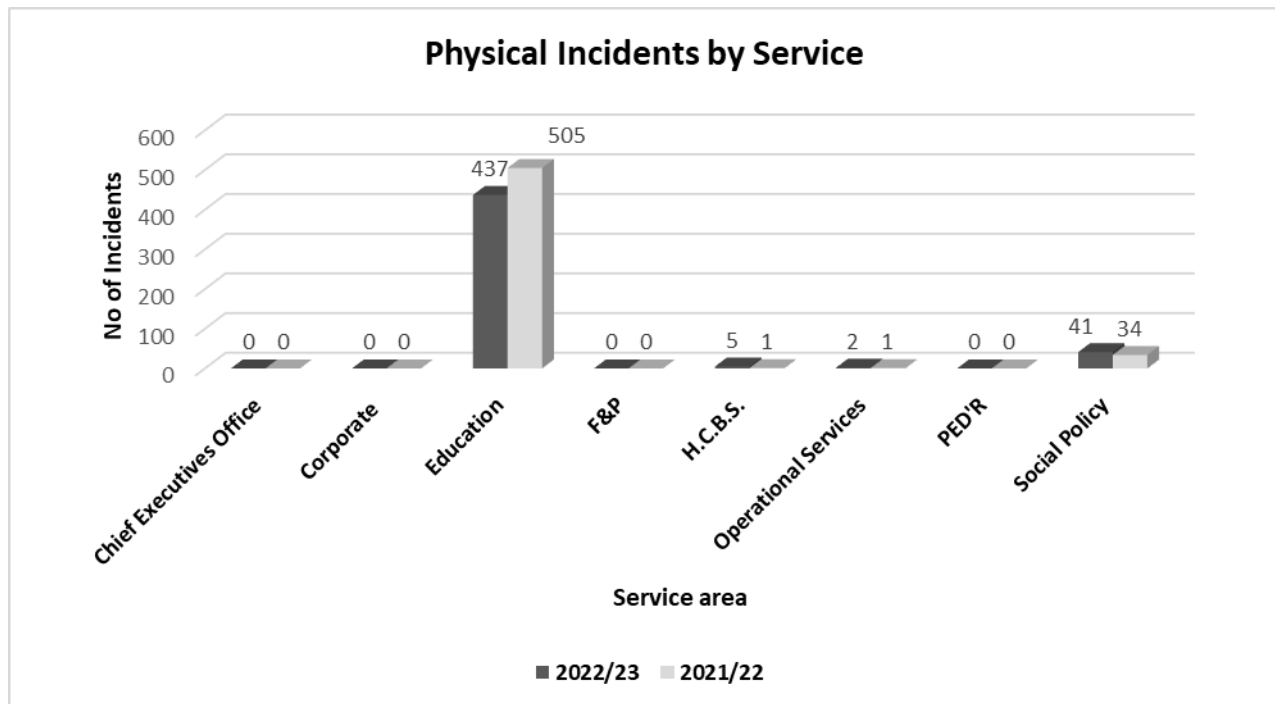
NEAR MISS INCIDENTS – 1 April 2022 to 31 March 2023

	Chief Executives Office	Corporate	Education	F&P	H.C.B.S.	Operational Services	PED'R	Social Policy
April	0	0	11	0	1	1	0	10
May	0	0	24	0	6	4	0	7
June	0	0	16	0	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	1	0	9
February	0	0	20	0	10	4	0	10
March	0	0	32	1	18	2	0	13
2022/23	**0**	**0**	**241**	**11**	**107**	**25**	**0**	**123**
2021/22	**0**	**0**	**269**	**12**	**65**	**35**	**0**	**82**

Near Miss Incidents by Service
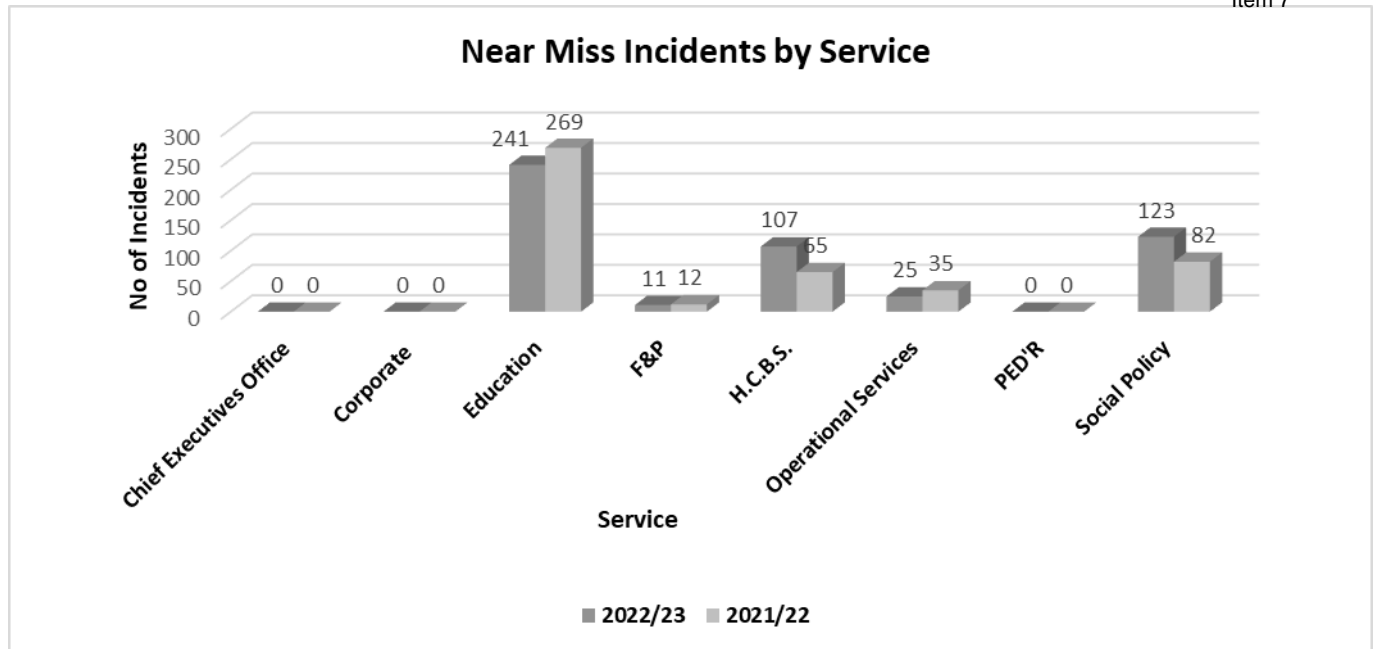
LONE WORKING DEVICE USAGE – March 2023

Service	Number of Live Devices	Number of Active Devices	% of devices used in month
Education	45	33	73.33%
Elected Members	8	1	12.50%
F&P	20	15	75.00%
HCBS	180	137	76.11%
Operations	38	26	68.42%
PED'R	3	0	0.00%
Social Policy	485	305	62.89%

EMPLOYERS LIABILITY INSURANCE PAYMENTS – 1 April 2022 to 31 March 2023

Total number of closures for 1 April 2022 – 31 March 2023 was 27, at a total cost of £ 558,013.94.
Details of closures made following the last report to committee are detailed in the table below.

Accident year	Location	Service	Detail	Injury	Payment	Other costs	Total Claim	Cause	Incident Description
2018-19	Bathgate	Social Policy	Other	Sprain/ strain	6,000	10,390	16,390	Trapped in toilets, injured attempting to get free.	Breach of statutory duty
2020-21	Blackburn	Building Services	Manual Handling	Sprain/ strain	0	275	0	Injured wrist during roofing works.	No Fault
2021-22	Bathgate	Building Services	Manual Handling	Sprain/ strain	0	275	0	Injured back tipping out wheeled bin.	No Fault

2021-22	Livingston	Operational	Other Travel Incident	Cuts/ laceration	0	350	350	Vehicle edged, struck by tree branch.	No Fault
2017-18	Bathgate	Education Services	Assault	Sprain/ strain	38,000	130,468	168,468	Kicked on knee by disruptive pupil.	Breach of statutory duty.
				Payments:	**44,000**	**141,758**	**185,208**		
				Recovery:					
				Net:	**44,000**	**141,758**	**185,208**		

May 2023

GOVERNANCE AND RISK COMMITTEE

APPENDIX 2 HEALTH AND SAFETY STATISTICS

Comparison of physical and verbal incidents recorded in 2021, 2022 and 2023 for the period 1 April to the 31 March against all incidents within Education.

Analysis of both Physical and Verbal Incidents by Pupils against Staff and other Pupils						
Period 1st April 2022 to the 31 March 2023	**2020-21**		**2021-22**		**2022-23**	
	Employee	**Pupil**	**Employee**	**Pupil**	**Employee**	**Pupil**
Inclusion and Wellbeing						
% incidents of physical + verbal against all incidents	58%	29%	8%	2%	6%	1%
Primary and Early Years						
% incidents of physical + verbal against all incidents	42%	13%	18%	7%	13%	5%
Secondary Schools						
% incidents of physical + verbal against all incidents	19%	5%	15%	4%	16%	0.3%
All Education						
% incidents of physical + verbal against all incidents	45%	17%	16%	6%	12%	4%

RIDDOR Reportable Incidents 1 April 2022 to the 31 March 2023 within Education

RIDDOR Reportable Incidents
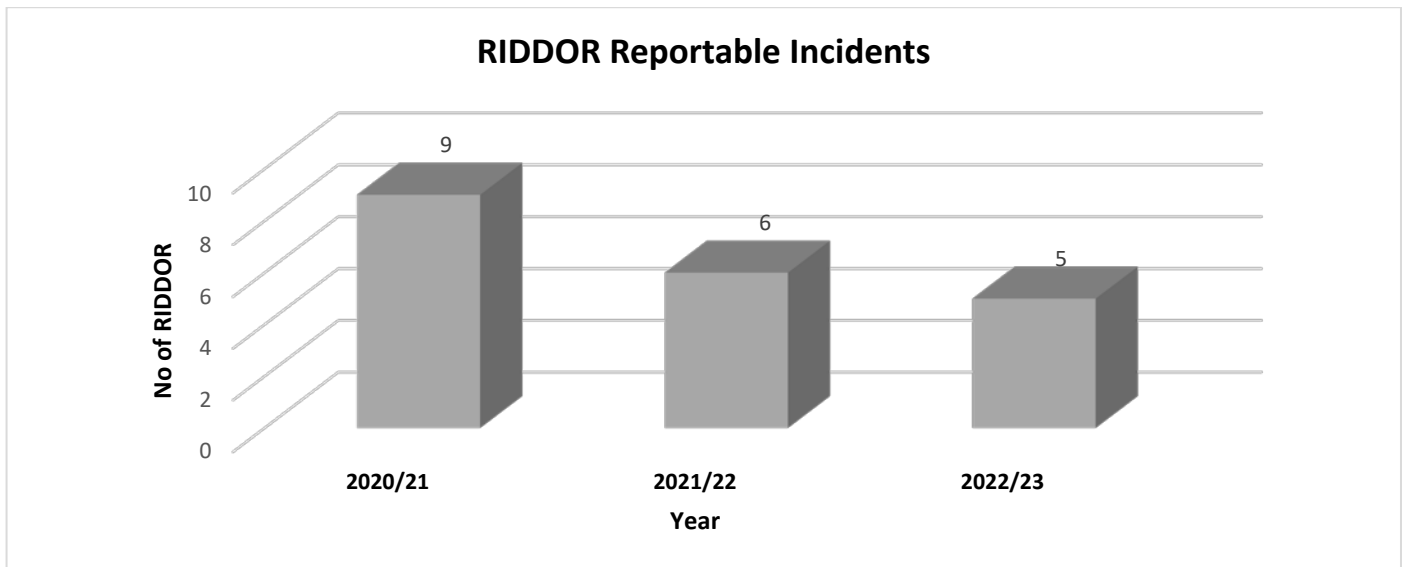
RIDDOR reportable incidents 1 April 2022 to the 31 March 2023

Two RIDDOR notifications were made to the HSE in this reporting period. Both incidents have been investigated by Health and Safety and there has been no communication from the HSE in relation to either incident.

1. **Education- St Nicholas Primary** – During break time a metal gate (2.4m x 1.5m) detached from its fixings, landing on top of a pupil who sustained multiple fractures to their right leg. The gate was removed by contractors and all gates across the estate were examined.

2. **Education – St Margaret's Academy** – A pupil sustained a partial amputation to their thumb from a basketball net. The International Basketball Federation official guidance on rules and equipment used details the need for nets to check the ball as it passes through the basket and to prevent the ball rebounding back out of the net. Nets also assist in the quicker retrieval of the ball after it has passed through the hoop. The guidance also contains a specification for nets used. Those used at the school are as detailed in the guidance.

Incidents Investigated

Graphs show the percentage of Physical and Verbal Incidents recorded for the period 1 April to the 31 March across 2020/21, 2021/22 and 2022/23 where an investigation has been completed on Sphera.
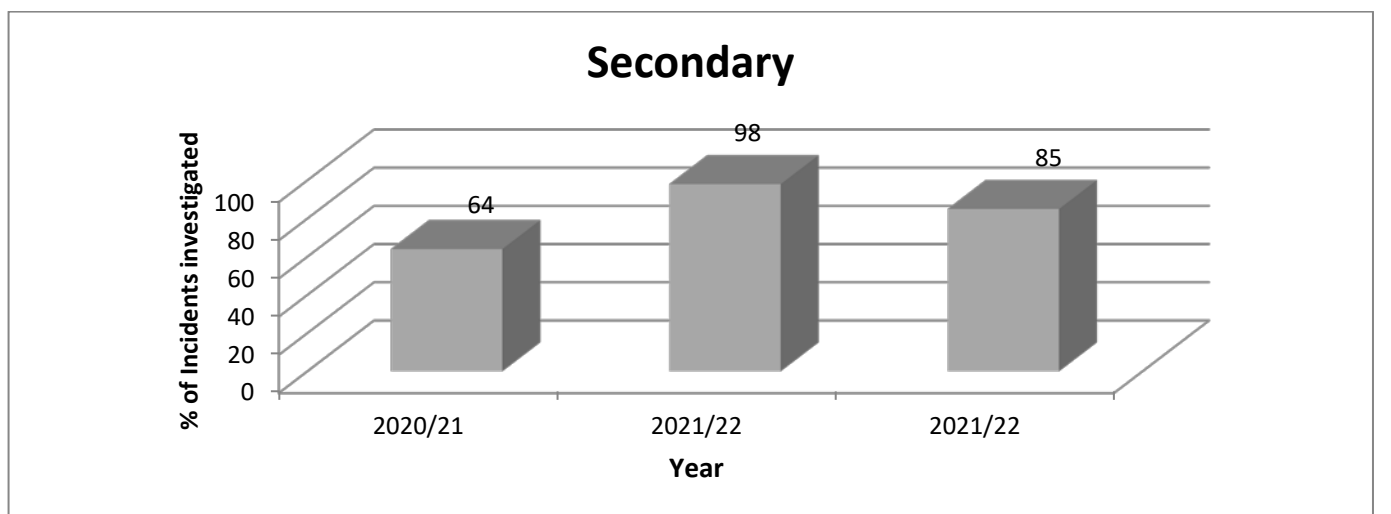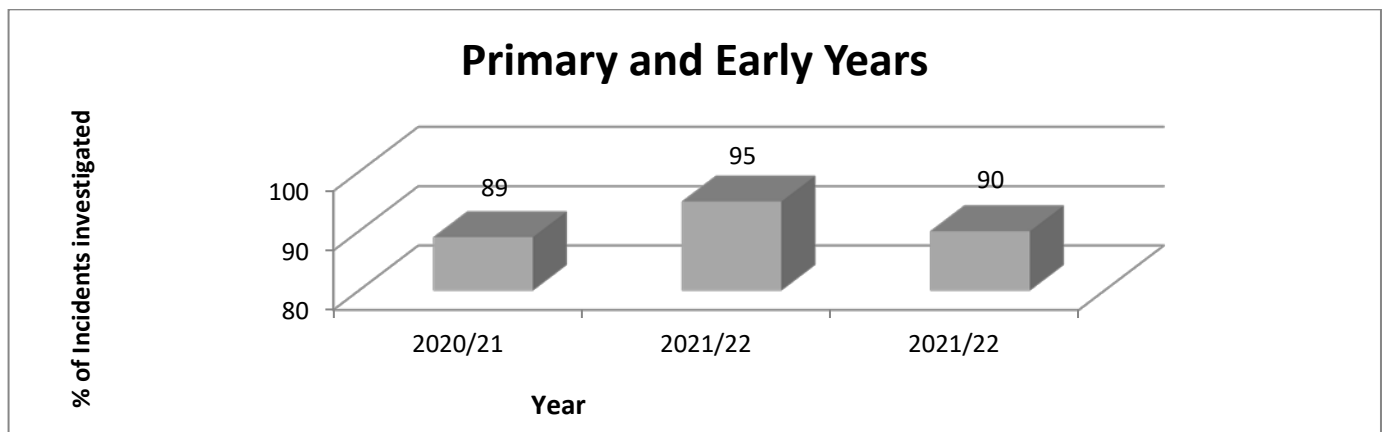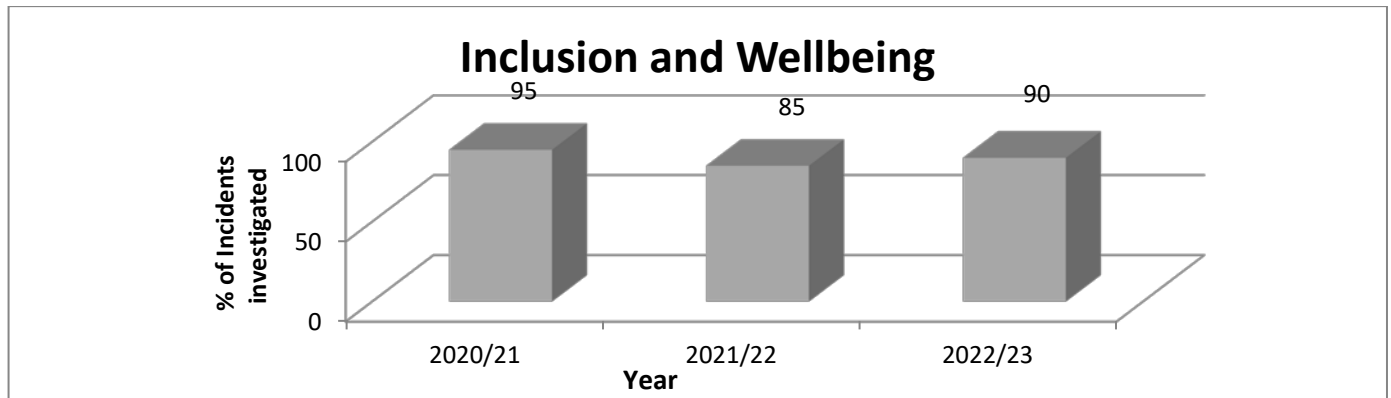
Physical and verbal incidents recorded on Sphera within Secondary Schools – 1 April to the 31 March.

Secondary Schools			
School Premise	**2021/22**	**2022/23**	**Difference in number of incidents reported over same period**
Armadale Academy	3	13	+10
Bathgate Academy	14	4	-10
Broxburn Academy	5	6	+1
Deans Community High School	4	4	No change
Inveralmond Community High School	9	22	+13
Linlithgow Academy	4	2	-2
St Kentigern's Academy	11	2	-9
St Margaret's Academy	4	2	-2
The James Young Community High School	3	4	+1
West Calder High School	2	3	+1
Whitburn Academy PPP	7	4	-3
Winchburgh Academy	N/A	0	-
Totals	**66**	**66**	

DATA LABEL: PUBLIC

West Lothian Council

GOVERNANCE AND RISK COMMITTEE

INTERNAL AUDIT ANNUAL REPORT

REPORT BY AUDIT, RISK AND COUNTER FRAUD MANAGER

A.   PURPOSE OF REPORT

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

B.   RECOMMENDATION

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

C.   SUMMARY OF IMPLICATIONS

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

VII	**Consideration at PDSP**	None.
VIII	**Other consultations**	Head of Finance and Property Services, Senior Auditor.

D. TERMS OF REPORT

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

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

The internal audit annual report for 2022/23 is attached as an appendix, includes details of the risk based internal audit work undertaken during the year, the results of that work, and the overall audit opinion. Our internal audit work did not identify any areas where we considered control to be unsound.

As the Audit Committee's remit includes undertaking a corporate overview of the council's control environment, and monitoring the performance of internal audit, the internal audit annual report will be submitted to the Audit Committee on 27 June for further consideration.

E. CONCLUSION

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

F. BACKGROUND REFERENCES

Report to the Audit Committee 21 March 2022: Internal Audit Plan 2022/23

Report to the Audit Committee 20 January 2023: External Quality Assessment

Appendices/Attachments: Internal Audit Annual Report 2022/23

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

Kenneth Ribbons
Audit, Risk and Counter Fraud Manager

Date of meeting: 12 June 2023

INTERNAL AUDIT ANNUAL REPORT 2022/23

Audit, Risk and Counter Fraud Unit

12 June 2023

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1.0   INTRODUCTION

1.1.   This report provides an overview of the activities and performance of the internal audit function for the financial year ending 31 March 2023.

1.2.   The Local Authority Accounts (Scotland) Regulations 2014 require that local authorities operate an internal audit function. The Regulations stipulate that internal audit must be professional and objective, and be undertaken in accordance with recognised standards and practices in relation to internal auditing.

1.3.   Our internal audit work is undertaken in accordance with the Public Sector Internal Audit Standards (PSIAS), which are mandatory standards for public sector internal audit. The PSIAS use the term "chief audit executive" to describe the person in a senior position responsible for effectively managing the internal audit activity. In the context of West Lothian Council, the chief audit executive is the council's Audit, Risk and Counter Fraud Manager.

1.4.   The PSIAS require the chief audit executive to deliver an annual internal audit opinion on the overall adequacy and effectiveness of the council's framework of governance, risk management and control that can be used by the council to inform its governance statement. This opinion is included in section six of this report.

2.0   QUALITY ASSURANCE AND IMPROVEMENT PROGRAMME

2.1.   The PSIAS require that a quality assurance and improvement programme is maintained. The objective of the quality assurance and improvement programme is to ensure that the internal audit function complies with the PSIAS and produces audit work of an appropriate quality.

2.2.   The main components of the quality assurance and improvement programme are as follows:

- monthly team meetings and regular 1-1 meetings with staff;
- review of audit work by a more senior auditor;
- authorisation of audit reports prior to issue;
- a comprehensive set of performance measures (appendix A);
- consultation with customers at the conclusion of each audit;
- benchmarking arrangements;
- staff appraisal and development reviews (ADR) completed in accordance with council corporate requirements.

2.3.   The internal audit team, as part of the council's Audit, Risk and Counter Fraud Unit, also participates in the West Lothian Assessment Model (WLAM), which is a set of questions or statements that services use to identify strengths and weaknesses and provide a structure for improvement.

2.4.   The Unit was last assessed on 23 September 2019 and achieved a score of 561, which was an above average score. This was followed by a WLAM assessment panel on 17 December 2019, involving a presentation to the Chief Executive and two other senior officers, followed by questions. The outcome of the Panel was that the Unit continued on cycle one, which is a three yearly cycle. The impact of Covid-19 resulted in a rescheduling of the WLAM assessment cycle and the next assessment is now due in 2025.

2.5.   The PSIAS require that an external assessment of compliance is conducted at least once every five years by a qualified, independent assessor. During 2022/23 the internal audit function was subject to an external assessment by our colleagues at Dundee City Council. The result of the external assessment was reported to the Audit Committee on 20 January 2023. The external assessor concluded that the internal audit function generally conforms with the PSIAS. Out of the fourteen assessment areas the assessor concluded that the internal audit function fully conforms in twelve and generally conforms in two.

2.6.   It was agreed with the assessor that internal audit reports not submitted in full to the Audit Committee would be submitted in summary format and Appendix D contains summaries of 2022/23 reports which have been finalised and not submitted to the Committee.

2.7.   An annual self-assessment exercise is normally undertaken against the requirements of the PSIAS. This was unnecessary in 2022/23 due to the external assessment undertaken.

3.0   INTERNAL AUDIT INDEPENDENCE

3.1   The PSIAS require that internal audit activity must be independent and internal auditors must be objective in performing their work.

3.2   The PSIAS require the chief audit executive communicates and interacts directly with the Audit Committee, and state that the chief audit executive must confirm, at least annually, the organisational independence of the internal audit activity.

3.3   Indicators of internal audit independence include:

- approval of the internal audit charter by the Audit Committee;

- approval of the risk based internal audit plan by the Audit Committee;

- the chief audit executive having direct and unrestricted access to senior management, the Chief Executive, the Chair of the Audit Committee, and the Audit Committee;

- the Audit Committee receiving reports from the chief audit executive on internal audit's performance relative to its plan, and other matters.

3.4   Paragraph B.2.4 of the council's Financial Regulations states that the internal audit function is free from interference in determining the scope of internal auditing, performing work, and communicating results.

3.5   Paragraph B.2.5 of the council's Financial Regulations states that the Audit, Risk and Counter Fraud Manager has the right of direct access to the Chair of the Audit Committee and the Chief Executive.

3.6   The organisational status and independence of internal audit is also set out in the Internal Audit Charter. This was last was approved by the Audit Committee on 8 October 2018. The charter is in the process of being reviewed and a revised charter is due to be submitted to the June meeting of the Audit Committee.

3.7   Accordingly, I confirm the organisational independence of the internal audit function.

4.0. PERFORMANCE AND BENCHMARKING

4.1. Appendix A sets out internal audit's performance for 2022/23 based on performance measures held in Pentana, the council's performance management system.

4.2. The council commenced its flexible working pilot in May 2022. There have been no issues with flexible working within the internal audit team. Internal audit staff have been working in the office two days a week and from home three days a week. In accordance with the arrangements in place for the council's WLAM unit managers, the Audit Risk and Counter Fraud Manager has been attending the office four days per week.. The flexible working pilot is currently under council wide review with the outcome expected in the Autumn of 2023.

4.3. The internal audit plan for 2022/23 was approved by the Audit Committee on 21 March 2022. A progress report was submitted to the Audit Committee on 20 January 2023. In relation to the position at 31 March 2023, 22 of 24 audits were completed, representing 92% of the plan. The two audits not undertaken have been carried forward to 2023/24. These are:

- administration of asbestos within domestic properties – Housing, Construction and Building Services. This is not a high risk in the corporate risk register and our previous audit of the administration of asbestos within operational properties concluded that control was satisfactory;
- care at home – Social Policy. This is currently a high risk in the corporate risk register and will be given priority for the 2023/24 plan.

4.4. Further information on the risk based audits undertaken for West Lothian Council is included as Appendix B.

4.5. During 2022/23 the average length of time to issue an audit report was above target at 19.7 weeks. A revised protocol for contacting senior officers was implemented in January 2023 and performance will be monitored on an ongoing basis during 2023/24.

4.6. Internal audit participates in benchmarking arrangements via the CIPFA Directors of Finance performance indicators. There are two indicators and the table below sets out internal audit's ranking for 2021/22, the latest year for which benchmarking information is available.

Performance Indicator	2021/22	Ranking (see note 1)
Cost of internal audit per £1 million of West Lothian Council's net expenditure	£434	3 (see note 2)
Percentage of planned productive audit days actually achieved for the year	98%	8

Note 1: 26 councils responded.

Note 2: i.e. third lowest cost as a proportion of net expenditure.

5.0   INTERNAL AUDIT WORK

Risk Based Audit

5.1.   Internal audit work involves reviewing controls within council systems, both financial and non-financial, based on assessed risk. The results of our internal audit work are reported to management who are, where appropriate, asked to complete and return action plans.

5.2.   The PSIAS require that a risk based audit plan be prepared and the methodology for doing this is set out in the plan. In summary, audits are included within the plan on the basis of a review of the corporate risk register, consultation with the Audit Committee and senior managers, consideration of previous internal audit and counter fraud work, and knowledge of the council and its operations. Audits in the plan are, where possible, referenced to the corporate risk register. The risks in the corporate risk register link to corporate priorities and enablers.

5.3.   Appendix B sets out the risk based audits undertaken during the year for West Lothian Council, together with the conclusion reached. Appendix C explains how the report conclusion is arrived at.

5.4.   Our internal audit work did not identify any areas where we considered control to be unsound. There were two counter fraud investigations undertaken which we considered sufficiently important to report to the Audit Committee. A counter fraud report on a bank mandate fraud was submitted to the Audit Committee on 20 January 2023 and a report on a theft from a school was submitted to the Audit Committee on 24 March 2023.

5.5.   In accordance with a protocol agreed with the Governance and Risk Board, all internal audit recommendations ranked as being of "high" importance are entered into the council's corporate risk management system Pentana as risk actions. These are followed up by internal audit when marked as complete by the service in Pentana. Risk actions arising from internal audit reports which remain outstanding are reported to the Audit Committee twice per annum, in January and June.

5.6.   As stated in the 2021/22 annual report, informal benchmarking with other internal audit teams identified that they follow up a wider range of agreed actions, and accordingly medium ranked findings are now also being followed up. These actions are not entered into Pentana as risk actions, being recorded and tracked within internal audit, and are not separately reported to Committee.

5.7.   There were two audits included in the 2022/23 internal audit plan as a follow up of previous internal audit work – Procurement and Section Payments. These are included in Appendix B but do not contain a conclusion due to the follow up nature of the work.

5.8.   The internal audit team also follows up agreed action plans arising from material counter fraud investigations.

Other Work

5.9.   We undertake an annual audit of the council's Climate Change Declaration. This involved a review of the data in part 3 of the council's draft Climate Change Declaration for the year 2021/22. This section reports carbon emissions, targets, and estimated savings from projects.

5.10. At the request of the Depute Chief Executive, Corporate, Operational and Housing Services we undertook a review of financial control over the Housing Need homelessness budget and produced a briefing note which identified scope for improvements in control.

5.11. At the request of the Head of Finance and Property Services, a review was undertaken of the potential for synergies between the business systems teams in Financial Management Unit, Revenues Unit and Human Resources Operations.

5.12. At the request of the Head of Finance and Property Services a review of the operation of the West Lothian Food Network was undertaken. No concerns were identified with the funding and distribution process and it was found that the co-ordinator at West Lothian Food Bank maintained a high standard of records.

5.13. We provide advice to services on internal control and services are encouraged to consult with us in relation to changes to procedures, and when implementing new systems.

5.14. Internal audit work is also undertaken for external organisations. During 2022/23 we conducted internal audit work for West Lothian Leisure, the West Lothian Integration Joint Board and the Improvement Service. These bodies are separate legal entities and the resultant audit reports are submitted to their audit committees.

6.0. CONCLUSION

6.1. The PSIAS require that I deliver an annual internal audit opinion on the overall adequacy and effectiveness of the council's framework of governance, risk management and control, that can be used by the council to inform its annual governance statement.

6.2. My opinion is based on the internal audit work and counter fraud work undertaken during 2022/23, including follow up work. In forming my opinion I also have regard to the work of the council's Governance and Risk Board, an officer group which as its name suggests exercises oversight over the councils governance and risk management arrangements..

6.3. There were no limitations placed on the scope of the internal audit work during the year.

6.4. I am of the opinion that overall, the council's framework of governance, risk management and control is sound. As previously stated, the results of both internal audit work and counter fraud work are reported to management who are, where appropriate, asked to complete and return action plans. Audit findings will be followed up during 2023/24 to determine whether agreed actions have been implemented.

Kenneth Ribbons
Audit, Risk and Counter Fraud Manager

APPENDIX A

Internal Audit - Performance Information

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

Status	Performance Indicator	2022/23 Target	2022/23 Value	2021/22 Value	2020/21 Value	2019/20 Value	2018/19 Value
✅	IA001_6a.1 Percentage of customers who rated internal audit's timeliness as good or excellent.	100%	100%	100%	100%	100%	100%
✅	IA002_6a.2 Percentage of respondents who rated the service delivered by internal audit as good or excellent.	100%	100%	100%	100%	100%	100%
✅	IA003_6a.3 Percentage of respondents who rated internal audit's communication as good or excellent.	100%	100%	100%	100%	100%	100%
✅	IA004_6a.4 Percentage of respondents who rated internal audit staff's attitude as good or excellent.	100%	100%	100%	100%	100%	100%
✅	IA005_6a.5 Percentage of respondents who rated the professionalism of internal audit as good or excellent.	100%	100%	100%	100%	97%	100%
✅	IA006_6a.6 Percentage of customers who consider they were treated fairly by internal audit.	100%	100%	100%	100%	100%	100%
✅	P: IA007_6a.7 Percentage of customers who rated the overall quality of the service provided by internal audit as good or excellent.	100%	100%	100%	100%	100	100%

Status	Performance Indicator	2022/23 Target	2022/23 Value	2021/22 Value	2020/21 Value	2019/20 Value	2018/19 Value
✅	IA009_6a.8 Percentage of respondents who rated the information provided by internal audit as good or excellent.	100%	100%	100%	100%	100%	100%
✅	P:IA012_9a.1a Cost of internal audit per £1 million of West Lothian Council's net expenditure (CIPFA Director of Finance Indicator).	£460	See note 2	£434	£428	£457	£458
✅	IA013_9b.1a Percentage of planned productive audit days actually achieved for the year (CIPFA Director of Finance Indicator).	100%	See note 2	98%	104%	99%	94%
✅	P: IA014_9b.1a Percentage of audits in the annual audit plan completed for the year.	100%	92%	95%	85%	100%	100%
✅	P: IA015_9b.1a Average length of time (in weeks) to issue draft audit reports.	10	9.9	10.4	11.3	8.3	9.2
⚠️	P: IA016_9b.1a Average length of time (in weeks) to issue final audit reports.	17	19.7	19.3	15.7	15.9	17.4
⚠️	IA051_7b.1 Cumulative percentage of sickness absence within the Audit, Risk and Counter Fraud Unit.	2.0%	2.59%	1.4%	0.1%	2.0%	1.6%
✅	IA066_6b.3 Total number of complaints received by Audit, Risk and Counter Fraud.	0	0	0	0	0	0

Notes:
1. There were 15 customer questionnaire responses during the year.
2. At the time of writing, the CIPFA Director of Finance indicators for 2022/23 had not been calculated.
3. Sickness absence and complaints performance indicators relate to **all** audit, risk and counter fraud staff.

APPENDIX B

RISK BASED AUDITS 2022/23

Audit	Service	Status	Audit Conclusion	Report to Audit Committee	Summary Appendix D
Asbestos	Housing, Customer and Building Services	Not started	Carried forward to 2023/24		
Ash Die Back	Operational Services	Report in Draft	Satisfactory		
Attainment	Education Services	Complete	Effective	27/6/23	n/a
Administration of Medication	Education Services	Complete	Requires Improvement		✓
Care at Home	Social Policy	Not started	Carried forward to 2023/24		
Cyber Security	Corporate Services	Complete	Requires Improvement	27/6/23	n/a
Emergency Planning	Chief Executive Office	Complete	Satisfactory		✓
Financial Planning	Finance and Property Services	Complete	Effective	20/1/23	n/a
Procurement	Corporate	Complete	N/A Follow Up		✓
Risk Management (note 1)	Council Wide	In Progress			
School Funds	Education	Complete	Satisfactory	24/2/23	n/a
Scottish Welfare Fund	Finance and Property Services	Report in Draft	Requires Improvement		
Section Payments	Social Policy	In Progress	N/A Follow Up		

Audit	Service	Status	Audit Conclusion	Report to Audit Committee	Summary Appendix D
Stores, Plant and Equipment, Small Tools	Operational Services	Complete	Requires Improvement		✓
SEPA Compliance	Operational Services	Complete	Satisfactory		✓
Unsafe Trees	Operational Services	Report in Draft	Satisfactory		
Winter Maintenance	Operational Services	Complete	Effective	21/10/22	n/a

Note 1

Being undertaken by Falkirk internal audit service in accordance with our joint working arrangements. A draft report has been received. We have issued a draft report for Falkirk Council, also on risk management.

APPENDIX C

AUDIT REPORT CONCLUSIONS

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

APPENDIX D

SUMMARIES OF INTERNAL AUDIT REPORTS

Audit	Scottish Environment Protection Agency (SEPA) Licence Compliance
Service	Operational Services
Date Issued	16 August 2022
Remit	To review risk WM008 - loss of SEPA licence, and the controls in place to ensure compliance with the conditions listed in the SEPA licence.
Conclusion	Satisfactory
Findings	0 High 6 Medium 2 Low
High Findings	None

Audit	Stores, Plant and Equipment, Small Tools
Service	Operational Services
Date Issued	24 November 2022
Remit	To review the processes in place for the storage, requisition, issue and return of stock items, equipment, fuel and small tools to ensure that effective internal controls are in place.
Conclusion	Requires Improvement
Findings	1 High 9 Medium 4 Low
High Findings	The doors that allow access to the stores were tested for the potential to access without the need to swipe an authorised pass. Testing confirmed we were able to gain direct access to the stores unit from the fleet vehicle service area by using the door handle only, without the need to swipe a pass.

Audit	Procurement Follow Up
Service	Corporate Services
Date Issued	21 November 2022
Remit	To review the agreed actions from internal audit report CW2003 Procurement.
Conclusion	N/a
Findings	2 High
High Findings	All actions as agreed in the original action plan had been fully implemented. We identified two ongoing areas of service non - compliance with the Quick Quote step by step guidance during our testing: • from a sample of 18 Quick Quotes tested, four had no terms and conditions attached to the quote and four had out of date terms and conditions attached. • it is mandatory that anyone undertaking a Quick Quote exercise must ensure that the WLC declaration of interest forms are completed. Seven members of staff who had recently completed Quick Quotes were contacted and asked to provide a copy of their completed declaration of interest. Six responded stating they were not aware of this requirement and had not completed a form; one person did not reply.

Audit	Emergency Planning
Service	Chief Executive Office
Date Issued	13 April 2023
Remit	To review key controls identified for risk CEO001 – inadequate response to an emergency situation.
Conclusion	Satisfactory
Findings	4 Medium 3 Low
High Findings	None

Audit	Administration of Medication
Service	Education Services
Date Issued	16 May 2023
Remit	To review and ensure compliance with the "Procedures for the Management of Pupils with Healthcare Needs" within schools.
Conclusion	Requires Improvement
Findings	1 High 5 Medium 4 Low
High Findings	It was found in the last year only 43 schools (50%) had completed the annual medication self-assessment as required and only 68 schools (79%) had reviewed the associated risk assessment as required.

DATA LABEL: PUBLIC

![West Lothian Council logo]

GOVERNANCE AND RISK COMMITTEE

RISK MANAGEMENT ANNUAL REPORT

REPORT BY HEAD OF FINANCE AND PROPERTY SERVICES

A.   PURPOSE OF REPORT

To inform the Governance and Risk Committee of the risk management annual report for 2022/23.

B.   RECOMMENDATION

It is recommended that the Governance and Risk Committee notes the progress made on risk management and business continuity planning during 2022/23.

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 council's Risk Management Policy requires the council to effectively manage its risks. Section 2(1)(c) of the Civil Contingencies Act 2004 requires the council to maintain plans for the purpose of ensuring, so far as is reasonably practicable, that if an emergency occurs it is able to continue to perform its functions
III	**Implications for Scheme of Delegations to Officers**	None.
IV	**Impact on performance and performance Indicators**	Weaknesses in the council's risk management arrangements are likely to have an adverse impact on performance.
V	**Relevance to Single Outcome Agreement**	Our public services are high quality, continually improving, efficient and responsive to local people's needs.
VI	**Resources - (Financial, Staffing and Property)**	None.
VII	**Consideration at PDSP**	None.
VIII	**Other consultations**	None.

D.   TERMS OF REPORT

The risk management annual report sets out the risk management work undertaken during 2022/23 and is attached as an appendix. As set out in the report, the Audit, Risk and Counter Fraud Manager acts as the council's corporate risk manager and is responsible for ensuring that arrangements are in place within the council to enable managers to effectively manage risks to their business objectives.

The appendix of the report sets out the risk management performance indicators for 2022/23. Indicator P:IA022 "Percentage of risk actions outstanding after their original due date" is above target and is currently showing amber. The Audit Risk and Counter Fraud Manager, as the council's corporate risk manager, will engage further with service management teams during 2023/24 to ensure that performance improves in this area.

E.   CONCLUSION

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

F.   BACKGROUND REFERENCES

Report to the Governance and Risk Committee 7 March 2022: Risk Management Plan 2022/23.

Appendices/Attachments: Risk Management Annual Report 2022/23

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

Donald Forrest
Head of Finance and Property Services
Date of meeting: 12 June 2023

RISK MANAGEMENT ANNUAL REPORT 2022/23

Audit, Risk and Counter Fraud Unit
12 June 2023

1.0 INTRODUCTION

1.1 This report provides an overview of the activities and performance of the corporate risk management function for the financial year ending 31 March 2023.

1.2 Heads of Service are responsible for ensuring that risks to their business objectives are effectively managed. The Audit, Risk and Counter Fraud Manager acts as the council's corporate risk manager and is responsible for ensuring that arrangements are in place within the council to enable Heads of Service to discharge these responsibilities.

1.3 This is done by:

- maintaining corporate procedures on risk management and business continuity planning;

- monitoring and where necessary updating the council's corporate risk register;

- providing advice and information to services on risk management and business continuity matters;

- monitoring services' management of risk;

- providing training as considered necessary.

1.4 The council's corporate risk register is held on Pentana, the council's performance management system. These risks are subject to regular review by services, and risks are regularly added or removed. The corporate risk register currently holds 229 risks.

2.0 RISK MANAGEMENT AND BUSINESS CONTINUITY

Risk Management Policy

2.1 The council's Risk Management Policy was last reviewed in 2020 and was approved by Council Executive on 6 October 2020. The Policy is reviewed once every administrative term and the target date for the next review is 30 September 2025.

Governance and Risk Committee

2.2 The remit of the Governance and Risk Committee requires it to maintain an overview of the council's risk management arrangements.

2.3 The Committee met four times during 2022/23. The Committee has an agreed workplan and every meeting of the Committee received reports on the council's high risks and the management of health and safety. A variety of other risk related reports were submitted to the Committee during the year including reports on:

- strategic risks;

- management of ash die back;

- serious and organised crime;

- property compliance risks;

- insurance arrangements.

2.4 During 2022/23 the Committee continued its programme of service risk reviews and the following services presented on their arrangements for managing risk:

- Planning, Economic Development and Regeneration;

- Operational Services;

- Housing, Customer and Building Services;

- Education Services.

This concluded the programme of service risk reviews.

2.5 The Gallagher Bassett risk consultant's report on their employers liability risk management health check was submitted to the Committee in March 2023 together with an agreed action plan. The agreed actions have been entered into Pentana as risk actions and will be followed up in due course.

Executive Management Team

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

Governance and Risk Board

2.7 The Governance and Risk Board is an officer group chaired by the Depute Chief Executive Corporate, Operational and Housing which meets quarterly to review risk management, business continuity, and governance matters. The Audit, Risk and Counter Fraud Manager and Senior Auditor attend the meetings and assist with the meeting administration by preparing the agenda and taking an action note.

2.8 The Board approves its workplan each March. Examples of risk related matters considered by the Board during 2022/23 include:

- high and strategic risks;

- health and safety risks;

- information technology related risks;

- business continuity planning arrangements;

- statutory compliance (legionella, asbestos, fire safety);

- insurance claims statistics;

- outstanding audit and inspection recommendations.

Risk Management Working Group

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

Service Management Teams

2.10 The Audit Risk and Counter Fraud Manager works with all services to review and, where necessary, improve the quality of their risks in the corporate risk register, for example in relation to descriptions, risk scores, key controls and mitigating actions. All service management teams were visited during 2022/23.

Corporate Business Continuity Plan

2.11 The council's corporate business continuity plan is reviewed annually and a revised plan was submitted to the Governance and Risk Board on 14 November 2022. The Board referred the plan to the Corporate Management Team which approved the plan on 30 November 2022. The plan was then submitted to the Governance and Risk Committee on 12 December 2022. The plan is held on Pentana, which is externally hosted, and it would therefore be available in the event of a loss of the council's IT network.

Desktop Testing

2.12 On 12 August 2021 a desktop test was undertaken of Operational Services' ability to continue to deliver services in the event of a serious fire at Whitehill Service Centre. On 26 September 2022 the Governance and Risk Committee received a report on the test and progress in relation to the agreed action plan.

2.13 On 29 April 2022, a desktop test was undertaken of the council's ability to deliver services in the event of a successful cyber-attack. On 26 September 2022 the Governance and Risk Committee received a report on the outcome of the test and progress in relation to the agreed action plan.

3.0 PERFORMANCE

3.1 Performance information relevant to risk management is summarised in the appendix to this report. There are five performance indicators, four of which are green and one of which is amber.

3.2 Performance indicator IA022 "Percentage of risk actions outstanding after their original due date" is showing as amber for 2022/23 (9.5%). Performance will be closely monitored during 2023/24 and there will be further engagement with service management teams with a view to encouraging timeous completion of outstanding actions. As of 31 May 2023, this performance indicator was 7.9%.

4.0 CONCLUSION

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

Kenneth Ribbons
Audit, Risk and Counter Fraud Manager

APPENDIX

Risk Management and Business Continuity - Performance Information

Status	Reference	Performance Indicator	2022/23 Target	2022/23 Value	2021/22 Value	2020/21 Value	2019/20 Value	2018/19 Value
✅	P:IA020	Percentage of customers who rated the overall quality of risk management advice as good or excellent. Based on the annual survey of customers.	100%	100%	100%	100%	95%	100%
✅	P:IA021	Percentage of risks subject to annual documented risk assessment in Pentana at 31 March 2022.	100%	100%	100%	100%	95%	100%
⚠️	P:IA022	Percentage of risk actions outstanding after their original due date. In relation to all risk actions due for completion in the four years to 31 March 2022.	0%	9.5% (see note)	10.9%	8.2%	8.0%	5.6%
✅	IA024	Percentage of customers who rated the overall quality of business continuity advice as good or excellent. Based on the annual survey of customers.	100%	100%	95%	100%	100%	94%
✅	P:IA025	Percentage of WLC1 activities with an up to date Business Continuity Plan.	100%	100%	100%	100%	100%	100%

Note

P:IA022 Percentage of risk actions outstanding after their original due date: it is acknowledged that progress is unsatisfactory and this performance indicator will continue to be monitored during 2023/24 including engagement with service management teams with a view to encouraging timeous completion. Figure as of 31 May 2023 for this performance indicator is 7.9%.

DATA LABEL: PUBLIC

![West Lothian Council logo]

GOVERNANCE AND RISK COMMITTEE

INFORMATION GOVERNANCE

REPORT BY HEAD OF CORPORATE SERVICES

A.   PURPOSE OF REPORT

To provide the Committee with an update on the information governance arrangements that are in place in the council to ensure a robust and consistent approach to the management of information.

B.   RECOMMENDATION

It is recommended that the Committee note the Council's information governance arrangements.

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)	Data Protection Act 2018; Freedom of Information (Scotland) Act 2002; Public Records (Scotland) Act 2011; Environmental Information (Scotland) Regulations 2004; Reuse of Public Sector Information Regulations 2015 (RoPSI); Regulation of Investigatory Powers (Scotland) Act 2000. This report is relevant to risk WLC007 Failure of Information Governance and risk WLC016 Breach of freedom of information / environmental information legislation.
III	**Implications for Scheme of Delegations to Officers**	None
IV	**Impact on performance and performance Indicators**	Will provide a robust approach to monitoring key information management performance.
V	**Relevance to Single Outcome Agreement**	Effective management of information is critical to council processes and essential to achieving key outcomes.
VI	**Resources - (Financial, Staffing and Property)**	None
VII	**Consideration at PDSP**	This report is part of the annual update to the Committee
VIII	**Other consultations**	None

1

D.   TERMS OF REPORT

D.1   Background

There are a number of organisations that oversee facets of information governance within Scotland and the UK. The UK Information Commissioners Office (ICO) is the independent authority that upholds information rights in the UK and has powers to impose fines of up to twenty million Euros or 4 percent of turnover on organisations that fail to meet their data protection obligations.

In addition, the Scottish Government agents, the National Records of Scotland, govern the implementation of the Public Records (Scotland) Act 2011 and have the powers to assess the council's compliance arrangements.

The Scottish Information Commissioner is the independent public official responsible for promoting and enforcing Scotland's freedom of information (FOI) law and the Environmental Information Regulations.

D.2   Information Governance

Information is central to council business processes, decision making and service delivery. It is a key resource and provides evidence and ensures accountability for Council decision making, actions and performance. It is crucial that information is managed effectively to mitigate any risks whilst maximising its value.

The council has clear governance arrangements in place to monitor, manage and scrutinise the council's management of information. This is structur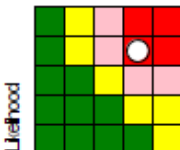ed to ensure that there is appropriate focus at both a corporate and service level and knowledge and understanding of information governance is disseminated across the council.

Data Protection Officer
The council has a Data Protection Officer (DPO) in post who ensures that the council manages information and data governance compliance appropriately and works to minimise the risks of regulatory or legal exposure. The DPO assists services in monitoring internal compliance, informs and advises on council data protection obligations and acts as a contact point for the Information Commissioner's Office (ICO).

Governance and Risk Board
The Governance and Risk Board, chaired by a Depute Chief Executive, meets on a quarterly basis and receives regular reports on a range of information governance corporate performance, is provided with Public Records Act (Scotland) 2011 (PRSA) updates and monitors various high level activities linked to data protection and records management across the council. The Board challenges current approaches to information governance and sets ongoing priorities.

Information Management Working Group
The council has a long standing Information Management Working Group (IMWG) which is an officer led group that monitors all aspects of council information governance. It is focused on reducing information risk and ensuring that the council achieves compliance with current legislation relating to the handling of information and data.

Information Liaison Officers
Service Information Liaison Officers (ILOs) attend the monthly IMWG meetings and have a broad knowledge of Information Governance arrangements and activities. The ILOs ensure that information governance actions and updates are communicated to their service area on a regular basis.

2

The council has a range of indicators that are used to track performance in; information handling, data breaches and there are identified corporate actions that are being progressed to improve the security and efficient management of information and data.

Information Governance performance and actions are reported on a quarterly basis to the council's Corporate Management Team and to each Governance and Risk Board meeting. An annual update is also provided to the Corporate Policy and Resources PDSP.

D.3   Risk Management

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. There are two risks in place to monitor the information governance arrangements:

1. WLC007 Failure of Information Governance
2. WLC016 Breach of freedom of information / environmental information legislation

Details on the risk scoring and measures to mitigate are set out in Appendix 1.

D.4   Information Governance Policy and Supporting Documentation

The council's Information Governance Policy was reviewed by the then Partnership and Resources PDSP (superseded by the Corporate Policy and Resources PDSP) and approved by Council Executive in June 2019.

The Information Governance Policy ensures that the council is creating, managing, using, sharing and disposing of information efficiently, appropriately and lawfully. It standardises accountability and responsibilities and brings harmony to the council's approach to information governance.

The IMWG has overseen the development of supporting procedures, training and documentation in order to increase council-wide understanding of information governance requirements and increase compliance with the policy.

Council staff are also required to complete mandatory training on relevant aspects of the policy in order to increase their knowledge and understanding.

A further review of the Information Governance Policy and supporting documentation will be carried out during 2023.

E.   CONCLUSION

The council is committed to ensuring that there are robust arrangements in place to ensure that data and information is managed, used and disposed of appropriately and lawfully in line with current legislation and business needs.

In addition to the Policy and supporting documentation, the council has established robust internal governance arrangements that will continue to develop the council's strategic and operational approach to data and information governance.

F.   BACKGROUND REFERENCES

None

3

Appendices/Attachments:

Appendix 1 Information Governance Risks

Contact Person: Joe Murray
E mail: joe.murray@westlothian.gov.uk   Phone 01506 281893

Lesley Henderson
Interim Head of Corporate Services
12 June 2023

4
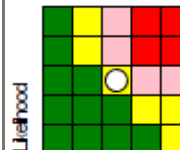
Information Governance
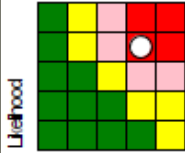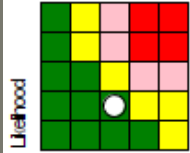
Report Author: Kenneth Ribbons
Generated on: 31 May 2023 16:03
Report Layout: .. 10 (previously R09b) Original Score, Current Score, Internal Controls with linked Actions (outstanding only)

	WLC007 Failure of information governance	Corporate information governance policies and procedures are not up to date, or are not effectively deployed, for example due to lack of corporate procedures, advice, support, monitoring or training. This risk is relevant to information security, records management and data protection. Leading to an information security breach (loss of data), non compliance with the terms of the General Data Protection Regulation (GDPR), or non compliance with records management legislation. Resulting in disruption to services, significant financial penalties (up to €20million levied by the Information Commissioner's Office) and reputational damage.
Current Controls:		General
		Information Governance Policy
		Information Management Working Group (IMWG)
		Governance and Risk Board exercises oversight of IMWG
		Information liaison officers (ILO's) appointed for each service
		Compulsory online training in place in relation to user security, records management and data protection
		Information Security
		Information Security Guidance
		Process in place for the reporting and management of information security breaches
		Global email facility to highlight specific security threats
		Annual information security corporate governance compliance statement
		Data Protection
		Interim Data Protection Officer in post and dedicated data protection mailbox
		Data processing agreement and data sharing agreement templates
		Data sharing code of practice
		Privacy notice guidance and templates
		Data processing impact assessment (DPIA) template
		Data protection subject access request and enquiries guidance
		Records Management
		Council records manager in post
		Records Management Plan
		Corporate electronic data records management system (EDRMS) with guidance
		Corporate retention schedules
		Information asset register

Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked	Risk Actions	Original Due Date	Due Date	Progress	Description
16		9							

	WLC016 Breach of freedom of information / environmental information legislation.	Corporate freedom of information and environmental information policies and procedures are not up to date, or are not effectively deployed, for example due to lack of corporate procedures, advice, support, monitoring or training. Leading to material failures to comply with the legislation. Non compliance could take the form of delays in providing information beyond the statutory deadlines, or failures to correctly provide all relevant information requested. Resulting in referral to the Scottish Information Commissioner and adverse impact on council reputation.
	Current Controls:	Information Governance Policy Information Management Working Group (IMWG) Governance and Risk Board exercises oversight of IMWG Information liaison officers (ILO's) appointed for each service Council publication scheme Requests processed in CRM system Compulsory on-line training on relation to freedom of information Information requests guidance and process map Quarterly reporting on performance to CMT

Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked	Risk Actions	Original Due Date	Due Date	Progress	Description
16		6							

DATA LABEL: PUBLIC

West Lothian Council

GOVERNANCE AND RISK COMMITTEE

COMMITTEE SELF-ASSESSMENT FEEDBACK 2022/23

REPORT BY GOVERNANCE MANAGER

A.   PURPOSE OF REPORT

To inform committee of the results of the committee's self-assessment exercise.

B.   RECOMMENDATIONS

To note the results of the self-assessment questionnaire completed by members, to identify any areas of concern, and to recommend appropriate actions to address them

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; Local Code of Corporate Governance
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

D.   TERMS OF REPORT

1   Committee agreed on 9 April 2018 that a self-assessment exercise should be carried out on an annual basis. This followed a report by the council's external auditor on the annual accounts for 2016/17. The auditors recommended annual self-assessments of effectiveness as best practice. Audit Committee has since undertaken the same annual exercise. The annual exercises by both committees are now relied on as part of the evidence considered each year to inform reporting on corporate governance

1

compliance

2   At its meeting of 6 March 2023, the committee approved a questionnaire to be circulated to its members to assess the committee's administrative arrangements and activity. The questions covered five areas: purpose and status, administrative arrangements and support, members, effectiveness and committee remit and activities. An additional section of questions was retained in relation to the coronavirus pandemic, reflecting the additional section on that subject in the annual governance statements for the previous three years. It may be the last time it is needed.

3   The questionnaire was circulated electronically to enable the results to be gathered and presented anonymously. Four members responded. A small number of narrative answers was given. Committee is invited to consider the responses and whether there are any issues that ought to be addressed at this stage.

4   A comparison with the previous years' results shows a high degree of consistency, with a large majority of answers found in the "strongly agree" and "agree" categories. There are two themes which can be discerned in the narrative answers given:-

- The importance of training, in particular to help members carry out their scrutiny function through effective questioning of officers and of the systems and practices the council uses (see, for example, answers 17, 24, 25, 26 and 37). Training was provided in last year's post-election Induction Programme and the sessions are available as recordings. A list of resources was provided last year at committee's request which members could access themselves as part of their own self-development. It may be that members see a need for refresher training and for some training around carrying out scrutiny effectively

- The potential for the committee undertaking more reactive work (see, for example, answers 9 and 39). These may be references to the preponderance of "standing items" on the committee's agendas and the scope for adding reports about specific issues as they occur. Members are asked regularly for suggestions for the committee's work plan and that offer is always open, and can be taken up at or between meetings

5   Members may see other themes or concerns in the responses that they wish to discuss.

6   The list of information sources and training resources provided last year to members will be refreshed and circulated again.

E.   CONCLUSION

1   Considering the feedback to the self-assessment questionnaire will assist in developing and improving the committee's effectiveness

F.   BACKGROUND REFERENCES

1   West Lothian Council, 26 September 2017

2   Governance and Risk Committee, 6 March 2023

Appendices/Attachments: 1. Self-assessment questionnaire results

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

Date of meeting: 12 June 2023

2

GOVERNANCE & RISK COMMITTEE - SELF-ASSESSMENT QUESTIONS 2023

1. A - PURPOSE AND STATUS

    1. Committee's role and powers are set out in Standing Orders

    Number of participants: 4

    2 (50.0%): Strongly Agree
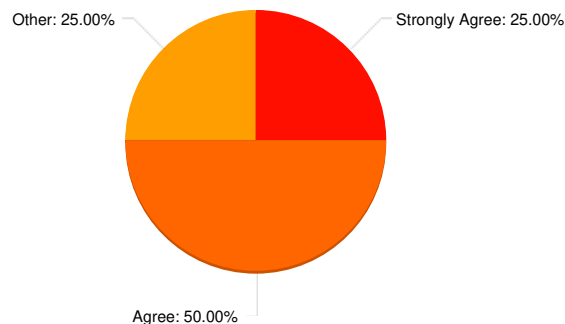
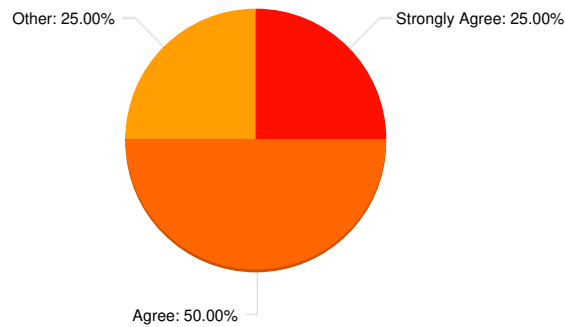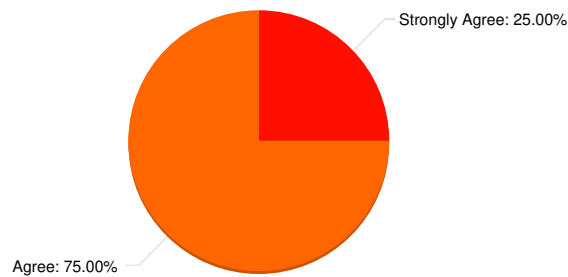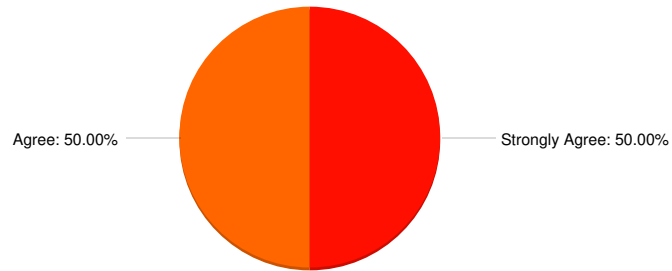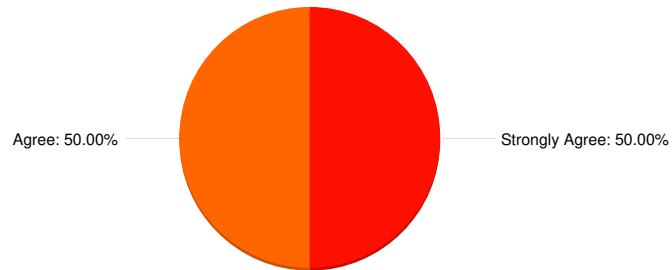   2 (50.0%): Agree

    - (0.0%): Neither Agree nor Disagree

    - (0.0%): Disagree

    - (0.0%): Strongly Disagree

    - (0.0%): Other

Agree: 50.00%   Strongly Agree: 50.00%
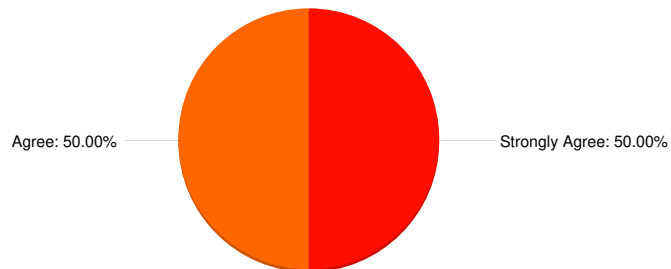
2. 2. Committee's role and powers are clear and understood

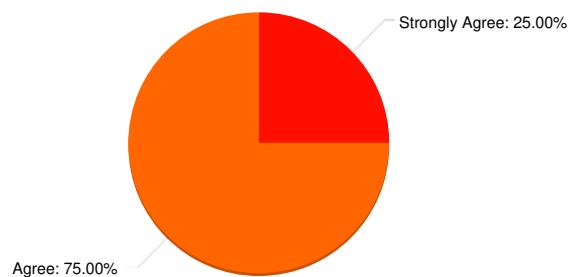   Number of participants: 4

    - (0.0%): Strongly Agree

    2 (50.0%): Agree

    - (0.0%): Neither Agree nor Disagree

    - (0.0%): Disagree

    - (0.0%): Strongly Disagree

    2 (50.0%): Other
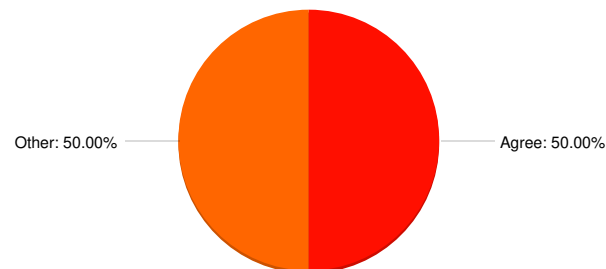
    Answer(s) from the additional field:

    - Whilst I think the roles and powers are clear I am not sure everyone always fully understands them.
    - I agree that the role and powers are clear and understood but I believe that not all members fully understand them.

Other: 50.00%   Agree: 50.00%

3. 3. Committee is regarded by other members as a positive influence

Number of participants: 3

- (0.0%): Strongly Agree

1 (33.3%): Agree

2 (66.7%): Neither Agree nor Disagree

- (0.0%): Disagree

- (0.0%): Strongly Disagree

- (0.0%): Other

Agree: 33.33%

Neither Agree nor Disagree: 66.67%
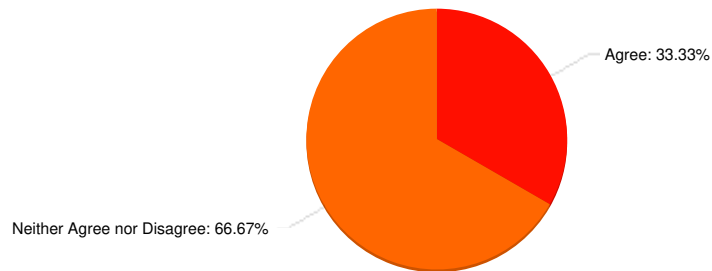
4. 4. Committee's recommendations are respected and acted upon

Number of participants: 4

1 (25.0%): Strongly Agree

2 (50.0%): Agree

- (0.0%): Neither Agree nor Disagree

- (0.0%): Disagree

- (0.0%): Strongly Disagree

1 (25.0%): Other

Answer(s) from the additional field:

- Recommendations are respected and acted upon up to a point. My perspective is that things are very carefully managed when being acted upon and could benefit from a bit more openness and restless curiosity to get beneath the surface of more things.

Other: 25.00%

Strongly Agree: 25.00%

Agree: 50.00%

5.   5. There is adequate communication with officers and other committees
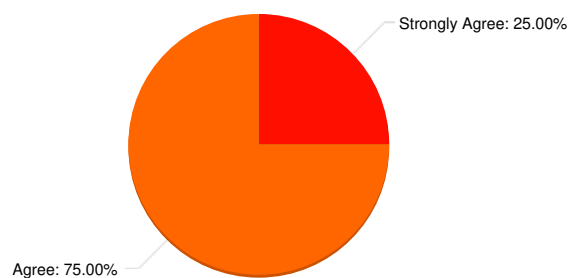
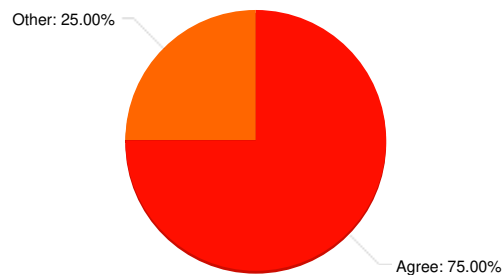Number of participants: 4

1 (25.0%): Strongly Agree

2 (50.0%): Agree

- (0.0%): Neither Agree nor Disagree

- (0.0%): Disagree

- (0.0%): Strongly Disagree

1 (25.0%): Other

Answer(s) from the additional field:

- I feel there is more silo working of committees and cross communication and collaboration.

Other: 25.00%   Strongly Agree: 25.00%

Agree: 50.00%

6.   B - ADMINISTRATIVE ARRANGEMENTS AND SUPPORT

1. Committee is of an appropriate size and composition

Number of participants: 4

1 (25.0%): Strongly Agree

3 (75.0%): Agree

- (0.0%): Neither Agree nor Disagree

- (0.0%): Disagree

- (0.0%): Strongly Disagree

- (0.0%): Other

Strongly Agree: 25.00%

Agree: 75.00%

7. 2. Committee is provided with adequate officer support (professional and administrative)

Number of participants: 4

2 (50.0%): Strongly Agree

2 (50.0%): Agree

- (0.0%): Neither Agree nor Disagree

- (0.0%): Disagree

- (0.0%): Strongly Disagree

- (0.0%): Other

Agree: 50.00%   Strongly Agree: 50.00%

8. 3. Meetings are sufficiently frequent and at appropriate times of the year

Number of participants: 4

2 (50.0%): Strongly Agree
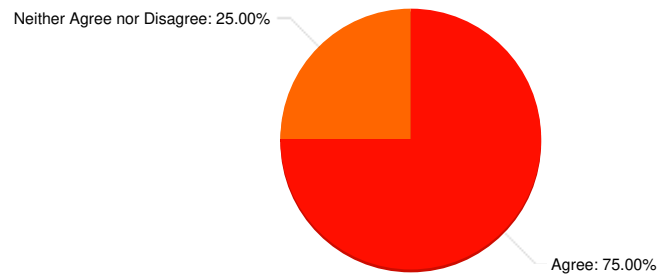
2 (50.0%): Agree

- (0.0%): Neither Agree nor Disagree

- (0.0%): Disagree

- (0.0%): Strongly Disagree

- (0.0%): Other

Agree: 50.00%   Strongly Agree: 50.00%

9. 4. Committee maintains a work plan balancing forward planning with flexibility for reactive work
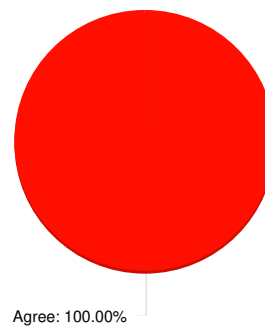
Number of participants: 4

- (0.0%): Strongly Agree

2 (50.0%): Agree

- (0.0%): Neither Agree nor Disagree

- (0.0%): Disagree

- (0.0%): Strongly Disagree

2 (50.0%): Other

Other: 50.00% — Agree: 50.00%

Answer(s) from the additional field:

- I feel there could be more restless curiosity around the reactive work that comes for questions/comments.
- More reactive work could be identified from questions and answers to presented reports
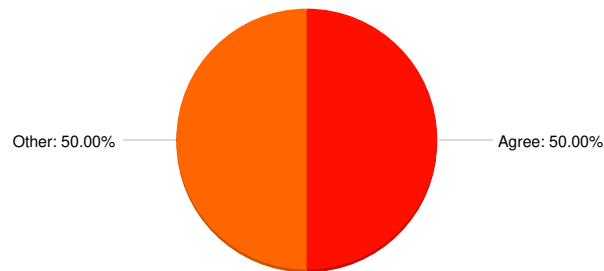
10. 5. Meeting papers are distributed appropriately (timeliness and format) to enable proper preparation

Number of participants: 4

1 (25.0%): Strongly Agree

3 (75.0%): Agree

- (0.0%): Neither Agree nor Disagree

- (0.0%): Disagree

- (0.0%): Strongly Disagree

- (0.0%): Other

Strongly Agree: 25.00%

Agree: 75.00%

11. 6. Reports and minutes provide relevant, appropriate and sufficient information

Number of participants: 4

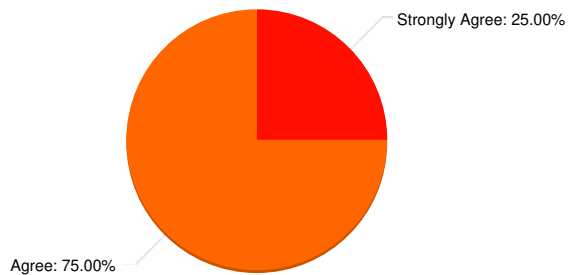1 (25.0%): Strongly Agree

1 (25.0%): Agree

- (0.0%): Neither Agree nor Disagree

- (0.0%): Disagree

- (0.0%): Strongly Disagree

2 (50.0%): Other

Answer(s) from the additional field:

- Think the reports and minutes are not always suffient to get the true feel for what was really being asked/discussed.
- Reports sometimes lack the depth of information needed for members to make their decisions and minutes do not truly reflect the issues raised at committee and the answers given

Strongly Agree: 25.00%
Other: 50.00%
Agree: 25.00%

12. 7. Start times and time allowed for meetings provide sufficient time for business to be done

Number of participants: 4

1 (25.0%): Strongly Agree
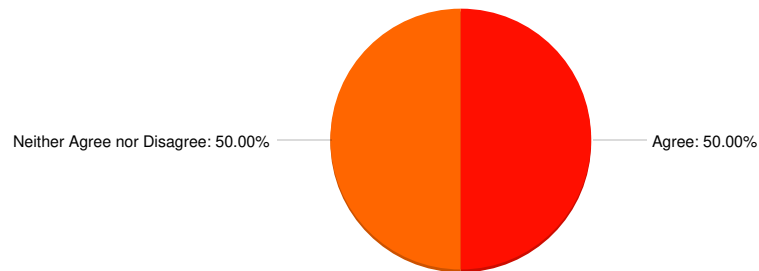
3 (75.0%): Agree

- (0.0%): Neither Agree nor Disagree

- (0.0%): Disagree

- (0.0%): Strongly Disagree

- (0.0%): Other

Strongly Agree: 25.00%
Agree: 75.00%

13. 8. Public access to reports and meetings is maximised and excluded only where legally justified

Number of participants: 4

1 (25.0%): Strongly Agree

1 (25.0%): Agree

2 (50.0%): Neither Agree nor Disagree

- (0.0%): Disagree

- (0.0%): Strongly Disagree

- (0.0%): Other

Strongly Agree: 25.00%

Neither Agree nor Disagree: 50.00%

Agree: 25.00%
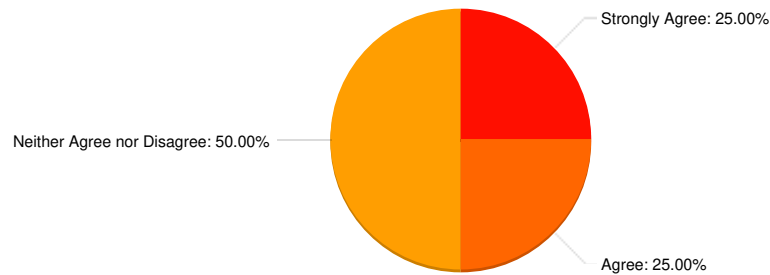
14. 9. Committee is able to secure the attendance and assistance of appropriate senior officers
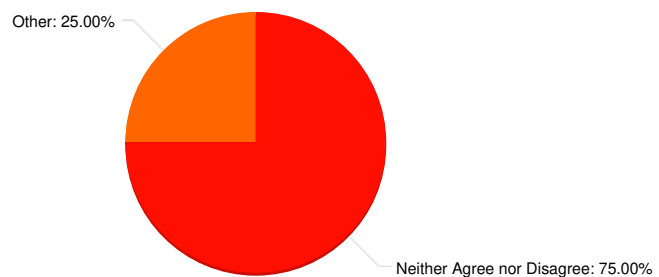
Number of participants: 4

- (0.0%): Strongly Agree

3 (75.0%): Agree

- (0.0%): Neither Agree nor Disagree

- (0.0%): Disagree

- (0.0%): Strongly Disagree

1 (25.0%): Other

Answer(s) from the additional field:

- Occasional issue with relevant officers not being in attendance

Other: 25.00%

Agree: 75.00%

15. 10. Committee is able to secure appropriate professional advice when required

Number of participants: 4

- (0.0%): Strongly Agree
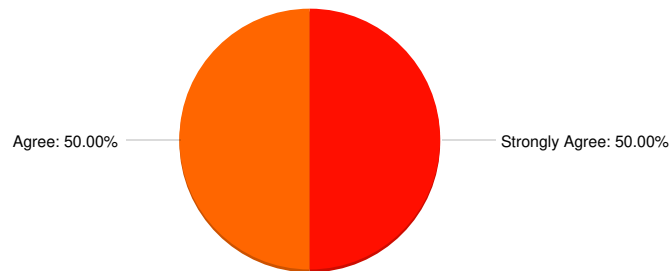
3 (75.0%): Agree

1 (25.0%): Neither Agree nor Disagree

- (0.0%): Disagree

- (0.0%): Strongly Disagree

- (0.0%): Other

Neither Agree nor Disagree: 25.00%

Agree: 75.00%

16. 11. Meetings are attended by relevant stakeholders
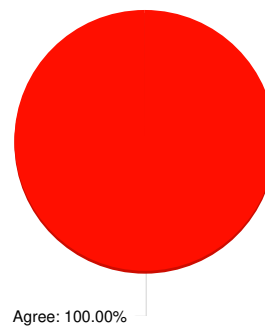
Number of participants: 4

- (0.0%): Strongly Agree

4 (100.0%): Agree

- (0.0%): Neither Agree nor Disagree

- (0.0%): Disagree

- (0.0%): Strongly Disagree

- (0.0%): Other

Agree: 100.00%

17. C - MEMBERS

1. Committee members understand their role

Number of participants: 4

- (0.0%): Strongly Agree

2 (50.0%): Agree

- (0.0%): Neither Agree nor Disagree

- (0.0%): Disagree

- (0.0%): Strongly Disagree

2 (50.0%): Other

Answer(s) from the additional field:

- Not entirely sure I can agree with this but my interactions are limited and therefore my perceptions affected by this.
- Complex role that needs regular refresher training

Other: 50.00%   Agree: 50.00%
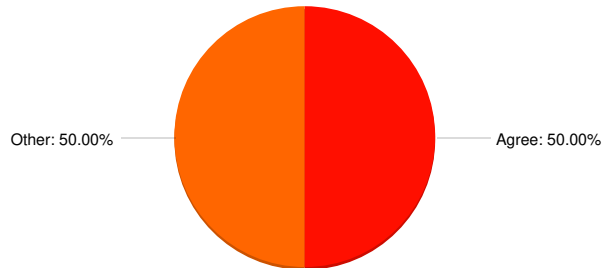
18. 2. Committee has an appropriate mix of knowledge, expertise, experience and skills

Number of participants: 4

1 (25.0%): Strongly Agree

3 (75.0%): Agree

- (0.0%): Neither Agree nor Disagree

- (0.0%): Disagree

- (0.0%): Strongly Disagree

- (0.0%): Other

Strongly Agree: 25.00%

Agree: 75.00%

19. 3. Committee members receive sufficient and appropriate training and briefings

Number of participants: 4

- (0.0%): Strongly Agree

2 (50.0%): Agree

2 (50.0%): Neither Agree nor Disagree

- (0.0%): Disagree

- (0.0%): Strongly Disagree

- (0.0%): Other

Neither Agree nor Disagree: 50.00%   Agree: 50.00%

20. 4. Committee members undertake personal development relevant to their role and responsibilities

Number of participants: 4

- (0.0%): Strongly Agree

- (0.0%): Agree

3 (75.0%): Neither Agree nor Disagree

- (0.0%): Disagree

- (0.0%): Strongly Disagree

1 (25.0%): Other

Answer(s) from the additional field:

- Cannot evidence this one way or other.

Other: 25.00%   Neither Agree nor Disagree: 75.00%

21. 5. Chair promotes and encourages effective and efficient meetings including input from officers and members

Number of participants: 4

2 (50.0%): Strongly Agree

2 (50.0%): Agree

- (0.0%): Neither Agree nor Disagree

- (0.0%): Disagree

- (0.0%): Strongly Disagree

- (0.0%): Other

Agree: 50.00%   Strongly Agree: 50.00%

22. 6. Members prepare, attend meetings and actively contribute

Number of participants: 4

- (0.0%): Strongly Agree

4 (100.0%): Agree

- (0.0%): Neither Agree nor Disagree

- (0.0%): Disagree

- (0.0%): Strongly Disagree

- (0.0%): Other

Agree: 100.00%

23. D - EFFECTIVENESS

1. Committee functions in a positive and constructive manner, including interaction amongst members and with officers

Number of participants: 4

1 (25.0%): Strongly Agree

2 (50.0%): Agree

- (0.0%): Neither Agree nor Disagree

- (0.0%): Disagree

- (0.0%): Strongly Disagree

1 (25.0%): Other

Answer(s) from the additional field:

- Do we assess effectiveness other than through this perception survey? Would it be a good idea to assess what we mean by 'Effectiveness'eff?

Other: 25.00%   Strongly Agree: 25.00%

Agree: 50.00%
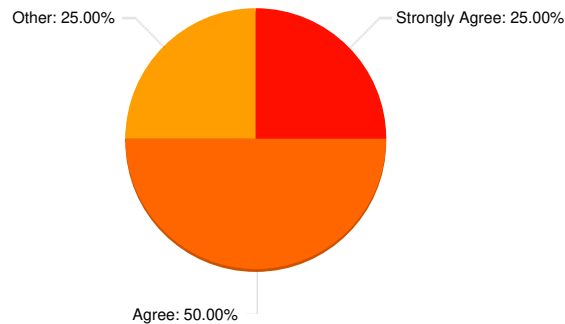
24. 2. Scrutiny is encouraged and accepted as a means to improve
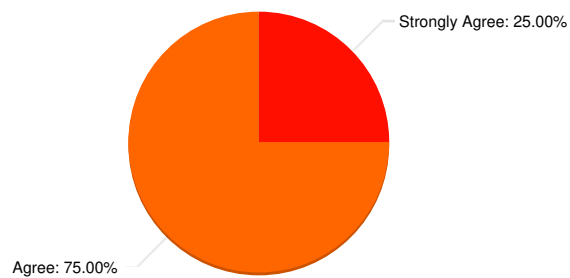
Number of participants: 4

1 (25.0%): Strongly Agree

1 (25.0%): Agree

- (0.0%): Neither Agree nor Disagree

- (0.0%): Disagree

- (0.0%): Strongly Disagree

2 (50.0%): Other

Answer(s) from the additional field:

- Do we train people in 'effective' scrutiny or must they have this skill/competence and how does this work with elected members who don't have this but are needed bacause of how the committee needs to be made up?kill?
- Scrutiny if this skill is used effectively by members who have a skilled level can be a positive means to improve but can be daunting to those who are new to the role with Scrutiny sometimes be limited if the full details and information is not forthcoming through the reports and answers

Strongly Agree: 25.00%

Other: 50.00%

Agree: 25.00%

25. 3. Committee provides constructive challenge to officers
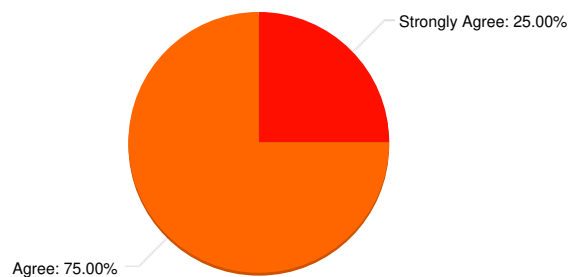
Number of participants: 4

1 (25.0%): Strongly Agree

1 (25.0%): Agree

- (0.0%): Neither Agree nor Disagree

- (0.0%): Disagree

- (0.0%): Strongly Disagree

2 (50.0%): Other

Answer(s) from the additional field:

- See 2 above
- Could be improved as stated in previous question

Strongly Agree: 25.00%

Other: 50.00%

Agree: 25.00%

26. 4. Committee receives adequate responses from officers to questions

Number of participants: 4

- (0.0%): Strongly Agree

2 (50.0%): Agree

- (0.0%): Neither Agree nor Disagree

- (0.0%): Disagree

- (0.0%): Strongly Disagree

2 (50.0%): Other

Answer(s) from the additional field:

- Sometimes responses are vague and this can feel deliberate in my opinion.
- Answers can be fairly vague and given so on purpose, thus not allowing proper scrutiny

Other: 50.00%

Agree: 50.00%
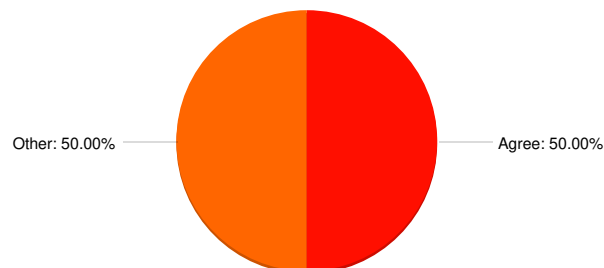
27. 5. Committee members feel comfortable asking candid questions and pursuing full answers
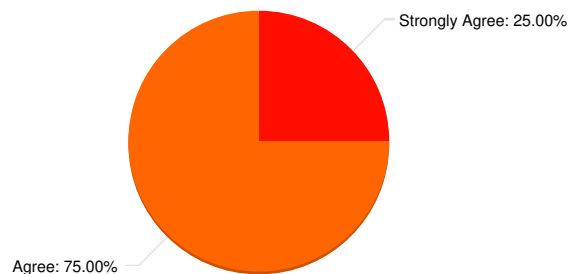
Number of participants: 4

1 (25.0%): Strongly Agree

3 (75.0%): Agree

- (0.0%): Neither Agree nor Disagree

- (0.0%): Disagree

- (0.0%): Strongly Disagree

- (0.0%): Other

Strongly Agree: 25.00%

Agree: 75.00%

28. 6. Decisions and recommendations are captured to enable them to be recorded accurately

Number of participants: 4

1 (25.0%): Strongly Agree

3 (75.0%): Agree

- (0.0%): Neither Agree nor Disagree

- (0.0%): Disagree

- (0.0%): Strongly Disagree

- (0.0%): Other

Strongly Agree: 25.00%

Agree: 75.00%

29. 7. Decisions are executed properly and in a timely manner and are followed up by committee

Number of participants: 4

- (0.0%): Strongly Agree

3 (75.0%): Agree

- (0.0%): Neither Agree nor Disagree

- (0.0%): Disagree

- (0.0%): Strongly Disagree

1 (25.0%): Other

Answer(s) from the additional field:

- If follow up work is necessary outside the meeting how is this monitored for effectiveness?

Other: 25.00%

Agree: 75.00%
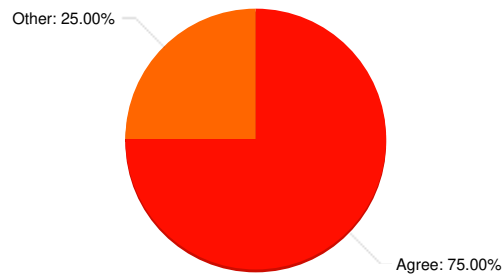
30. 8. There is evidence from meeting papers and minutes of impacts or improvements from committee activity

Number of participants: 4

1 (25.0%): Strongly Agree
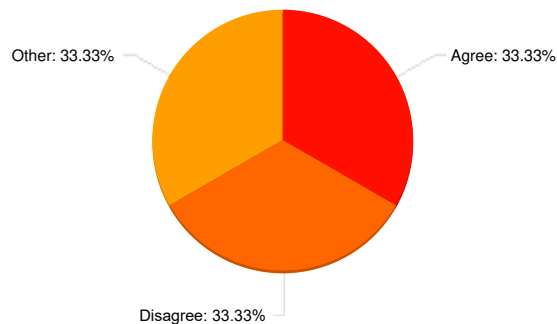
3 (75.0%): Agree

- (0.0%): Neither Agree nor Disagree

- (0.0%): Disagree

- (0.0%): Strongly Disagree

- (0.0%): Other

Strongly Agree: 25.00%

Agree: 75.00%

31. 9. Committee has good working relations with key officers, members and organisations

Number of participants: 4

1 (25.0%): Strongly Agree

1 (25.0%): Agree

1 (25.0%): Neither Agree nor Disagree

- (0.0%): Disagree

- (0.0%): Strongly Disagree

1 (25.0%): Other

Answer(s) from the additional field:

- No evidence to say either way on this.

Other: 25.00% — Strongly Agree: 25.00%

Neither Agree nor Disagree: 25.00% — Agree: 25.00%
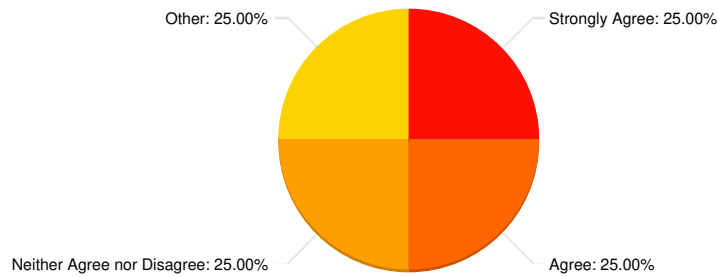
32. 10. Stakeholders (including other members and the public) are made aware of and understand committee's activity

Number of participants: 3

- (0.0%): Strongly Agree

1 (33.3%): Agree

- (0.0%): Neither Agree nor Disagree

1 (33.3%): Disagree

- (0.0%): Strongly Disagree

1 (33.3%): Other

Answer(s) from the additional field:

- I agree with this but if the public never engage what do we do about that?

Other: 33.33% — Agree: 33.33%

Disagree: 33.33%

33. E - MATTERS SPECIFIC TO COMMITTEE REMIT AND ACTIVITIES

1. Interaction with Audit Committee is defined and understood, with no gaps or duplication

Number of participants: 4

1 (25.0%): Strongly Agree
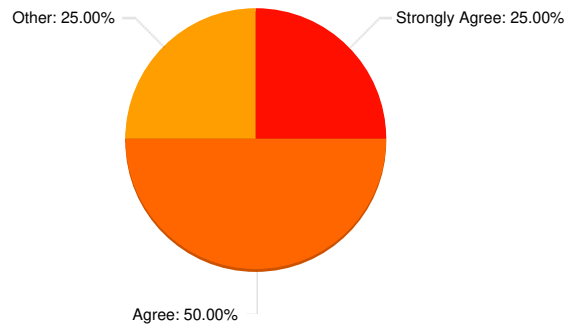
2 (50.0%): Agree

- (0.0%): Neither Agree nor Disagree

- (0.0%): Disagree

- (0.0%): Strongly Disagree

1 (25.0%): Other

Answer(s) from the additional field:

- As far as I can tell.

Other: 25.00%   Strongly Agree: 25.00%

Agree: 50.00%

34. 2. Meetings are attended by external auditor representatives

Number of participants: 4

1 (25.0%): Strongly Agree

2 (50.0%): Agree

1 (25.0%): Neither Agree nor Disagree

- (0.0%): Disagree

- (0.0%): Strongly Disagree

- (0.0%): Other

Neither Agree nor Disagree: 25.00%   Strongly Agree: 25.00%

Agree: 50.00%
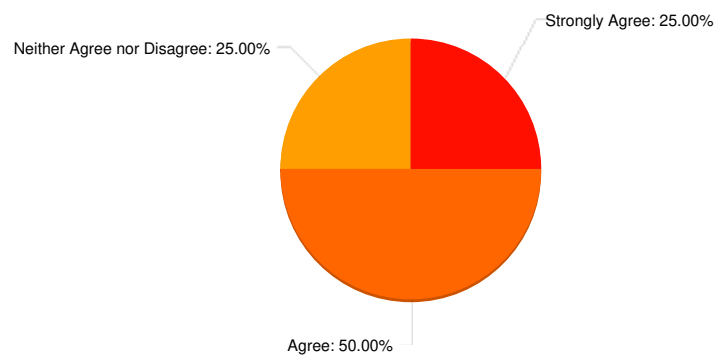
35. 3. Committee's role in relation to the council's annual accounts is defined and understood
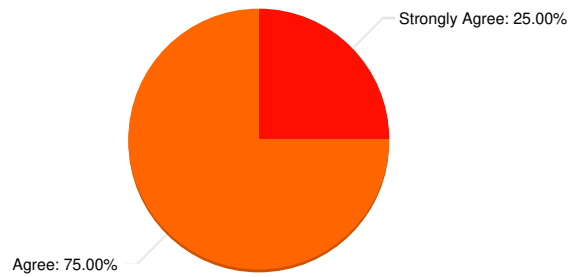
Number of participants: 4

1 (25.0%): Strongly Agree

3 (75.0%): Agree

- (0.0%): Neither Agree nor Disagree

- (0.0%): Disagree

- (0.0%): Strongly Disagree

- (0.0%): Other

Strongly Agree: 25.00%

Agree: 75.00%

36. 4. Members consider fully the contents and conclusions of the Annual Governance Statement before its approval
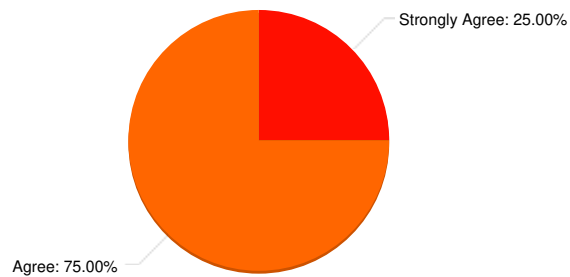
Number of participants: 4

1 (25.0%): Strongly Agree

3 (75.0%): Agree

- (0.0%): Neither Agree nor Disagree

- (0.0%): Disagree

- (0.0%): Strongly Disagree

- (0.0%): Other

Strongly Agree: 25.00%

Agree: 75.00%

37. 5. Committee provides effective review and challenge of risk and governance arrangements and controls

Number of participants: 4

1 (25.0%): Strongly Agree

2 (50.0%): Agree

- (0.0%): Neither Agree nor Disagree
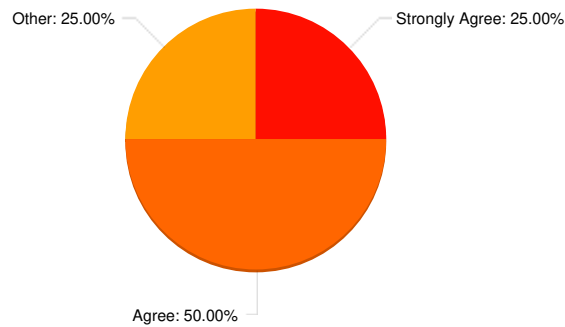
- (0.0%): Disagree

- (0.0%): Strongly Disagree

1 (25.0%): Other

Answer(s) from the additional field:

- Can this be done with more discussion involved. My perception is we get presented with how it is done rather than discuss how we all think it could be improved?

Other: 25.00%   Strongly Agree: 25.00%

Agree: 50.00%

38. 6. Committee contributes to effective accountability to the public through challenge of governance, risk and control

Number of participants: 4

1 (25.0%): Strongly Agree
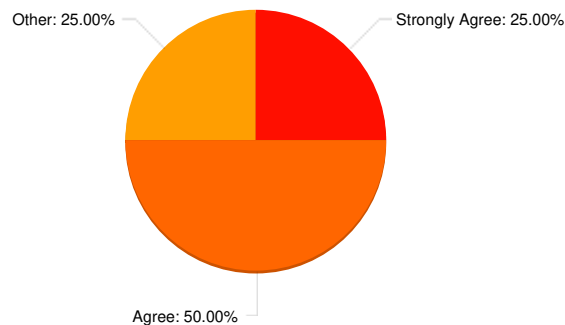
2 (50.0%): Agree

- (0.0%): Neither Agree nor Disagree

- (0.0%): Disagree

- (0.0%): Strongly Disagree

1 (25.0%): Other

Answer(s) from the additional field:

- Assuming this takes account of role of lay person.

Other: 25.00%   Strongly Agree: 25.00%

Agree: 50.00%

39. 7. Committee contributes effectively to the council's control environment

Number of participants: 4

1 (25.0%): Strongly Agree

2 (50.0%): Agree

- (0.0%): Neither Agree nor Disagree

- (0.0%): Disagree

- (0.0%): Strongly Disagree

1 (25.0%): Other

Answer(s) from the additional field:

- There are many standard operating practices in place to help the control enviornment but when things fall outside the standard operating enviornment I am unsure how ad hoc things make a contribution through this committee or elsewhere.

Other: 25.00%   Strongly Agree: 25.00%

Agree: 50.00%
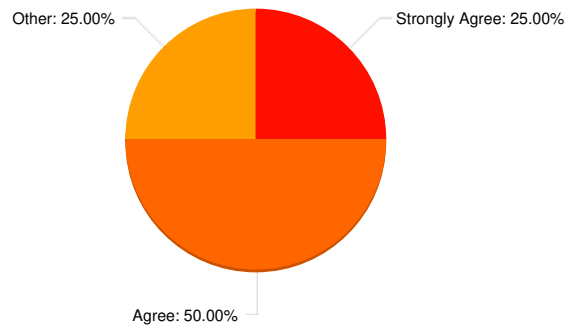
40. F - COVID-19

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.

Number of participants: 4
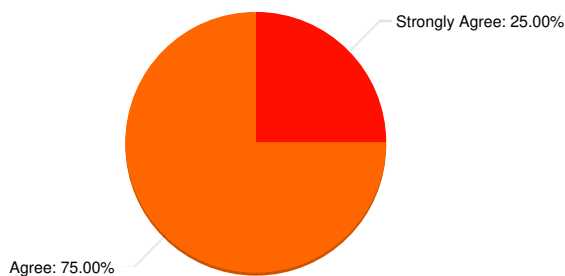
1 (25.0%): Strongly Agree

3 (75.0%): Agree

- (0.0%): Neither Agree nor Disagree

- (0.0%): Disagree

- (0.0%): Strongly Disagree

- (0.0%): Other

Strongly Agree: 25.00%

Agree: 75.00%

41. 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
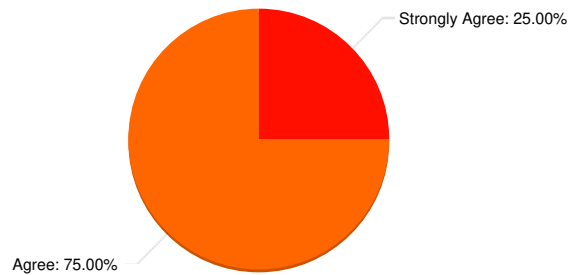
Number of participants: 4

1 (25.0%): Strongly Agree

3 (75.0%): Agree

- (0.0%): Neither Agree nor Disagree

- (0.0%): Disagree

- (0.0%): Strongly Disagree

- (0.0%): Other

Strongly Agree: 25.00%

Agree: 75.00%

42. 3. Reporting to committee since June 2022 on the coronavirus pandemic has ensured effective scrutiny of governance in relation to the coronavirus pandemic

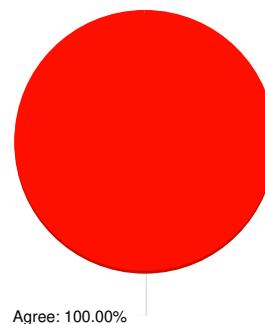Number of participants: 4

- (0.0%): Strongly Agree

4 (100.0%): Agree

- (0.0%): Neither Agree nor Disagree

- (0.0%): Disagree

- (0.0%): Strongly Disagree

- (0.0%): Other

Agree: 100.00%

43. 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
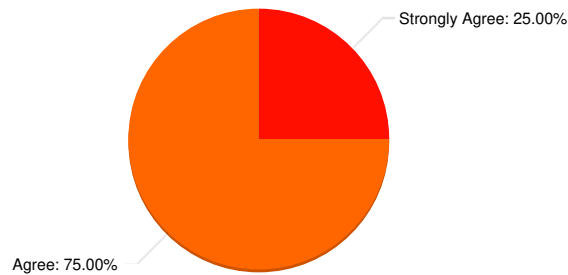
Number of participants: 4

1 (25.0%): Strongly Agree

3 (75.0%): Agree

- (0.0%): Neither Agree nor Disagree

- (0.0%): Disagree

- (0.0%): Strongly Disagree

- (0.0%): Other

Strongly Agree: 25.00%

Agree: 75.00%

44. 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
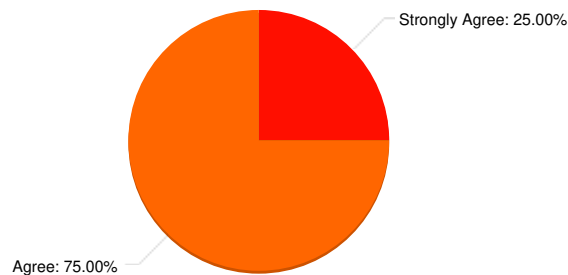
Number of participants: 4

1 (25.0%): Strongly Agree

3 (75.0%): Agree

- (0.0%): Neither Agree nor Disagree

- (0.0%): Disagree

- (0.0%): Strongly Disagree

- (0.0%): Other

Strongly Agree: 25.00%

Agree: 75.00%

GOVERNANCE & RISK COMMITTEE WORKPLAN

12 JUNE 2023

12 June 2023		
Corporate high risks	Standing item	Kenneth Ribbons and Donald Forrest
Health & Safety Statistics	Standing item	Lesley Henderson
Internal Audit Annual Report	Includes findings of review of system of internal control which informs the 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
Risk Management Annual Report	End-of-year report on completion on annual plan	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
Self-assessment questionnaire	Annual survey – reporting of results	James Millar
25 September 2023		
Corporate high risks	Standing item	Kenneth Ribbons and Donald Forrest
Strategic Risks	Biannual report on corporate strategic risks	Kenneth Ribbons
Health & Safety Statistics	Standing item	Lesley Henderson
Service presentation on management of health and safety risks	Renewed cycle of service presentations, following approach approved on 23 August 2021	Head of Service (TBC), supported by Kenneth Ribbons

Service presentation on business continuity plans	Renewed cycle of service presentations, following approach approved on 23 August 2021	Head of Service (TBC), supported by Kenneth Ribbons
Non-service risks	Reporting on risks in register not allocated to specific service, following approach approved on 14 June 2021	Kenneth Ribbons, supported by risk owners
11 December 2023		
Corporate high risks	Standing item	Kenneth Ribbons and Donald Forrest
Health & Safety Statistics	Standing item	Lesley Henderson
Governance Issues – Progress Report	Biannual update on progress of work on governance issues	James Millar
Service presentation on management of health and safety risks	Renewed cycle of service presentations, following approach approved on 23 August 2021	Head of Service (TBC), supported by Kenneth Ribbons
Service presentation on business continuity plans	Renewed cycle of service presentations, following approach approved on 23 August 2021	Head of Service (TBC), supported by Kenneth Ribbons
Non-service risk(s), if identified at meeting on 25 September 2023	Reporting on risks in register but not allocated to specific service, following approach approved on 14 June 2021	Risk owner (TBC), supported by Kenneth Ribbons
Insurance risks	Annual report	Donald Forrest
Property compliance risks	Annual report	Donald Forrest
IT risks	Annual report	Lesley Henderson
Risk Management Strategy	Update on progress towards outcomes in corporate strategy	Donald Forrest and Kenneth Ribbons
Governance Aspects of Annual External Audit Report	Annual reference of external audit report for scrutiny on wider scope audit	James Millar
Corporate Health & Safety Policy and Health & Safety Risks	Annual report	Lesley Henderson, supported by Kenneth Ribbons

Gallagher & Basset Employer Liability Health Check – follow up on Action Plan	Agreed on 6 March 2023	Kim Hardie
4 March 2024		
Corporate high risks	Standing item	Kenneth Ribbons and Donald Forrest
Strategic Risks	Biannual report on corporate strategic risks	Kenneth Ribbons
Health & Safety Statistics	Standing item	Lesley Henderson
Risk Management Annual Plan	Annual plan for committee approval	Kenneth Ribbons
Self-assessment questionnaire	Annual survey – agreement of questions and to proceed	James Millar
Service presentation on management of health and safety risks	Renewed cycle of service presentations, following approach approved on 23 August 2021	Head of Service (TBC), supported by Kenneth Ribbons
Service presentation on business continuity plans	Renewed cycle of service presentations, following approach approved on 23 August 2021	Head of Service (TBC), supported by Kenneth Ribbons
Non-service risk(s), if identified at meeting on 25 September 2023	Reporting on risks in register but not allocated to specific service area, following approach approved on 14 June 2021	Risk owner (TBC), supported by Kenneth Ribbons