



COUNCIL EXECUTIVE

CORPORATE GOVERNANCE – ANNUAL REPORT 2017/18

REPORT BY GOVERNANCE MANAGER

A. PURPOSE OF REPORT

To provide assurance in relation to compliance with the standards in the council's Code of Corporate Governance and related governance matters.

B. RECOMMENDATIONS

1. To note the terms of the annual governance statement approved at Governance & Risk Committee on 18 June 2018 (Appendix 1)
2. To note the information provided in the annual compliance statements by senior officers (Appendix 2)
3. To note the information provided in relation to the standards in the revised Code of Corporate Governance (Appendix 3) and that the standards continued to be substantially met in 2017/18
4. To note that this report will be considered further by the Governance & Risk Committee to identify areas of concern and appropriate actions

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)	Code of Corporate Governance. The council's Corporate Plan 2018/23 identifies governance and risk as one of three co-ordinated enablers underpinning the delivery of the Plan's priorities and outcomes
III	Implications for Scheme of Delegations to Officers	None
IV	Impact on performance and performance Indicators	None
V	Relevance to Single Outcome Agreement	N/a
VI	Resources - (Financial, Staffing and Property)	Within existing resources
VII	Consideration at PDSP	Not required

VIII Other consultations

Monitoring Officer; Audit, Risk & Counter Fraud Manager; Chief Solicitor; Governance & Risk Board; Corporate Management Team

D. TERMS OF REPORT

1 Background

- 1.1 To make sure that the council adheres to the rules of good corporate governance, it maintains a Local Code of Corporate Governance which sets out the principles and other standards by which good governance should be judged. In April 2018 it adopted a revised Code of Corporate Governance based on a Framework called “Delivering Good Governance in Local Government”, produced by CIPFA/SOLACE. It is supplemented by a set of “Guidance Notes for Scottish Authorities”.
- 1.2 Broadly, governance comprises the arrangements put in place to ensure that the intended outcomes for stakeholders are defined and achieved. It is recognised that good governance leads to good management, good performance, good stewardship of public money, good public engagement and, ultimately, good outcomes. Corporate governance is not directly about performance, or service standards, or service delivery, or policy-making. It is about the systems which make sure these things can be done, that they can be done well and that they can be done in an open, transparent and accountable way.
- 1.3 The new Framework includes a modified and updated definition and description of governance:-
 - Governance comprises the arrangements put in place to ensure that the intended outcomes for stakeholders are defined and achieved
 - To deliver good governance in the public sector, both governing bodies and individuals working for public sector entities must try to achieve their entity’s objectives while acting in the public interest at all times
 - Acting in the public interest implies primary consideration of the benefits for society, which should result in positive outcomes for service users and other stakeholders
- 1.4 The new Framework sets out seven principles in the top layer in the hierarchy for a Code. They are:-
 - A. Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law
 - B. Ensuring openness and comprehensive stakeholder engagement
 - C. Defining outcomes in terms of sustainable economic, social, and environmental benefits
 - D. Determining the interventions necessary to optimise the achievement of the intended outcomes
 - E. Developing the entity’s capacity, including the capability of its leadership and the individuals within it
 - F. Managing risks and performance through robust internal control and strong public financial management
 - G. Implementing good practices in transparency, reporting, and audit to deliver effective accountability

- 1.5 The council itself is the authority or governing body which carries ultimate responsibility for achieving good standards of corporate governance. It receives assurance in relation to that obligation through the activities of its committees and from council officers. It is recognised that both governing bodies and individuals working for public sector entities must try to achieve their entity's objectives while acting in the public interest at all times. Acting in the public interest implies primary consideration of the benefits for society, which should result in positive outcomes for service users and other stakeholders.
- 1.6 The Code is designed to help the council take responsibility for developing and shaping an informed approach to governance. It is aimed at achieving the highest standards in a measured and proportionate way. It is intended to assist the council in reviewing and accounting for its own unique approach to decision-making and accountability. It is a tool to help decision-making and not an end in itself. The overall aims are to ensure that:-
- resources are directed in accordance with agreed policy and according to priorities
 - there is sound and inclusive decision making
 - there is clear accountability for the use of those resources in order to achieve desired outcomes for service users and communities
- 1.7 This annual report is brought to Council Executive each year to provide assurance in relation to the extent of compliance with the Code, to provide information about steps taken to address areas of concern identified in the past, and to identify areas of concern requiring future attention. As well as consideration by Council Executive, the report has in the past also been taken to Governance & Risk Committee for detailed consideration.
- 1.8 From the work of officers and council and committees, the following sources of information and evidence provide the basis for giving members assurance that the council's standards of corporate governance continued to be substantially met in 2017/18.

2 Audit Committee and Governance & Risk Committee

- 2.1 In June 2017 the remit of the former Audit & Governance Committee was divided, and two committees replaced it – Audit Committee, and Governance & Risk Committee. The powers held by the former committee and members' rights to information and officers were not changed or diluted. The remit was simply divided between two bodies instead of being concentrated in one.
- 2.2 The work of both committees was significant in relation to many aspects of corporate governance. They approved annual plans for internal audit, risk and counter-fraud, and received reports about progress in the completion of each one. They received regular and frequent reports in relation to risk, internal audit activity and governance matters; reports and recommendations from the external auditors (who attend meetings of Audit Committee); the same from the Accounts Commission; and *ad hoc* reports in relation to unanticipated areas of concern.
- 2.3 In 2017/18, Audit Committee meetings included these items as examples of its business:-

- Consideration of the review of the system of internal control, annual accounts and external audit report and annual plan which confirmed the auditors were content to place formal reliance on the work of the council's Internal Audit function, that Internal Audit operated in compliance with the Public Sector Internal Audit Standards and that no significant control weaknesses had been identified
- An external assessment of the council's Internal Audit Service which concluded that the internal audit service complied in all material respects with the requirements of the Public Sector Internal Audit Standards (PSIAS)
- Accounts Commission/Audit Scotland reports on Self-Directed Support, Local Government in Scotland Financial Overview 2016/17, Principles for a Digital Future: Lessons Learned from Public Sector ICT Projects, Equal Pay in Scottish Councils, and Early Learning and Childcare
- Risk actions outstanding and overdue from previous internal and external audit reports
- The council's Best Value Assurance Report on a reference for detailed scrutiny and monitoring from full council in January 2018
- Investigation reports in relation to Procurement Business Case Exemptions, Information Security breaches, Financial Monitoring and Reporting of West Lothian Leisure, School Medication Policy and Procedures and the Objective Content Management System, and Monitoring of Voluntary and Not For Profit Organisations
- The Local Scrutiny Plan 2017/18 which confirmed that the shared risk assessment concluded that no scrutiny risks have been identified which require specific scrutiny in 2017/18

2.4 The meetings of the Governance & Risk Committee during the year dealt with the following examples of its work:-

- Presentations by service areas on risk management arrangements
- Consideration of the council's high corporate risks as a standing item
- Reports by the council's external risk advisers on management of legionella, safety in Waste Services and personal safety in Education Services
- Consideration of the revised Local Code of Corporate Governance and its recommendation for approval to Council Executive
- Cyber-security risks and management of health and safety risks, which led to that becoming a standing item at meetings
- An external validation of the independence and work of the council's risk management function
- Consideration of the annual report on corporate governance for 2016/17 from Council Executive

2.4 Both committees undertook self-assessment exercises to examine their effectiveness and influence and to identify ways to improve their operation. This arose from an audit recommendation to monitor the relationship between the two new committees. No significant issues were identified.

3 Best Value Assurance Report

- 3.1 The council was subject during the year to a best value review by its external auditors on behalf of Audit Scotland. The aim was to assess the extent to which the council complies with its duty to secure best value as set out in the Local Government in Scotland Act 2003. The best Value Assurance Report was produced in November 2017 and was considered by the Accounts Commission in December 2017. The Accounts Commission made recommendations which were then published and considered by full council in January 2018 in accordance with statutory procedures.
- 3.2 The report was a positive one and council accepted the Commission's recommendations. Council also approved an Action Plan and referred the report on to Audit Committee to monitor progress and completion. The agreed actions have been completed.
- 3.3 The council's continuing compliance with its best value duty will feature in the ongoing work by its external auditors.

4 Governance & Risk Board

- 4.1 The Governance & Risk Board is an officer group charged with maintaining oversight of the council's corporate governance and risk management functions. It is chaired by a Deputy Chief Executive and has representation from all service areas, including the Monitoring Officer, the Audit, Risk and Counter-Fraud Manager, the Chief Solicitor (also the Deputy Monitoring Officer), and the Governance Manager. It reports when required to the Corporate Management Team and oversees the work of officer working groups.
- 4.2 Its meetings in 2017/18 included these items of business:-
- Review of corporate business continuity planning
 - Monitoring of insurance claims and statistics
 - Monitoring and reporting on corporate high risks and strategic risks
 - Preparation for implementation of GDPR in May 2018
 - Outstanding and overdue risk actions from internal and external audit reports
 - Annual governance statement, annual compliance statement and annual report on corporate governance

5 Management Plans

- 5.1 Management Plans are an important and vital link between the council's corporate aims and priorities and the implementation at a service level, with their identification and reporting of actions and performance monitoring measures. Many of the standards built into the Code are clearly reflected in the Plans, for example:-
- Explaining service structures, services and activity budgets
 - Partners and partnership working
 - Relevance to Corporate Plan priorities and responsibility for corporate strategies
 - Customer participation and consultation
 - Employee engagement

- Performance and actions and improvement and efficiency activity
- 5.2 All are reported to members and are available to the public through PDSPs in the spring each year, and then on the council's website. They provide information on the service's activities in the preceding year and planned activities for the forthcoming year and are an essential tool in assisting the translation of service activity into evidence of compliance with the Corporate Plan and the Code.

6 Policy and Strategy Development and Reviews

- 6.1 During the year there were many significant steps taken corporately and at service level in developing and reviewing strategies and policies. Many of those have a material impact on compliance with the standards.
- 6.2 The most significant developments were around the adoption of the council's Corporate Plan 2018/23 in February 2018. It followed an extensive public consultation exercise to identify priorities over the next five years. End-of-strategy reports were presented for the corporate strategies underlying the previous Corporate Plan. A list of replacement strategies to support and enable delivery of the new Plan's priorities and agreed outcomes were prepared and approved between February 2018 and June 2018.
- 6.3 A sample of other significant strategy and policy developments during the year is:-
- Equality Outcomes and Mainstreaming Reports
 - Pupil Equity Funding and Regional Improvement Collaboratives
 - Development of the City Region Deal
 - Local Housing Strategy 2017/22
 - Regulation of Investigatory Powers Policy and Procedure
 - Early years and Child Care implementation
- 6.4 The reports and minutes of decisions for all of these are readily available on the council's website through COINS (<http://coins.westlothian.gov.uk/coins/>). New and reviewed policies and strategies as a matter of routine explain when they will be reviewed again and how performance will be reported.

7 Monitoring and Reporting

- 7.1 There is clear evidence from PDSP and committee and council reports and minutes of regular and transparent reporting in relation to significant aspects of the council's functions and which have a bearing on compliance with the Code. These include performance reporting (both service and financial), compliance with statutory retimes and compliance with internal standards and agreed outcomes. Some examples are:-
- SPSO Annual Report
 - Complaints performance reports (quarterly and annual)
 - Treasury Management (annual and interim)
 - Budget monitoring reports (quarterly and outturn)
 - Raising Attainment
 - Scottish Biodiversity Duty
 - Strategic Housing investment Plan

- 7.2 Performance reporting continues through quarterly reports to PDSPs, reports to the Performance Committee and Education (Quality Assurance) Committee, and public performance reporting arrangements through Covalent. Arising from the best Value Assurance Report, a review of service and financial performance reporting was carried out. Service and financial performance are now linked and reported together to PDSPs. Reports to Performance Committee have been adjusted to include a better reflection of corporate performance as well as performance at the level of WLAM units.

8 Systems and procedures

- 8.1 The implementation and review of corporate policies and procedures provides additional evidence of compliance with the standards in the Code. Some examples are:-
- Information Security Policy
 - Tenant Participation Strategy
 - Surplus property Procedures
 - Review of Financial Regulations
 - Amendments to Standing Orders and Scheme of Administration in accordance with actions agreed on the Best Value Assurance Report
 - Asset Transfer Requests Procedures, including establishment of two new committees
- 8.2 Following the council elections in May 2017 the council complied with its statutory duties in terms of electing a Provost. It completed the formalities required of it at its post-election statutory meetings. CoOmpliance was achieved with the duties around declarations of acceptance of office by councillors and completion of their registers of interests. The council was able to resume its regular pattern of business by 26 May 2017.

9 Annual Compliance Statements

- 9.1 A set of compliance statements is produced to sit alongside the Code and also inform the drafting and approval of the annual governance statement. They deal with compliance with the law and with the council's corporate policies, procedures and practices of significance to good governance. They are prepared after consultation with services and senior officers and take into account oversight by external bodies of the council's compliance. They are signed by the responsible senior officer. They are designed to bring to the attention of elected members any incidents of non-compliance which are significant to the council's operations and which are not reported elsewhere in a systematic way.
- 9.2 The preparation and compilation of these annual statements are the responsibility of the Monitoring Officer. The statements for 2017/18 are attached in Appendix 2, and are comprised of:-
- Best Value Framework - Head of Finance & Property Services
 - Procurement - Head of Corporate Services
 - Fraud and Corruption - Head of Finance & Property Services
 - Employee Whistleblowing - Head of Corporate Services

- Discipline and Grievances - Head of Corporate Services
- Occupational Health & Safety - Head of Corporate Services
- Protection of Vulnerable Groups - Head of Corporate Services
- Information Security - Head of Corporate Services
- Public Sector Equality Duty - Head of Corporate Services
- Breaches of the law - Monitoring Officer

9.3 Compliance with the freedom of information regime is reported separately and elsewhere by the Head of Corporate services. An annual report on the operation of the Councillors' Code of Conduct is also reported separately by the Governance Manager. Following the adoption of a revised Policy and Procedure on Covert Surveillance and Accessing Communications Data (RIPSA) an annual report will be presented by the Senior Authorised Officer to PDSP instead of an annual compliance statement.

9.4 The council must consider each year a formal report by the council's Chief Social Work Officer. For the first time that report was heard by committee rather than by PDSP. It will be considered by full council in 2018/19.

9.5 The annual statements of compliance demonstrate that the council's policies and procedures are operating satisfactorily and effectively and any breaches or areas of improvement have been identified. None of the breaches highlighted is considered to have had, or to have, a material or significant impact on the operations or finances of the council.

10 Annual Governance Statement

10.1 It is a requirement of the regulations for dealing with the council's annual accounts that an annual governance statement is approved and included in those accounts. The statement is prepared in accordance with the CIPFA/SOLACE Framework.

10.2 The statement for 2017/18 was approved by Governance & Risk Committee on 18 June 2018. It is in Appendix 1. It draws on the other sources of assurance mentioned in this report, in particular the Code and the annual compliance statements.

11 Standards in the Code

11.1 As indicated earlier in the report, the new Code is structured around seven overarching principles. Beneath those is a hierarchy of sub-principles and standards. They are designed to focus in more detail on the principles and lead to the kinds of evidence that should be present and assessed to measure compliance.

11.2 The Code is intended to be a tool towards assessing compliance with good governance standards and informing the assurance that members and the community may take that the council is meeting those standards. The Code was designed to be less cumbersome and easier to use and navigate. The aim was to find a balance between detail and the level of input required to provide the assurance that is required.

11.3 The evidence listed in the approved Code has been assessed and a brief commentary has been added. The main elements in the assessment are the approach designed to be taken, the extent to which that approach is used, and the arrangements in place to review the approach. An overall assessment is made and a grading applied using simple red, amber and green indicators.

- 11.4 Under the previous arrangements there were more standards; there was more and duplication of work required across services to populate the Code; and the assessment was a more complicated exercise. Scoring was by way of a numerical value, from 0 to 12.
- 11.5 There has been some loss of ability to compare since the principles, sub-principles, standards and forms of evidence are different. However, it is still possible to see and consider trends across a period of time based on the proportions of red, amber and green indicators.
- 11.6 Under this year's assessment there were 258 entries for the evidence considered. Not all are unique – some are mentioned many times because they inform several of the over-arching principles. Things like Standing Orders, risk management, financial regulations and management and engagement and consultation measures feature frequently throughout.
- 11.7 Of those 258 entries there were 204 greens (79%), 54 ambers (21%) and no reds. These compare well with previous years and continue the trends that can be seen from older figures:-

11.8

	2017/18	2016/17	2015/16	2014/15	2013/14
Green	204 (79%)	263 (73%)	259 (72%)	230 (64%)	250 (69%)
Amber	54 (21%)	97 (27%)	101 (28%)	130 (36%)	110 (31%)
Red	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
total	258	360	360	360	360

- 11.9 The more significant amber scores have been translated into the annual governance statement (Appendix 1), along with significant issues noted in the annual compliance statements (Appendix 2).

12 Areas of concern last year and this year

- 12.1 Last year's report listed some areas which would be taken forward in 2017/18. Those were as follows, and a note of progress is included for each:-
- Building on the post-elections members' induction programme, further development of members' training and briefings. Five training days were added to the calendar of meetings for 2018/19. Sessions have been provided on stand-alone topics such as homelessness and developments in the Councillors' Code of Conduct
 - Implementation of the community empowerment legislation in relation to participation requests, asset transfer requests and participatory budgeting. The procedure for participation requests was used for the first time during the year. The procedure is being reviewed and will be reported to committee in November. Procedures were established for dealing with asset transfers, including two new committees. A policy for Community Choices is still under development
 - Implications from the Scottish Government's review of local governance arrangements. The review is ongoing and reports will be made in autumn 2018 to PDSP to establish the council's position
 - Implementation of a refreshed RIPSA policy and procedure, and reporting arrangements. The policy was approved during the year and the first annual report will go to DPS in October 2018

- Translation of the existing Code of Corporate Governance to the 2016 CIPFA/SOLACE Framework. That was completed in April 2018
- Reporting and monitoring of information security breaches. This issue was dealt with through Audit Committee
- Improvements to the information asset register. This issue was dealt with through Audit Committee
- Procedures in relation to procurement business case exemptions from Standing Orders. This issue was dealt with through Audit Committee
- Review of the role descriptions of the four statutory officers in light of recent guidance. This work remains outstanding
- Implementation of the general data protection regulation for May 2018. Implementation was effective by the due date and continues to be reviewed through the Information Management Working Group
- Grants to voluntary organisations. This issue was dealt with through Audit Committee

12.2 The areas of concern to be addressed in 2018/19 are listed in paragraph 16 of the annual governance statement (Appendix 1). Where these issues have been identified through internal audit reports the agreed actions and progress will be monitored and reported through the Audit Committee. In other cases, the Governance & Risk Committee will have that role. The committee may identify other issues to be explored and considered when it deals with this report at its meeting on 29 October 2018.

E. CONCLUSION

On the basis of all of the factors and information noted in this report, the council can be assured that the standards of corporate governance continue to be substantially met.

F. BACKGROUND REFERENCES

- 1 Council Executive, 17 April 2018
- 2 Governance & Risk Committee, 18 June 2018
- 3 "Delivering Good Governance in Local Government - Framework (CIPFA/SOLACE, 2016)
- 4 "Delivering Good Governance in Local Government - Guidance Notes for Scottish Authorities (CIPFA/SOLACE, 2016)
- 5 Governance & Risk Committee, 9 October 2017 and 9 April 2018
- 6 Council Executive, 19 September 2017

Appendices/Attachments: 1. Annual Governance Statement
 2. Annual Compliance Statements
 3. Code Standards and Assessment

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Date of meeting: 11 September 2018

ANNUAL GOVERNANCE STATEMENT

STATEMENT 2

1. Corporate Governance

- 1.1 Corporate governance is the systems, processes, culture and values by which the council is directed and controlled, and the activities through which it is accountable to, engages with and leads the West Lothian community. It comprises the arrangements put in place to ensure that the intended outcomes for stakeholders are defined and achieved. To deliver good governance in the public sector, both governing bodies and individuals working for public sector entities must try to achieve their entity's objectives while acting in the public interest at all times. Acting in the public interest implies primary consideration of the benefits for society, which should result in positive outcomes for service users and other stakeholders.
- 1.2 The council, through all 33 of its members, has overall responsibility for good governance arrangements – for establishing its values and principles and culture, for ensuring the existence and review of an effective governance framework, and for putting in place monitoring and reporting arrangements. In practice, the council to a large extent entrusts the delivery of those tasks to committees and to appropriate council officers. That delegation does not remove or avoid the responsibility of all the council's elected members for governance.
- 1.3 In the council's Corporate Plan 2018/19 to 2022/23 "Transforming Your Council" (13 February 2018) the place of corporate governance as an "enabler" is recognised and established. Along with risk management, financial planning and modernisation and improvement it is one of the essential back-office corporate services necessary to assist the setting, monitoring, achievement and reporting on corporate priorities and outcomes. The Corporate Plan acknowledges the wide understanding that good governance promotes good decision-making. The Corporate Plan also identified eight general areas of focus on governance as an enabler to achievement of the Plan's proposed outcomes.
- 1.4 The governance framework is made up of corporate documents, policies and procedures which are designed to guide and assist the council in doing its business in accordance with the law and with proper standards and principles; ensuring that public money is safeguarded and used economically, efficiently and effectively; and fulfilling its statutory duty to secure best value.
- 1.5 All of the council's decision-making is carried out within the framework of its Standing Orders. They are made up of:-
- Standing Orders for the Regulation of Meetings governing the way Council, Committee and Policy Development and Scrutiny Panel meetings are arranged, convened and run
 - Scheme of Administration containing the remits and powers of all the bodies in the structure in which elected members are involved
 - Scheme of Delegation to Officers setting out the responsibilities and powers allocated to senior officers by elected members
 - Standing Orders for Contracts and Corporate procurement procedures which control the council's procurement activity
 - Financial Regulations which set the rules and procedures for financial, budget and treasury management
- 1.6 All these documents are subject to review, at least once in each administrative term, but in practice are reviewed and refreshed on a more frequent basis as circumstances require.

2. System of internal control

- 2.1 A significant part of the council's governance framework is its system of internal control (financial and other). It is an ongoing process designed to identify risks to the achievement of the council's objectives; to evaluate the likelihood of those risks occurring; to consider the potential impact of the risks; and to manage them effectively. Those controls can never eliminate risk or failure to achieve objectives entirely – they can only provide reasonable and not absolute assurance. The design, development and management of the system of internal control is undertaken by managers within the council.
- 2.2 The system of internal financial control is designed to provide assurance on the effectiveness and efficiency of operations and the reliability of financial reporting. It is based on a framework, which includes financial regulations and a system of management supervision, delegation and accountability, supported by regular management information, administrative procedures and segregation of duties. Its key elements include a documented internal control framework relating to financial processes, procedures and regulations; a comprehensive budgeting and monitoring framework; scrutiny of periodic and annual financial and operational performance reports; performance management information; and project management disciplines.

2.3 Reporting to members on the effectiveness of the system of internal control is a statutory requirement carried out by the Audit, Risk and Counter Fraud Manager in his Internal Audit Annual Report to committee in June each year. Its consideration precedes and informs this statutory annual governance statement which requires approval by the council and incorporation into the annual accounts and financial statements.

2.4 Following his review for 2017/18 his conclusion is that the framework of governance, risk management and control is generally sound. Based on internal audit investigations and reports throughout the year he has identified areas where improvements could be made and confirmed that recommendations would be followed up and reported as required. Of those, two areas were identified where the conclusion was that control was unsound – procurement business case exemptions and the administration of school medication. Both were reported to Audit Committee and will be followed up by further reports in 2018/19.

3. Council elections

3.1 Local government elections were held in Scotland on 4 May 2017. West Lothian Council is a council of nine electoral wards and 33 councillors. Those elected were made up of 13 SNP members, 12 Labour members, 7 Conservative members and 1 Independent member.

3.2 The statutory first council meeting was held on 11 May 2017, and adjourned on two occasions before its business was completed at a special meeting on 25 May. The legal requirement to elect a convenor (Provost) was met and a minority Labour administration was established. The Leader of the Council was elected along with 8 Executive Councillors (portfolio holders in relation to council services) and chairs and vice-chairs of all other committees. Senior councillor payments were agreed. Those appointments and payments remained unchanged at the end of 2017/18.

4. Decision-making and scrutiny arrangements

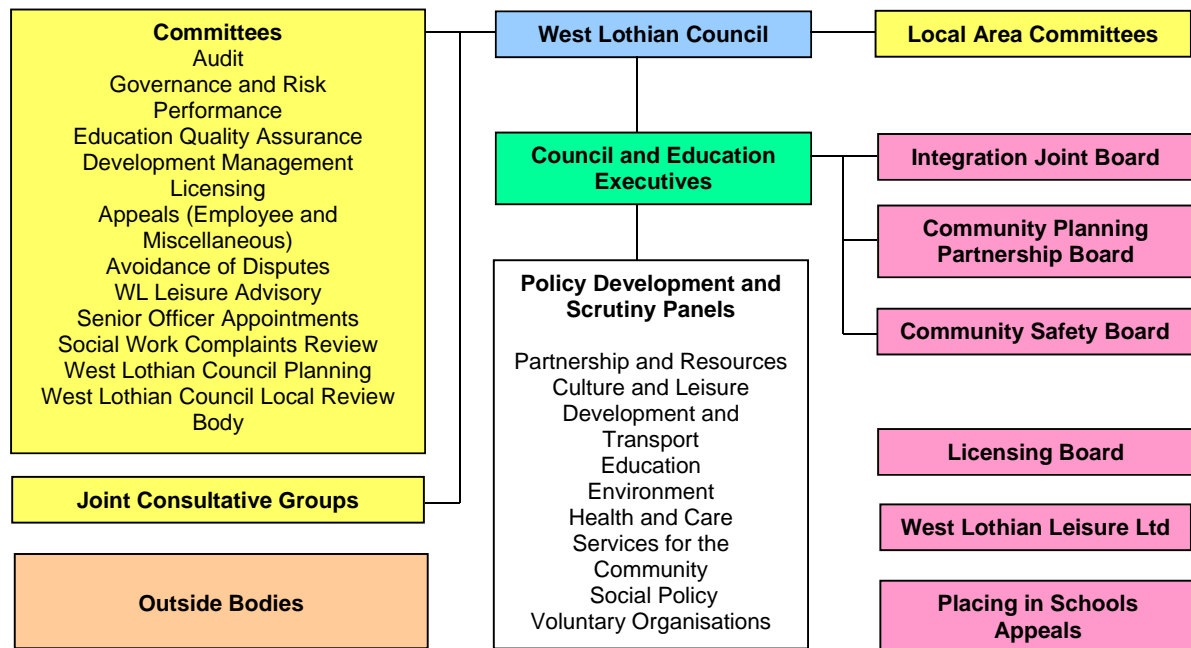
4.1 The council has a well-established framework of committees and working groups. The various bodies and their remits and powers are set out in the Scheme of Administration which is part of the council's Standing Orders. Standing Orders can only be changed at a meeting of full council. The committee structure is supported by a complementary Scheme of Delegations to officers which sets out the responsibilities and decision-making powers that council has delegated to officers. That too is part of Standing Orders and is updated every three months to reflect changes agreed at council and its committees.

4.2 The committee structure in place at the end of 2016/17 was reported for review and adoption to the council at its first statutory meeting following the local government elections in May 2017. Council adopted those existing arrangements and instructed officers to review specific aspects of it.

4.3 That review was reported on 7 June 2017 and led to changes to some scrutiny arrangements. Other changes have been made in the course of 2017/18 in response to the external audit report and the Accounts Commission Best Value Assurance Report for the council. Two new committees were added and the remit and powers of West Lothian Leisure Advisory Committee were reviewed.

4.4 The structure in place at the end of 2017/18 follows. It consists of two main decision-making committees (Council Executive and Education Executive). Proposed policy changes are considered first at one of nine Policy Development and Scrutiny Panels. There are a number of regulatory and appeals committees. There is one local area committee for each ward to focus ward issues. Scrutiny is carried out through Audit Committee, Governance and Risk Committee, Performance Committee and Education (Quality Assurance) Committee. The Council meets every 8 weeks to deal with reserved matters and political debate and scrutiny.

Decision Making Structure



5. Principal changes

- 5.1 The remit of the Audit and Governance Committee was divided. Two new committees were established in its place – Audit Committee and Governance and Risk Committee. This reflected the council's view of the significance of risk management to achieving the council's goals and outcomes, and the need for greater involvement in the scrutiny of risk by members. Those committees have met separately since June 2017.
- 5.2 The positions of chair of these two committees have been reserved in Standing Orders for members who are not part of the ruling administration political group, to achieve a greater separation of political control and scrutiny. (Although not formally stated in Standing Orders, the positions of chair of Performance Committee and Education Quality Assurance Committee (EQAC) have been for several years and are still held by a member from outwith the administration group).
- 5.3 During the year, the remit and powers of West Lothian Leisure Advisory Committee were reviewed. This is the scrutiny committee through which the council's relationship with West Lothian Leisure Ltd., its only ALEO, is monitored. Its remit, powers and reporting arrangements were reviewed in 2017/18 and strengthened at full council on 22 May 2018. The Scheme of Administration was at the same time amended to require membership of the committee and the Board of Directors of West Lothian Leisure Ltd. to be kept entirely separate, applying Standards Commission advice and comment by the council's external auditors.
- 5.4 Following development and review during the year, two new committees were added to the Scheme of Administration to reflect the requirements for asset transfer requests in the Community Empowerment (Scotland) Act 2015.
- 5.5 On 13 February 2018 council instructed officers to carry out a review of its decision-making. That review is ongoing and was reported to PDSP on 24 August 2018 as the first stage in the committee process.

6. Management structure

- 6.1 The council's services are managed through its Executive Management Team, comprised of the Chief Executive, three Deputy Chief Executives and the Head of Finance and Property Services. Those officers and seven Heads of Service form the Corporate Management Team. Each service has a Senior Management Team and other managers and teams within its structure. The service management structure is as follows.



- 6.2 In addition to and linking across its service structure the council's management is carried out through Executive Boards, Project Boards and Working Groups with defined remits and membership to reflect the remit and aims of the body concerned.
- 6.3 The council in February 2018 established a Business Transformation Team, made up of senior council officers seconded from across its service areas. They are managed by a Deputy Chief Executive and their task is the project management of the transformational change required to deliver on the council's Corporate Plan objectives and priorities and its long-term financial plan.

7. Audit Committee

- 7.1 The committee's remit includes undertaking a corporate overview of the council's control environment, developing an anti-fraud culture to ensure the highest standards of probity and public accountability, and evaluating the arrangements in place for securing the economical, efficient and effective management of the council's resources. It considers annual reports by Audit, Risk and Counter Fraud Manager which provide an opinion and assurance on the overall adequacy and effectiveness of the council's control framework. It monitors the independence and effectiveness of the Audit, Risk and Counter Fraud Unit. It is given assurance in relation to non-internal audit functions managed by the Audit, Risk and Counter Fraud Manager through the internal audit manager of Falkirk Council. The committee includes one non-councillor member recruited for a three-year tenure. That member is entitled to the same papers and reports as councillor members of the committee and brings a different non-council and non-councillor perspective to the work of the committee.
- 7.2 The committee meets four times each year. Reports by the Audit, Risk and Counter Fraud Manager are presented and considered in public unless there is clear legal justification for excluding the public. The outcome of internal audit and counter-fraud investigations judged to be significant are reported. They express an opinion as to whether controls are satisfactory or require improvements. They set out improvement actions which have been agreed with relevant managers. The findings, actions and times for completion are presented for committee approval. The committee periodically receives a report by the Audit, Risk and Counter Fraud Manager in relation to agreed actions which have been reported to committee but which have not been fulfilled timeously.
- 7.3 The committee deals with reports from the council's external auditors. It receives the External Audit Annual Plan which informs the council of the work to be undertaken in the course of the year, the extent to which the external auditors are able to rely on the work of Internal Audit and the extent of additional risk-based external scrutiny through the Local Area Network. The external auditor's annual report on the council's accounts and financial statements are referred to the committee by council after it approves the audited accounts for signature.

- 7.4 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.

8. Governance and Risk Committee

- 8.1 The committee's remit includes undertaking a corporate overview of the council's corporate governance and risk management arrangements, reviewing policies and practices in operation to ensure compliance with governance statutes, directions, standards and codes, developing a culture within the council of good corporate governance, risk awareness and risk management, and reviewing the council's strategy and systems for the management of risk and relevant reporting arrangements and ensuring they are adequate and cost effective. It considers reports from the Governance Manager and Audit, Risk and Counter Fraud Manager in relation to matters within its remit.
- 8.2 The committee meets at least four times each year. It receives reports on a rota basis from services on their risk management arrangements. It considers a report at every meeting on the council's high risks and on health and safety incident reporting. It examines ad hoc risk and governance issues, such as cyber-security risks. It now considers risk reports from the council's external risk advisers, Gallagher and Bassett. It is charged with approving the annual governance statement after considering the Audit, Risk and Counter Fraud Manager's review of the system of internal control. That was done at its meeting on 18 June 2018.
- 8.3 As an action arising from the external audit report for 2017/18 the committee conducted a self-assessment exercise to inform its development and progress. The same exercise will be carried out each year as part of the committee work plan and has also been applied to Audit Committee.

9. Other scrutiny arrangements

- 9.1 The council deals with the remainder of its scrutiny function by members in three places – Policy Development and Scrutiny Panels (PDSPs), Performance Committee and Education (Quality Assurance) Committee.
- 9.2 Policy Development and Scrutiny Panels are working groups of members and representatives from external community bodies. They consider quarterly performance reports from the service areas included in their remit. The reports are drawn from the council's well-established performance monitoring and reporting system (Pentana) and reports are presented with graphs, charts and RAG analysis together with explanatory commentary. Members and external representatives are able to question officers on service performance and make recommendations to them about improvement actions.
- 9.3 The Performance Committee is established to consider the performance of service units against the council's performance appraisal system, the West Lothian Assessment Model (WLAM). 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.
- 9.4 The Education (Quality Assurance) Committee carries out a scrutiny role solely in relation to schools' performance and internal and external assessment reports. The committee includes the 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.
- 9.5 Arising from the council's Best Value Assurance Report a review was to be undertaken of the overall arrangements for reporting and monitoring of corporate and service financial and service performance. That review was commenced in February 2018 and was completed by 30 June 2018. Progress was reported to Audit Committee on 25 June 2018.

10. Code of Corporate Governance

- 10.1 The council's governance arrangements are now monitored and reviewed and reported in accordance with statutory requirements and under a Framework and guidance for Scotland called "Delivering Good Governance in Local Government", produced by CIPFA/SOLACE in 2016. Its annual governance statement in 2016/17 was produced in accordance with the Framework and for 2017/18 a new Local Code of Corporate Governance has been developed and adopted under that Framework and Guidance as well.
- 10.2 The Code adopts the seven over-arching principles from the Framework which are
- Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law
 - Ensuring openness and comprehensive stakeholder engagement
 - Defining outcomes in terms of sustainable economic, social, and environmental benefits

- Determining the interventions necessary to optimise the achievement of the intended outcomes
- Developing the entity's capacity, including the capability of its leadership and the individuals within it
- Managing risks and performance through robust internal control and strong public financial management
- Implementing good practices in transparency, reporting, and audit to deliver effective accountability

10.3 Each of those principles is broken down into sub-principles and then separate elements to allow a more focused approach to the components of each. A list of sources of evidence has been added and the council's actions and performance over the year are assessed to determine where the council exceeds, meets or fails to meet the required standards. Areas of concern are picked out and reported on through the annual reporting process. Actions are identified and allocated and progress monitored through committee.

10.4 The Code and the assessment process in 2017/18 will be different to those used in recent previous years. There is the potential for some loss of ability to compare in detail and on a like-for-like basis to previous years. That is inevitable in making the transition to the new Code but careful analysis will still be able to identify any trends or longer-term issues.

10.5 The Code is used to inform the drafting and approval of the annual governance statement through the Governance and Risk Board and Governance and Risk Committee. It is reported on in detail to members at Council Executive in the autumn after consideration by the Corporate Management Team. It is then published and considered in more detail, with any recommendations from officers and Council Executive, and agreed actions are monitored throughout the rest of the reporting year.

11. Compliance statements

11.1 A set of compliance statements is produced to sit alongside the Code and also inform the drafting and approval of the annual governance statement. They deal with compliance with the law and with the council's corporate policies, procedures and practices of significance to good governance. They are prepared after consultation with services and senior officers and take into account oversight by external bodies of the council's compliance. They are signed by the responsible senior officer. They are designed to bring to the attention of elected members any incidents of non-compliance which are significant to the council's operations and which are not reported elsewhere in a systematic way.

11.2 They cover the following areas of activity:-

- Best Value Framework - Head of Finance and Property Services
- Procurement - Head of Corporate Services
- Fraud and Corruption - Head of Finance and Property Services
- Employee Whistleblowing - Head of Finance and Property Services
- Discipline and Grievances - Head of Corporate Services
- Occupational Health and Safety - Head of Corporate Services
- Protection of Vulnerable Groups - Head of Corporate Services
- Information Security - Head of Corporate Services
- Public Sector Equality Duty - Head of Corporate Services
- Breaches of the law - Monitoring Officer

11.3 The statement by the Monitoring Officer is particularly important since the Monitoring Officer is one for the four statutory officer posts charged with ensuring the council's compliance with its statutory duties and responsibilities and reporting on any breaches of the law which are significant to the operation of the council.

11.4 Separate and stand-alone reporting is carried out annually on the Councillors' Code of Conduct and Freedom of Information. In previous years a Compliance Statement was produced for Covert Surveillance and Accessing Communications Data. Following an external inspection in 2016, a new policy and reporting arrangements were put in place during 2017/18. As a result that will now also be undertaken through stand-alone reports to Partnership and Resources PDSP.

12. Officer activity

- 12.1 The council is required by legislation to operate a professional and objective internal audit service. The Audit, Risk and Counter Fraud Unit includes internal audit which is an independent appraisal function which examines and evaluates systems of financial and non-financial control. Internal audit operates in accordance with the "Public Sector Internal Audit Standards: Applying the IIA International Standards to the UK Public Sector" (PSIAS). An annual audit plan is prepared based on an assessment of risk and is approved by the Audit and Governance 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 who has the right, when deemed necessary, of direct access to the Chief Executive. His position complies with the terms of the CIPFA Statement on the Role of Internal Audit (2010). There is annual reporting to the committee of internal audit activities and to give assurance about the independence, effectiveness and soundness of the service.
- 12.2 Legislation requires the council to appoint a Chief Financial Officer. That role is to be performed to conform to the governance requirements of the CIPFA Statement on the Role of the Chief Financial Officer in Local Government (2015) as set out in the Delivering Good Governance in Local Government: Framework. It sets out the requirement for the Chief Financial Officer to be professionally qualified and sets out the criteria for qualification. The council's Head of Finance and 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.
- 12.3 Risk Management is overseen by the Audit, Risk and 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 risk as a matter of routine at their meetings. The process is managed through Pentana.
- 12.4 The council's counter fraud activities are managed by the Audit, Risk and Counter Fraud manager. The service is operated in accordance with the CIPFA Code of Practice on Managing the Risk of Fraud and Corruption (2014). The unit is responsible for the council's whistleblowing hotline and for dealing with information from there and other sources relevant to fraud or corruption. It also administers the council's participation in the National Fraud Initiative.
- 12.5 The Audit, Risk and Counter Fraud Manager presents annual plans for each of these three services to committee in February/March each year for approval. He presents an interim and then year-end report for each, summarising activity, performance and completion on the annual plans. The council's external audit and Best Value Assurance Reports commented on the potential for conflict of interest where these services are managed by the same officer. The council's response was that the risk was recognised and mitigated by management who ensured that the risk management process is audited externally as part of a partnership arrangement with another council. The view of the council's Corporate Management Team is that the arrangements for management of risk have improved significantly since responsibility for risk was combined with internal audit. A review was undertaken by officers in the course of the year to ensure mitigating actions are identified and implemented.
- 12.6 Governance and risk management are supervised on the officer side of the council by the Governance and Risk Board. It is chaired by a Depute Chief Executive and its members include the Monitoring Officer, the Audit Risk and Counter Fraud Manager, the Governance Manager, the Chief Solicitor and senior managers from across the council's service areas. It receives reports from officer working groups on risk and corporate governance, and monitors corporate and high risks. 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.
- 12.7 Management teams also routinely monitor their performance through Pentana, utilising the high-level performance indicators which are reported publicly as well as lower level management performance indicators. Services are divided into WLAM units which report on an agreed cycle to a panel chaired by the Chief Executive. It considers the evidence presented and allocates a score. The service unit then proceeds to report to the Performance Committee.

13. External reports

- 13.1 The external audit report made a series of recommendations in relation to governance. Actions were agreed by council and taken forward by officers and in some cases led to further reports and decisions by council. Progress and completion were recorded and monitored through Pentana and by monitoring reports to Audit Committee. Completion was on track at the year-end. A report on progress and completion was made to Audit Committee on 25 June 2018.

13.2 The council's statutory Best Value Assurance Report was conducted and completed during the year. The Accounts Commission's recommendations were accepted. Some related to governance issues. Actions were agreed and a summary of those agreed with the Commission before appearing in a public notice in February 2018. They were monitored through Pentana and by reports to Audit Committee. Completion was on track and a report to Audit Committee on 25 June 2018 confirmed the up-to-date position.

13.3 The Local Scrutiny Plan 2017/18 confirmed that the Local Area Network had identified no risks for detailed scrutiny. A joint inspection was carried out and reported during the year of Children's and Young People's Services.

14. Matters of concern from 2016/17 – progress and completion

14.1 Members' training is an issue that has featured intermittently in governance reporting in previous years. In 2016/17 the local government elections provided a focus through the post-election induction programme for members. The programme had been assembled by a working group that met between September 2016 and May 2017. The programme was delivered over the three weeks following the elections. It dealt with generic issues for all councillors as well as more specific sessions those with additional responsibilities. Training was compulsory for regulatory committee members. Follow-up and repeat sessions were given where required. Favourable feedback was received along with topics for future sessions. Other sessions were delivered throughout the rest of the year on topics such as Code of Conduct, planning, and equality impact assessments. Five days have been formally identified in the Calendar of Meetings for members' training. Officers consider that some momentum has been achieved and will engage with members to maintain it.

14.2 The transition onto the 2016 CIPFA/SOLACE Framework of Governance was achieved through reports to the Governance and Risk Board, Corporate Management Team, Governance and Risk Committee and Council Executive. The use and assessment against the Code have been streamlined and simplified.

14.3 The areas in which control was noted in last year's Statement to be unsound were addressed through Audit Committee reporting as follows:-

- Information security breaches – a follow-up report to committee by the Head of Corporate Services confirmed that actions had been completed. Further follow up work will be undertaken by internal audit during 2018/19
- Grants to voluntary organisations – areas of weakness were reported to committee with completion of the outstanding actions to be monitored and reported through future reporting to committee. The Head of Planning, Economic Development and Regeneration provided a follow up report on progress to the committee which stated that the issues raised by the internal audit report had been addressed. Further follow up work will be undertaken by internal audit during 2018/19
- Information asset register - a follow-up report to committee confirmed that control remained unsound. Further follow up work will be undertaken by internal audit during 2018/19
- Procurement business case exemptions – the internal audit report was reported to committee and outstanding actions are due to be followed up by internal audit during 2018/19.

15. Governance issues arising in 2017/18

15.1 The risks associated with political change and uncertainty as a result of the local government elections in May 2017 had been recognised in last year's statement. The working group which met between September 2016 and May 2017 played a key part in preparing the way for a successful transition. The post-election statutory requirements were completed timeously. The council was able to resume its normal calendar of meetings by 26 May 2017.

15.2 A procedure was agreed and implemented for a public consultation on savings and efficiencies and was reported through PDSP and committee. In the course of that procedure additional steps were added to improve member involvement and public awareness. The council was able to place reliance on the whole process when timeously setting its council tax and budgets for the year and in addition successfully approving detailed budgets for two further years and financial plans for the following two, through until 2023.

15.3 The council's Best Value Assurance Report was dealt with in accordance with statutory requirements.

15.4 Financial difficulties experienced by West Lothian Leisure Ltd. were managed through strengthened monitoring arrangements at officer and member level. More focused financial reporting was made to West Lothian Leisure Advisory Committee. Special meetings of that committee and Council Executive were held to ensure appropriate decisions were taken by members and financial measures approved.

ANNUAL GOVERNANCE STATEMENT**STATEMENT 2**

- 15.5 Agreement was reached during the year on the council's participation in a joint committee to govern the City Region Deal. Formal approval was given by full council on 22 May 2018.
- 15.6 The administration of and reporting to the Audit Committee and Governance and Risk Committees has been developed and has become well-established. Both operate to work plans for year ahead and both have carried out self-assessment exercises to identify ways in which improvements can be made.
- 15.7 Governance arrangements have been established for participation requests and asset transfer requests under the Community Empowerment (Scotland) Act 2015. Proposals are to be brought forward for participatory budgeting (Community Choices) in 2018/19.
- 15.8 A cross-service working group has met during the year, and continues to meet, to deal with the General Data Protection Regulation and Data Protection Act 2018.
- 15.9 Control was found to be unsound in two areas reported to Audit Committee. Those were in relation to exemptions from the council's Standing Orders for Contracts and the administration of medication in schools.
- 15.10 A breach of Standing Orders for Contracts was identified in relation to the procurement of accommodation required to meet the council's homelessness duties. It was addressed through the service and the Procurement Board.
- 15.11 The council omitted to obtain an appropriate HMO licence for a homelessness unit, and the failure was remedied by a retrospective application and grant of licence.
- 16. Matters to be considered in 2018/19**
- 16.1 The development and the implementation of community empowerment measures will be significant. Proposals for Community Choices will have to have appropriate regard to Following the Public Pound whilst complying with the legislation and meeting community aspirations.
- 16.2 The review of the council's decision-making arrangements will be concluded and reported. The impact on council business and governance will require to be kept under review.
- 16.3 Actions from the external audit report and Best Value Assurance Report will require to be concluded and then implemented. These include the review of corporate financial and service reporting information and the involvement of members in future years in setting council priorities and in budget reduction measures.
- 16.4 The council's relationship with West Lothian Leisure Ltd. will require to be kept under review and its performance monitored and reported to ensure the ALEO arrangement continues to be the best option for service delivery and best value.
- 16.5 The council's position on the review of local governance being conducted jointly by the Scottish Government and COSLA will have to be developed and established through the PDSP and committee structure.
- 16.6 Arrangements for members' training will continue to be kept under review and discussion.
- 16.7 The reporting on corporate governance using the new Local Code will be reviewed.
- 16.8 The template and guidance for council and committee reports will be reviewed and updated to ensure it continues to capture and provide all relevant information to members to best ensure sound decision-making.
- 16.9 Work will be undertaken to strengthen the recording and retention of the interests of senior officers which may be considered to be relevant for the discharge of their decision-making duties.
- 16.10 The restructure of the Community Planning Partnership will continue and be concluded. The effectiveness of that will be significant in relation to community empowerment, local governance review outcome and delivery of partnership outcome and the council's own priorities.
- 16.11 The two areas in which control was identified as unsound will be concluded through reports to Audit Committee (schools medicine and procurement business case exemptions).
- 16.12 Appropriate actions for these issues and targets for completion will be developed and reported to committee after approval of the council's accounts and financial statements in September 2018.
- 16.13 Work will progress towards compliance with the public sector equality duty due in April 2019. The procedures for conducting and reporting equality impact assessments will be reviewed and adjusted to ensure they include the newly-activated socio-economic duty.

17. Conclusion and assurance

- 17.1 Based on the governance framework, arrangements and review already described, the council and the West Lothian community can be assured that the council's corporate governance standards have been substantially met in 2017/18.

Graham Hope
Chief Executive

25 September 2018

Councillor Lawrence Fitzpatrick
Leader of the Council



Local Code of Corporate Governance - Annual Statement of Compliance 2017/18

Name of Policy or Procedure: Compliance with European Procurement Rules and Standing Orders for Regulation of Contracts and Corporate Procurement Procedures

Responsible Officer: Julie Whitelaw – Head Corporate Services

Stated Requirement in Code:

1. Annual Statement of Compliance
2. Review Policy every administrative term

Report required by: Corporate Management Team – May 2018 meeting

Review Date The policy was last reviewed in March 2013

Report by Finance and Estates of Compliance with Regulations and Policy during 2013/14

In order to secure compliance for procurement activity, the council standing orders for contracts, which contain the procurement procedures, have been implemented across the council. These procedures provide guidance on how to procure and purchase goods, services and works while remaining compliant with European and Scottish Procurement Regulations (the Regulations). A dedicated officer actively monitors compliance of procurement and purchasing within the council and works closely with the Corporate Procurement Manager to identify where further training or development is required.

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.

In February 2018, enquiries were made of all Heads of Services and the Corporate Procurement Manager to obtain a demonstration of compliance with EU procurement rules and with the Council's Standing Orders for supplies and services. During 2017/18 there was compliance with the large majority of contracts throughout the Council. However, some issues were identified and these are set out below.

1. Housing Need: There was a breach in Standing Orders in terms of an inability to secure contracts for Hotel or B&B accommodation provision to meet a statutory duty to provide

homeless accommodation. This did not result in a breach of the Regulations.

2. Housing Operations: Housing, Customer and Building Services had an approved exemption for the use of a service provider to carry out needle swaps and undertake the cleaning of housing properties. The total aggregated spend exceeded the limits of the approval delegation (£49,999). A procurement exercise was carried out under an available framework and a contractor was compliantly sourced with effect from 1st April 2018.

There have been instances during 2017/18 where some contracts have been extended beyond the contract duration date and value while a new contract is being investigated and tendered.

During 2017/18 there was a small number of retrospective business case exemptions presented after the requirement had been committed to. A process is in place to monitor this, and the number had reduced very significantly from previous years. In all cases the value was not of a level commensurate with Regulatory breach.

Conclusions Drawn from Report

Regulatory compliance remained robust throughout 2017/18, with only a small number of instances wherein Standing Orders were infringed. In all cases, the reasons for non-compliance were fully investigated, and remedial training (where required) was delivered to the appropriate Service Manager(s). No instances or Regulatory breach were identified.

Matters for Forward Periods

None

Certificate by Head of Finance and Estates

I certify that, upon enquiry, during the financial year under review, apart from the issues identified in this statement, the Council's officers have complied with EU procurement rules and the Council's Standing Orders for the Regulation of Contracts, and Corporate Procurement Procedures.

Signature

Date

Local Code of Corporate Governance - Annual Statement of Compliance 2017/18

Name of Policy or Public Sector Equality Duty Procedure:		
Responsible Officer:	Julie Whitelaw – Head of Corporate Services	
Stated Requirement in Code:	Annual Statement of Compliance	
Report required by:	Corporate Management Team	June 2018 Meeting
		Next report due June 2019
Report by Head of Corporate Services on Statements of Compliance with arrangements	<p>The UK Government's Equality Act was introduced on 1 October 2010. The Act includes a positive duty to promote equality specifically focussed on public authorities.</p> <p>The duty is in 2 parts - a duty in the Equality Act 2010 itself, often referred to as the 'general duty', and specific duties which are placed on public authorities by Scottish Ministers. The purpose of the specific duties is to enable the better performance of the general duty by adopting a positive, proactive and organised approach to improving outcomes for all.</p> <p>The general duty in the Equality Act 2010 came into force on 5 April 2011. Since that date, Scottish public authorities have been subject to the general duty in the Equality Act 2010. Under this general duty they must have 'due regard' to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations.</p> <p>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.</p> <p>The specific duties require public authorities to:</p> <ul style="list-style-type: none"> • Develop and publish a Mainstreaming Report; • Publish equality outcomes and report progress; • Assess and review policies and practices; • Gather, use and publish employee information; • Publish gender pay gap information; • Publish statements on equal pay; • Consider award criteria and contract conditions in relation to public procurement; and • Publish in a manner that is accessible. <p>During 2017/2018 the Council has continued to focus on legislative duty commitments in terms of mainstreaming equality into everything we do, with particular emphasis on actions to achieve our Equality Outcomes. Key actions taken forward to achieve these commitments include the review of equality related performance indicators to better align them to our equality outcomes and actions, continued membership of the Stonewall Diversity Champion Programme including submission to the Stonewall Workplace Equality Index and ongoing consultation and engagement with Community Equality Groups.</p>	

Service representatives on the council's Corporate Working Group for Equality continue to take lead responsibility for coordinating service level activity and they are being further assisted by the introduction of Service Equality Champions. The council continues to be a key partner in the delivery of West Lothian Pride, now in its third year.

In April 2017 the Council published an update on the Council's mainstreaming commitments and progress made against the Council's Corporate Equality Outcomes 2013 – 17. The report set out examples of the work which had been undertaken in the council to mainstream equality, advance equality of opportunity, tackle discrimination and promote good relations both within our workforce and the wider community.

The Council's Mainstreaming plan and Corporate Equality Outcomes for the period 2017 – 21 and a revised Policy Statement on Equal pay was reported in June 2017. The Equality Outcomes have been developed through evidence gathering and engagement work, through face to face consultation with our Community Equality Groups and an online survey which resulted in some small meaningful changes to our Equality Outcomes. Each Outcome has been designated to a responsible Head of Service and are managed through the Council's performance management system (Pentana).

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

On or before the 24 October 2018, the Council will require to produce and publish a British Sign language plan to ensure compliance with the British Sign Language (Scotland) Act 2015.

Conduct a review of existing Equality Impact Assessment process and make amendments to include socio-economic inequalities to coincide with the introduction of the Socio-Economic Duty (part one of the Equality Act 2010).

On or before the end of April 2019 the council is legislatively required to produce and publish a Mainstreaming Report. This report details the progress we have made in mainstreaming equality into everything we do and the progress we have made in achieving our Equality Outcomes.

Certificate by Head of Corporate Services

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

Signature



Date

19/6/18

Local Code of Corporate Governance - Annual Statement of Compliance 2017/18

Name of Policy or Procedure:	Disclosure of Information by Employees (Whistleblowing Policy & Procedure) and Code of Conduct for Employees														
Responsible Officer:	Julie Whitelaw - Head of Corporate Services														
Stated Requirement in Code:	Annual Statement of Compliance														
Report required by:	Corporate Management Team	June 2018 Meeting													
		Next report due April 2019													
Report by Head of Corporate Services on Statements of Compliance with arrangements	<p>Overview</p> <p>The HR Policy & Advice team is required to keep the council's employment policies under continuous review and all policies must be reviewed at least once every 5 years to ensure that they continue to be 'fit for purpose'. Specific reviews are also undertaken in response to changing service requirements, developments in legislation and as part of the council's Equality Impact Assessment (EIA) process.</p> <p>Annual Compliance Checklists</p> <p>Services were issued with Annual Compliance checklists for the purposes of seeking confirmation of compliance with the Whistleblowing Policy and Code of Conduct for Employees (the latter in particular, relating to registered declarations of interest, disclosure of personal information and working with councillors).</p> <p>All services have duly confirmed that they have arrangements in place to enable employees to report matters under the terms of the council's Whistle-Blowing Policy. Employees are reminded of those arrangements along with their responsibilities under the Code of Conduct through a variety of methods including induction, team meetings, one to one meetings and email reminders.</p> <p>Protected Disclosures</p> <p>Thirteen disclosure issues were reported to the Audit Risk & Counter Fraud team during 2017/18 as summarised in the table below:</p> <table border="1"> <thead> <tr> <th>Service Area</th><th>Number</th><th>Nature of Disclosures</th><th>Outcome</th></tr> </thead> <tbody> <tr> <td>Finance & Property Services</td><td>1</td><td> <ul style="list-style-type: none"> Private work during working hours </td><td> <ul style="list-style-type: none"> Closed – no fraud/irregularity established </td></tr> <tr> <td>Housing, Customer and Building Services</td><td>6</td><td> <ul style="list-style-type: none"> Theft Corrupt working practices (x2) Tenancy fraud </td><td> <ul style="list-style-type: none"> 5 cases – closed, no fraud/irregularity established 1 case - ongoing </td></tr> </tbody> </table>			Service Area	Number	Nature of Disclosures	Outcome	Finance & Property Services	1	<ul style="list-style-type: none"> Private work during working hours 	<ul style="list-style-type: none"> Closed – no fraud/irregularity established 	Housing, Customer and Building Services	6	<ul style="list-style-type: none"> Theft Corrupt working practices (x2) Tenancy fraud 	<ul style="list-style-type: none"> 5 cases – closed, no fraud/irregularity established 1 case - ongoing
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		<ul style="list-style-type: none"> • Breach of the Employee Code of Conduct • Drug use 	
Operational Services	3	<ul style="list-style-type: none"> • Sickness absence fraud • Corrupt working practices (x2) 	<ul style="list-style-type: none"> • 2 cases – closed, no fraud/irregularity established • 1 case - ongoing
Social Policy	3	<ul style="list-style-type: none"> • Breach of the Employee Code of Conduct (x2) • Procurement Fraud 	<ul style="list-style-type: none"> • 2 cases – closed, no fraud/irregularity established • 1 case - ongoing

More detailed reporting is carried out by the Audit, Risk and Governance Manager in his annual Counter Fraud Report to Audit Committee.

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.

Certificate by Head of Corporate Services

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

Signature



Date

19/6/18

Local Code of Corporate Governance - Annual Statement of Compliance 2017/18

Name of Policy or Procedure:	Protecting Vulnerable Groups		
Responsible Officer:	Julie Whitelaw – Head of Corporate Services		
Stated Requirement in Code:	Annual Statement of Compliance		
Report required by:	Corporate Management Team	June 2018 Meeting	
Review Date	Next report due April 2019		

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 2017 to 31 March 2018, the council submitted a total of 3255 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 3255 applications processed comprise applications for employees and volunteers who are new to regulated work. The total also includes the routine 3 yearly re-checking of employees and volunteers who are already in regulated work with PVG scheme membership. The 3 yearly re-checking carried out by the council follows Care Inspectorate best practice recommendations that re-checking should be carried out every 3-5 years. The measures taken by the council ensure that all staff in regulated positions have up to date PVG records and that no new staff were permitted to start work in such positions during 2017/18 without 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	1660	1497	98	
Percentage	51%	46%	3%	100%

Application of Policy and Procedure

During 2017/18 the PVG referral panel was convened twice resulting in referral of the two individuals concerned to Disclosure Scotland in both cases.

The first referral followed a Teachers dismissal for inappropriate behaviour towards a pupil. The second referral followed the resignation of a Teacher while under investigation for poor performance and matters of child safety.

It was the decision of both panels that the criteria for referral to Disclosure Scotland had been met in each case. However, as the individuals are no longer council employees, the council will not be notified of the decision by Scottish Ministers as to whether the individuals are listed for barring from regulated work as a result of the referrals.

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 continue to be robust and 'fit for purpose'.

Matters for Forward Periods

It is proposed that a review of the PVG Policy be undertaken and consideration be given to the frequency of carrying out PVG scheme membership updates (currently undertaken every 3 years) and the introduction of re-charging the cost of PVG applications to particular groups of employees.

A Disclosure Scotland compliance audit is expected in 2018.

Certificate by Head of Corporate Services

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

Signature



Date

19/6/18

Local Code of Corporate Governance - Annual Statement of Compliance 2017/18

Name of Policy or Procedure:	Anti Fraud and Corruption Policy
Responsible Officer:	Donald Forrest – Head of Finance and Property Services
Stated Requirement in Code:	<ol style="list-style-type: none"> 1. Annual statement of compliance 2. Review Anti Fraud and Corruption Policy every administrative term
Report required by:	Corporate Management Team June 2018 meeting
Review Date	The Anti Fraud and Corruption Policy was reviewed in 2015/16 and the revised policy was approved by Council Executive on 1 March 2016. The next planned review is September 2019.
Report by the Audit Risk and Counter Fraud Manager on the operation of the policy during 2016/17	<p>All services, via the Head of Service, have confirmed compliance with the Anti Fraud and Corruption Policy during 2017/18.</p> <p>Financial Regulations require all allegations of fraud to be reported to the Head of Finance and Property Services. The term fraud for this purpose includes, but is not restricted to, criminal offences such as theft, corruption, bribery, and embezzlement.</p> <p>The Audit, Risk and Counter Fraud Unit investigates referrals in accordance with the terms of the council's Anti Fraud and Corruption Policy and the procedures for the investigation of suspected fraud and irregularity.</p> <p>During 2017/18 the Audit, Risk and Counter Fraud Unit received 41 referrals of which 13 were categorised as whistleblowing. Of the 41 referrals, 34 were accepted for investigation. The remaining seven referrals were either rejected due to a lack of evidence or passed to Human Resources to be dealt with under the council's HR policies.</p> <p>All referrals are subject to a risk assessment and work is prioritised on the basis of those referrals considered to be highest risk. The outcome of the 13 whistleblowing referrals is set out separately in the council's Whistleblowing Statement of Compliance for 2017/18.</p>

The output from an investigation is a report for management setting out the facts of the matter and which may contain, where considered appropriate, recommendations for improvement in control. Where an investigation is considered to raise significant issues of concern, it is reported to the Audit Committee by the Audit, Risk and Counter Fraud Manager.

During 2017/18 one investigation was reported to the Audit Committee, on 30 June 2017. This matter was also referred to Police Scotland.

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 2017 and progress in investigating matches was reported to the Audit Committee on 18 December 2017.

Conclusions Drawn from Report

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


Matters for Forward Periods

At its meeting on 19 March 2018 the Audit Committee approved a counter fraud plan for 2018/19. Progress in completing the plan will be reported to the Audit Committee.

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.

Signature



Date 5/6/2018

Local Code of Corporate Governance - Annual Statement of Compliance 2017/18

Name of Policy or Procedure:	Best Value Framework
Responsible Officer:	Donald Forrest – Head of Finance and Property Services
Stated Requirement in Code:	<ol style="list-style-type: none"> 1. Annual statement of compliance 2. Review the Best Value Framework every administrative term
Report required by:	Corporate Management Team June 2018 meeting
Review Date	A revised Best Value Framework was approved at Council Executive on 10 June 2014
Report by the Head of Finance and Property Services on the operation of the policy during 2017/18	<p>A revised Best Value Framework was approved by Council Executive on 10 June 2014. The Framework covers five areas of best practice and the following provides an update on the activities which were undertaken during the financial year 2017/18:</p> <ol style="list-style-type: none"> 1. Financial Management – On 13 February 2018, Council approved a five year General Fund Revenue Strategy including detailed budget for 2018/19 to 2020/21, a ten year Capital Investment Strategy for 2018/19 to 2027/28, a five year Housing Revenue Account strategy including a budget for 2018/19 and a five year Housing Capital Investment Programme for 2018/19 to 2022/23. Activity budgets for 2018/19 were prepared for inclusion within service management plans. 2. Challenge and Improvement – The council operates a three-year programme of self-assessment, with six WLAM assessments taking place in 2017/18 (year one of a new WLAM programme). Seventeen services were also

subject to scrutiny through the Review Panel process and 11 through the Performance Committee. Schools have a programme of Validated Self Evaluation (VSE). In 2017/18 the council reported the outcomes of the VSE process and other performance for 25 schools and held Review Panels for two schools, with a progress update to the Panel from one school. The council retained Customer Service Excellence (CSE) following external assessment in 2016/17 and continues to hold Investors in People (IIP) and Investors in Young People at Gold level. The council re-accredited in European Foundation for Quality Management (EFQM) at five-star level following an external assessment and was a finalist in the EFQM Global Excellence Award in October 2017. The council was also highly commended for 'Adding Value for Customers' at the EFQM Awards.

3. **Performance Management** – The council has continued to undertake development work to improve the range, quality and accessibility of public performance reporting, including development of a new Corporate Plan and performance scorecard to track progress in our eight priorities. The council continues to promote the Local Government Benchmarking Framework (LGBF), publishing data and analysis on the council website when it is released. Updates to the Performance Indicator guide and Pentana (performance) Standards were completed and new guidance was developed and issued to services in 2017/18 to refresh performance requirements and increase officer understanding in respect of performance management. The council provides extensive quarterly and annual reporting of complaints to officers, elected members, the Scottish Public Services Ombudsmen (SPSO) and the public.
4. **Governance and Accountability** –The Audit, Risk and Counter Fraud Unit undertook a review of the council's system of internal control during 2017/18 and concluded that the level of control was satisfactory. The Audit, Risk and Counter Fraud Unit report material findings arising from audits across the council to the Audit Committee. In addition, the Audit Risk & Counter Fraud Manager and the Governance Manager conclude on the governance arrangements on an annual basis and their conclusions are reflected in the council's annual governance statement included in the annual statement of accounts.
5. **Procurement** – All procurement activity is considered in line with the Council's Standing Orders and Best Value Framework, European and national Procurement legislation. Any known non-compliance issues are included within the annual Procurement Compliance

statement. During 2017/18 there was a breach in Standing Orders, but not the Regulations to ensure the Council could meet its statutory requirement to deliver emergency homelessness accommodation. In addition, Housing, Customer and Building Services had an exemption for the use of a service provider to carry out needle swaps and undertake the cleaning of housing properties. The total aggregated spend exceeded the limits of the approval delegation. A procurement exercise was carried out under an available framework and a contractor was compliantly sourced with effect from 1 April 2018.

The Framework requires officers to complete and retain a decision-making pro-forma based on criteria extracted from the legislation and statutory guidance relevant to Best Value when they decide to carry out works, projects or groups of projects via in-house delivery. These pro-formas were completed for both capital programmes and were agreed at the Housing Capital Reporting Meeting for the Housing Capital Programme on 17 January 2018 and at the Capital Asset Management Board for the General Services Programme on 18 January 2018.

Conclusions Drawn from Report

The Council has demonstrated compliance with the Best Value Framework in 2017/18.

Matters for Forward Periods

There is a requirement that the Framework is revised each administrative term. The last review was during 2014 and the next review will be in the four years following the local elections in 2017. It is proposed that the review will take place in the latter part of the administrative term to allow for the conclusion of trading agreements as a result of Brexit which will impact on Procurement legislation and consequently Council Standing Orders.

Certificate by Head of Finance and Property Services

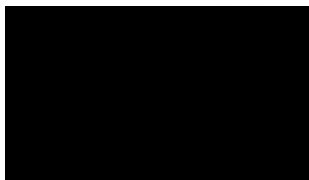
On the basis of the statements provided by the Heads of Service, I certify that the council's Best Value Framework was complied with in 2017/18.

Signature



Date 7 June 2018

Local Code of Corporate Governance - Annual Statement of Compliance 2017/18

Name of Policy or Procedure:	Breaches of the Law	
Responsible Officer:	Julie Whitelaw – monitoring Officer	
Stated Requirement in Code:	Annual Statement of Compliance	
Report required by:	Corporate Management team	June 2018 Meeting
		Next report due April 2019
Report by Head of Corporate Services on Statements of Compliance with arrangements	<p>Having consulted with the Heads of Service, the Governance Manager, the Chief Solicitor and the Audit and Risk Manager, I can confirm that I am not aware of any actual or potential breaches of the law by the council in 2017/18 which have or will have a material or significant impact on the operations of the Council.</p> <p>In the course of my consultations, a number of instances were identified where improvements to the council's compliance with legislation were required. None of these breaches is considered to have a material or significant impact on the operations or finances of the council. Where such improvements were identified, steps have been. or are being taken to deliver them, as outlined in the other statements of compliance.</p> <p>Of particular note is the non compliance with the requirements of HMO licensing in respect of the Homeless Unit in Blackburn. The appropriate licences have now been obtained and associated works arranged for completion in April 2018.</p>	
Conclusions from Report	Drawn	There have been no material or significant breaches of the law by the council in 2017/18 which have or will have a material or significant impact on the operations or finances of the council.
Matters for forward periods		None
Certificate Monitoring Officer	by	The Council is complying in all material respects with its legal requirements.
Signature		Date 2/5/18

Local Code of Corporate Governance - Annual Statement of Compliance 2017/18

Name of Policy or Procedure:	1. Disciplinary Procedure and Code																													
	2. Procedure for Hearing Employee Grievances																													
	3. Policy and Procedure for Dealing With Complaints of Bullying & Harassment																													
Responsible Officer:	Julie Whitelaw– Head of Corporate Services																													
Stated Requirement in Code:	Annual Statement of Compliance																													
Report required by:	Corporate Management Team	June 2018 Meeting																												
		Next report due April 2019																												
Report by Head of Corporate Services on Statements of Compliance with arrangements	Overview <p>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 Equality Impact Assessment (EIA) process.</p> <p>This compliance statement provides details of how the council's Disciplinary, Grievance and Bullying & Harassment processes have operated during 2017/18 together with measures for improving their effectiveness.</p> Analysis of Cases <p>During the financial year 2017/18, 30 cases were dealt with under the council's Disciplinary Procedures, 10 less than in 2016/17.</p> <p>During the same period, 13 cases were dealt with under the Procedure for Dealing with Employee Grievances, one less than the number recorded in 2016/17.</p> <p>Seven bullying and harassment cases were dealt with during 2017/18, one less than in 2016/17.</p>																													
	<table><tr><th rowspan="2">Service Area</th><th colspan="3">Number of Cases Dealt With</th></tr><tr><th>Discipline</th><th>Grievance</th><th>Bullying & Harassment</th></tr><tr><td>Corporate Services</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Education Services</td><td>3</td><td>1</td><td>2</td></tr><tr><td>Finance & Property</td><td>0</td><td>2</td><td>0</td></tr><tr><td>Housing, Customer & Building Services</td><td>4</td><td>3</td><td>1</td></tr><tr><td>Operational Services</td><td>15</td><td>6</td><td>3</td></tr></table>			Service Area	Number of Cases Dealt With			Discipline	Grievance	Bullying & Harassment	Corporate Services	0	0	0	Education Services	3	1	2	Finance & Property	0	2	0	Housing, Customer & Building Services	4	3	1	Operational Services	15	6	3
Service Area	Number of Cases Dealt With																													
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Housing, Customer & Building Services	4	3	1																											
Operational Services	15	6	3																											

Planning, Economic Dev. & Regeneration	0	0	0
Social Policy (CHCP)	8	1	1
Total	30	13	7

Discipline

Of the 30 disciplinary cases, 13 resulted in no formal disciplinary action being taken, 4 resulted in a Verbal Warning, 3 resulted in a Written Warning, 9 resulted in a Final Written Warning, and 1 in dismissal.

Grievance

Of the 13 grievances, 2 were upheld, 4 upheld in part and 7 not upheld at Stage 1 of the process. At Stage 2 of the process, 2 cases were upheld in part and 2 cases not upheld.

Bullying & Harassment

Of the 7 formal Bullying and Harassment Cases, all 7 were resolved out with the disciplinary process.

Appeals to Committee Against Dismissal and Stage 3 Grievances

A total of 4 appeals/grievances were lodged at Stage 3 (Employee Appeals Committee). Of those 4 cases, 2 related to disciplinary matters and 2 to grievances. There were no Sickness Absence dismissal cases.

One disciplinary case was upheld in part, and one not upheld. One of the grievance cases was upheld and the other upheld in part.

Employment Tribunal Cases

During 2017/18, 3 employment tribunal cases were lodged against the council.

Concluded Cases

One case relating to unlawful deduction of wages was found in favour of the employee (claimant).

Ongoing Cases

Two cases are ongoing and relate to 1) unfair dismissal/wrongful dismissal/breach of contract and 2) disability discrimination and constructive dismissal.

Conclusions Drawn from Report

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

Matters for Forward Periods

HR Services will be working closely with 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.

**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

A large black rectangular box redacting the signature of the Head of Corporate Services.

Date

2/5/18

Local Code of Corporate Governance - Annual Statement of Compliance 2017/18

Name of Policy or Procedure: Occupational Health and Safety Policy

Responsible Officer: Julie Whitelaw – Head of Corporate Services

Stated Requirement in Code: Annual Statement of Compliance

Report required by: Corporate Management Team

Review Date

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

The council's Health and Safety Policy Statement sets out the framework for Health and Safety. It defines expectations and the 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.

In 2017/18 the policy was revised and published. The overarching policy covers all legislation affecting health and safety at work. To provide greater practical assistance in the interpretation of legislation and implementation of the policy, an accompanying suite of guidance documents will be revised and developed. These will be topic related guidance documents and will address the hazards associated with the working practices of West Lothian Council.

Within the review period Health and Safety have carried out targeted safety audits. The focus in 2017-2018 was:

- Use of vibrating tools in Operational Services,
- Lone working in selected areas of Social Policy,
- The management of health and safety
- Compliance with incident recording procedures in some schools,
- CDT in some secondary schools.

The findings and resulting action plans were agreed and subsequently provided to the manager of the area audited. Copies of the action plans are provided to the Head of Service. The Health and Safety team monitor progress by services against the audit actions plans or by risk actions in Pentana.

Health and Safety committees have also been established. A corporate committee and service committees meet on a quarterly basis. The role of the committees are 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 our safety management system.

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. A similar report is also presented to the Governance and Risk Committee.

Incident data is included in the information provided to the Corporate Management Team. This provides information on the reportable incidents, incidents of note, near misses and incidents of violence and aggression that have occurred within the previous month.

The Health and Safety advisers provide monthly reports to each service management team highlighting service relevant issues and attend each service management meetings on a minimum of a quarterly basis.

The data analysis within these reports will also be accompanied with recommendations for actions.

During the course of the year there have been 39 reports made to the Health and Safety executive (HSE) as per the requirements of the Reporting of Incidents, Diseases and Dangerous Occurrences Regulations (RIDDOR) as shown in Table 1 below.

Table 1 – RIDDOR reportable incidents and formal enforcement action

HSE Reportable 2017/18 *(2016/17)	RIDDOR reportable incidents to the HSE	HSE Notices/ Notification of Contravention / Fee For Intervention / Improvement Notice/ Fines
Chief Executives Office	0	-
Social Policy	8	-
Corporate	0	-
HCBS	10	1 - Fine
Operational	9	-
Education	12	-
Finance & Property Services	0	-
PEDR	0	-
Total	39*(45)	1(0)

In August 2017 A £10,000 fine was imposed at Livingston Sheriff court following an incident in July 2013 where an employee fell approximately 4M from a ladder sustaining serious injuries.

Following the conclusion of the case a review of working at height procedures will be undertaken in all services and concluded by July 2018.

Conclusions from Report **Drawn** 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 should remain committed to embedding strong safety management practices throughout the organisation. Services should ensure there are clearly defined aims for health and safety outlined within

a service health and safety action plan with clearly defined actions and completion requirements. Planning will allow them to meet organisational objectives and ensure that individual service needs are identified, resources allocated and issues addressed.

The online health and safety management system implemented 2016/2017 should be integrated into use for all services 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. Currently not all services are utilising the full functionality of the software and Heads of Service must continue to ensure relevant modules within the software are used to store the required health and safety information.

There is a continued need for all managers to ensure the systems for health and safety are complied with and properly managed within their areas.

The three year rolling program for the review of Corporate safety policy and procedures continued and in 2017/18 the Health and Safety Policy and Personal Safety at Work procedures were revised.

Services must ensure that their procedures are reflective of work carried out within that service, and, that the requirements of Corporate procedures are met.

Managers are required to ensure that those employees who have designated responsibility outlined within the service safety arrangements documentation are made aware of them and must demonstrate that monitoring is taking place to ensure responsibilities are carried out.

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

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 Occupational Health and safety policy is operating effectively and will continue to be monitored and reviewed in keeping with Corporate Governance Standards.

Signature

Date

5/7/18

Local Code of Corporate Governance - Annual Statement of Compliance 2017/18

Name of Policy or Procedure: Information Security Policy

Responsible Officer: Julie Whitelaw – Head of Corporate Services

Stated Requirement in Code: Annual Statement of Compliance

Report required by: Corporate Management Team

June 2018 Meeting

Next report due June 2019

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

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

Table 1 shows the volumes of security incidents recorded during 2017/18:

Table 1								
<i>Summary of Information Security Incidents 2017/18 compared with previous year</i>								
Service Area/Category	2017/18				2016/17			
	Low	Medium	High	Total	Low	Medium	High	Total
HCBS	98	12	0	110	217	38	0	255
Finance & Property	127	4	0	131	110	9	0	119
Education	79	4	0	83	53	6	0	59
Corporate Services	180	17	0	197	192	30	3	225
Social Policy	228	16	0	244	199	31	1	231
Operational Services	61	1	0	62	83	6	2	91
Schools	5	10	0	15	10	11	2	23
PED&R	78	1	0	79	75	6	0	81
Total	856	65	0	921	939	137	8	1084

Impact Categories: Low - relates to viruses identified and removed, *Medium* - relates to virus outbreaks and other cyber security incidents, *High* - relates to significant loss of data, critical vulnerabilities and loss of systems

A total of 921 incidents were logged in 2017/18. This compares to 1084 in 2016/17. This is an overall decrease of 15% which is largely due to a decrease in reported 'phishing' emails down by 16% on the previous year. The IT Service Desk has process in place to identify, log, remove and report phishing emails to internet authorities. Table 2 shows the breakdown in incident type in 2017/18 compared to 2016/17:

Table 2				
<i>Breakdown of Security Incident Types 2017/18 compared with previous year</i>				
	2017/18		2016/17	
Account Mgt/Configuration	19	2%	14	1%
Cyber Incident/Investigation	7	1%	23	2%
Phishing Email/Virus/Spam	830	90%	985	93%
Data Handling	36	4%	37	2%
Data Loss	0	0%	0	0%
Lost Equipment	28	3%	25	2%
Stolen Equipment	1	0%	0	0%
Total	921	100%	1084	100%

The volume of non-phishing emails remained largely static with 91 recorded in 2017/18 compared to 99 in 2016/17.

'Phishing' is when criminals use fake e-mails or web links to acquire sensitive personal information, such as passwords, usernames, or bank details. This is now the most common method of delivering viruses onto computers. IT Services maintain anti-virus and other security systems that identify and remove the majority of phishing emails and viruses from council systems. IT Services also have a standard process in place to routinely record and remove the small percentage of phishing emails etc. that can bypass these security controls and, once removed, they pose little ongoing risk to the council. No data has been lost in these incidents. However, comprehensive risk assessments are undertaken where the security of equipment, systems, policies and/or data have been compromised or threatened. Risk Assessments inform decisions on how to protect individuals, systems, services and the council. It is also important that enough information is gathered to compile a comprehensive report about what went wrong to help put together a strategy to prevent similar breaches in the future.

Risk assessments are also used as a basis for deciding on how and when to notify third parties and used as evidence that the council has taken appropriate action. This is particularly important in incidents involving personal data. It ensures the council meets its obligations under the Data Protection Act and in dealings with the Information Commissioner's Office (ICO).

As per the above criteria, there were 17 Risk Assessments conducted on security incidents in 2017/18. This is a decrease of 44% on the previous year. None of the incidents were considered significant enough to notify the Information Commissioner. However, corrective actions were taken in each case to minimise the impact and risk of recurrence. All incidents are monitored and reviewed through established governance routes i.e. to the Information Management Working Group and ICT Programme Board. General security awareness is maintained through direct emails and the 'I-Matters' email newsletter.

The council achieved annual compliance with the PSN (Public Services Network) on 24th August 2017. The Cabinet Office audit and scrutinise the security controls put in place in order to ensure compliance across Local Government.

There were no significant security incidents in 2017/18. However, a national Ransomware incident involving the 'WannaCry' ransomware virus required extensive impact assessments and reporting to Central and Scottish Government Cybersecurity teams. The council has since become Cyber Catalysts (leaders) of the Scottish Government's Cyber Resilience Action Plan and has embarked upon the implementation of several enhanced security controls such as:

- Secure Email
- Web Check (Internet Monitoring)
- Incident Management
- Cyber Essentials (Security Standard)
- Training

The Governance and Risk Committee were provided with a presentation and report on Cyber Security on 09 October 2017. Members were provided with details on the variety of measures that were in place to protect the council against the threat and risks associated with cyber security and cyber-attacks.

Audit Committee were advised of a revised risk assessment procedure by the Head of Corporate Services, 30 June 2017. The revision addressed

ownership, workflow, mitigation and reporting of Information security breaches.

The Information Asset Register has been revised and updated to address actions of the 2016/17 Internal Audit of Information Security Breaches and the requirements of the General Data Protection Regulation (GDPR).

Conclusions Drawn from Report

The council's existing policy and procedures in respect of Information Security are updated to include new Cybersecurity controls. They continue to be monitored to ensure effective operation.

Matters for Forward Periods

The Information Security Policy, other IT Policies, procedures and controls will be reviewed against emerging Cybersecurity requirements.

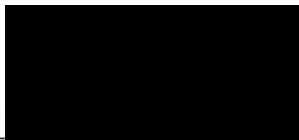
Incident management and reporting procedures will be reviewed to ensure appropriate and timely notifications to regulators and authorities.

The Information Security requirements of GDPR (General Data Protection Regulation) will be evaluated and assessed to meet the May 2018 implementation date. The GDPR will require that all significant Data Breaches/incidents are reported to the Information Commissioner with 72 Hours. Reporting mechanisms have been set up utilising the council's CRM, IT Service Desk and EDM systems to provide Risk Assessment recording and workflow to GDPR requirements from 25th May 2018.

Certificate by Head of Support Services

I certify that the council's existing policies 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 14/6/18

APPENDIX 3

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		
(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, emails to members on new guidance and advice, additional training on request	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	G
Role descriptions for members	Approved November 2016, post-election Induction Pack, review required during administrative term	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	G

APPENDIX 3

A1. Behaving with integrity		
Standing Orders for meeting procedures include conduct at meetings	Standing Order 22 on members' conduct, reflects Councillors' Code of Conduct and Guidance	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, statutory reason required and shown in agenda and on internet, reason recorded in minutes, minute meets requirements of 1973 Act for public information	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	A
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	G
Vision, values and priorities agreed with community planning partners	Restructure and refresh of Community Planning Partnership ongoing, due for completion in 2018/19. LOIP reflects agreed priorities and outcomes. LOIP to be reviewed and updated.	A
Anti-fraud and corruption policy and procedures	Policy reviewed in 2015/16, approved at Council Executive on 1 March 2016, review scheduled for September 2019. Annual Counter Fraud Plan and end of year reports to Audit Committee. Annual Compliance Statement.	G
Whistleblowing policy and procedures	Policy reviewed September 2013, procedure reviewed November 2014. Available on intranet. Annual compliance Statement. Due for review this administrative term.	G
Internal process for complaints against members	Internal procedure through Chief Executive Office and Monitoring officer. Due for review this administrative term.	G
Annual report on Councillors' Code of Conduct and reporting of Standards Commission findings when required	Presentation to members, 7 November 2017. Report to Council Executive, 6 February 2018. Emails to members when required.	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.	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. Last reviewed in January 2014. Review due this administrative term.	G

APPENDIX 3

A1. Behaving with integrity		
Induction for new staff on standards of conduct expected	Induction procedures and checklists in place for all staff. Separate process for managers. Process covers discipline and grievance. No obvious reference to standards of behaviour. Covered in ADR process. Procedures due for review.	A
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. process requires review for compliance and consistency.	A
Senior officer record of interests maintained and refreshed annually	Voluntary additional proactive register under discussion in 2017/18 for senior officers. Due for reporting in 2018/19.	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.	G

A2. Demonstrating strong commitment to ethical values		
(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	Presentation to members, 7 November 2017. Report to Council Executive, 6 February 2018. Emails to members when required.	G

APPENDIX 3

A2. Demonstrating strong commitment to ethical values		
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	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	G
Rules in Standing Orders on conduct at meetings	Standing Order 22 on members' conduct, reflects Councillors' Code of Conduct and Guidance	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. Emails to members as required.	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).	G
Local Code of Corporate Governance – annual report and compliance statements	New Code adopted 22 April 2018. Complies with CIPFA/SOLACE Framework (2016). Completed annually via Governance & Risk Board and Corporate Management Team to Council Executive and Governance & Risk Committee.	G
Standing Orders for Contracts, procurement policy and procedures include commitment to ethical values	Contracts Standing Orders and supporting Corporate procurement procedures approved and on intranet. Both refer to anti-fraud and corruption and whistleblowing obligations and to compliance with statutory regimes such as data protection and FOISA and living wage where competent. Due for review this administrative term.	A
Ethical values feature in contracts with external service providers	Contracts Standing Orders and supporting Corporate Procurement Procedures approved and on intranet. Standard contract terms cover anti-fraud and corruption and whistleblowing obligations and to compliance with statutory regimes such as data protection and FOISA. Due for review this administrative term.	A
Partnership working – protocols, guidance and agreed values	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. Completed August 2018. Due to be rolled out in 2018/19.	A
Staff recruitment and appointments policy	Selection and Recruitment Policy, procedures, Guidance and forms on intranet on MyToolkit. Last reviewed in July 2014. Due for review this administrative term.	G

APPENDIX 3

A2. Demonstrating strong commitment to ethical values		
Officer performance appraisals include standards of conduct	ADR rolled out in 2016/17 for all staff. Core Competencies from Depute Chief Executives down include delivering outcomes in ways consistent with the council's values and strategies, championing the goals and values of the council. Due for review this administrative term.	G

A3. Respecting the rule of law		
(a) Ensuring members and staff demonstrate a strong commitment to the rule of the law as well as adhering to relevant laws and regulations		
(b) Creating the conditions to ensure that the statutory officers, other key post holders, and members, are able to fulfil their responsibilities in accordance with legislative and regulatory requirements		
(c) Striving to optimise the use of the full powers available for the benefit of citizens, communities and other stakeholders		
(d) Dealing with breaches of legal and regulatory provisions effectively		
(e) Ensuring corruption and misuse of power are dealt with effectively		
Evidence		RAG
Reports on standard template include legal rules and statutory guidance	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes section on legal rules and statutory guidance. Template requires updating.	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 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 access to council or committee.	G

APPENDIX 3

A3. Respecting the rule of law		
Scheme of Administration containing committee remits and powers	Scheme covers all committees and other bodies with member involvement. Remits and powers defined. Available on internet and intranet. Reviewed and adopted in December 2016. Re-adopted in May 2017. Amended since via reports to council. Can only be amended by full council on notice given. Due for review in administrative term.	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. Due for full review in administrative term.	G
Members' role descriptions	Approved in November 2016, for all levels of councillor. Issued to members in May 2017 as part of Induction Pack. Due for review in administrative term.	G
Finance Officer role identified and supported (CIPFA's Statement on the Role of the Chief Financial Officer in Local Government (CIPFA, 2016))	Role and responsibilities recognised and allocated in Scheme of Delegations to Officers, as a proper Officer position. Role description appended to Scheme. Statutory Officer status reflected in reporting to full council. Role description requires updating.	A
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, especially Chairs. Agendas and minutes prepared without reference to 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.	G
Monitoring Officer role identified and supported	Role and responsibilities recognised and allocated in Scheme of Delegations to Officers, as a Proper Officer position. Role description appended to Scheme. Includes statutory right of access to members and meetings.	G
Annual compliance statements	Annual compliance statements produced annually in relation to significant corporate policies and procedures. Collated and signed by relevant senior officers. Used to inform annual governance statement and other reporting on corporate governance. Available on internet. Process due for review.	A
Independent Internal Audit function (PSIAS)	Internal Audit service provided in accordance with PSIAS. Annual Plan approved at Audit Committee. Annual Report including review of system of internal control considered at Governance & Risk Committee and Audit Committee.	G

APPENDIX 3

A3. Respecting the rule of law		
Anti-fraud and corruption policy and procedures	Policy reviewed in 2015/16, approved at Council Executive on 1 March 2016, review scheduled for September 2019. Annual Counter Fraud Plan and end of year reports to Audit Committee. Annual Compliance Statement by Head of Finance & Property Services.	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 and carries responsibility in Scheme of Delegation for annual governance statement.	G

APPENDIX 3

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		
(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.	G
FOISA/EIRS publication scheme	Publication Scheme in accordance with FOISA2002 and OSIC Guidance. Published and available on internet March 2016. Reviewed through GDPR process. Annual report to PDSP.	G
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.	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. Performance reported in April 2018.	G

APPENDIX 3

B1. Openness		
Online application processes	Online application process in place for some applications. Part of Digital Transformation Strategy.	A
Decision-making rules (Standing Orders)	Available on internet and intranet. Reviewed and adopted in December 2016. Re-adopted in May 2017. Amended since via reports to council. Can only be amended by full council on notice given. Due for review in administrative term. Review ongoing per council decision on 13 February 2018.	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.	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. No post-meeting analysis to see how competent and complete reports have been. Template requires updating.	A
Committee report templates	Template and report-writing advice on intranet, used at all PDSP and committee meetings. Requires updating.	A
Public engagement strategy	Consultation pages on website. Open and close consultations collected and reported on service by service basis. Tenant engagement strategy. Use of social media.	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.	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.	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. Report template includes section on background references. All retained in accordance with statutory rules.	G

APPENDIX 3

B1. Openness		
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. No detail needed.	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. Updating required following council on 13 February and due to new socio-economic duty.	A
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 2017/18 as response to BVAR recommendations and agreed actions.	G
Annual performance report	Factfile produced annually. Webpages cover service and corporate performance. Annual report to committee on performance through Local Government Benchmarking Framework.	G
Complaints procedure	Corporate Procedure adopted in accordance with SPSO requirements. Publicised on internet and at council offices. Recorded and managed via CRM. Quarterly reports to CMT and Performance Committee. Annual performance report to performance Committee. Participation in national benchmarking.	G
B2. Engaging comprehensively with institutional stakeholders		
(a) Effectively engaging with institutional stakeholders to ensure that the purpose, objectives and intended outcomes for each stakeholder relationship are clear so that outcomes are achieved successfully and sustainably		
(b) Developing formal and informal partnerships to allow for resources to be used more efficiently and outcomes achieved more effectively		
(c) Ensuring that partnerships are based on: trust, a shared commitment to change, a culture that promotes and accepts challenge among partners and that the added value of partnership working is explicit		
Evidence		RAG
Database of stakeholders with whom the authority should engage	Management Plans include list of partners including institutional partners. Engagement and consultation strategy includes institutional consultees.	A

APPENDIX 3

B2. Engaging comprehensively with institutional stakeholders		
Partnership guidance	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. Completed August 2018. Due to be rolled out in 2018/19.	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. Due to be rolled out in 2018/19.	A
Partnership performance assessment and reporting	Partnership Guidance available on intranet. Made in 2010. Last reviewed in 2012. Ongoing work to have them incorporated into guidance on engagement with ALEOs and other outside bodies. Includes requirement for reporting on performance where deemed appropriate by application of guidance. Completed August 2018. Due to be rolled out in 2018/19.	A

B3. Engaging with individual citizens and service users effectively		
(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

APPENDIX 3

B3. Engaging with individual citizens and service users effectively		
Public engagement strategy	Consultation pages on website. Open and closed consultations collected and reported on service by service basis. Tenant engagement strategy. Use of social media.	G
Communications strategy	West Lothian Way. Last reviewed 2014, due for review.	A
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.	G
Citizen-led 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.	G
Record of public consultations	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. Open and closed consultations published.	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. Open and closed consultations published.	G
Strategic needs assessment	Undertaken in relation to health and social care services and commissioning plans.	G
Complaints procedure	Corporate Procedure adopted in accordance with SPSO requirements. Publicised on internet and at council offices. Recorded and managed via CRM. Quarterly reports to CMT and Performance Committee. Annual performance report to performance Committee. Participation in national benchmarking.	G

APPENDIX 3

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		
(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. 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. Requires updating and revision to refer to LOIP and new Corporate Plan and priorities.	G
Corporate plan	Corporate Plan 2018/23 approved on 13 February 2018. Supporting strategies to be approved in 2018/19. Council priorities identified with performance measures and outcomes.	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.	G

APPENDIX 3

C1. Defining outcomes		
Activity budgets	Included in Management Plans (above)	G
Local Outcomes Improvement Plan	LOIP replaced SOAC. Agreed via Community Planning Partnership Board. Being reviewed in 2018/19.	G
Public engagement strategy	Consultation pages on website. Open and close consultations collected and reported on service by service basis. Tenant engagement strategy. Use of social media.	G
Regular reporting on delivery of outcomes	WLAM reporting to Performance Committee. Service performance to PDSP quarterly. SPI service reporting through website. Performance themes reporting. Process reviewed in 2017/18 as response to BVAR recommendations and agreed actions.	G
Annual report on delivery of outcomes	Factfile produced annually. 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. Due for completion in 2018/19.	A
Risk Management strategy	Risk management Strategy end of term report. Corporate Plan strategy to be approved in 2018/19 following adoption of Corporate Plan on 13 February 2018.	A
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.	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.	G
Best Value framework	Best Value Framework approved in April 2014. Annual compliance statements. Checklists for service use. Due for review in this administrative term.	G

APPENDIX 3

C2. Sustainable economic, social and environmental benefits		
(a) Considering and balancing the combined economic, social and environmental impact of policies and plans when taking decisions about service provision		
(b) Taking a longer-term view with regard to decision making, taking account of risk and acting transparently where there are potential conflicts between the council's intended outcomes and short-term factors such as the political cycle or financial constraints		
(c) Determining the wider public interest associated with balancing conflicting interests between achieving the various economic, social and environmental benefits, through consultation where possible, in order to ensure appropriate trade-offs		
(d) Ensuring fair access to services		
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.	G
Financial strategy long term, revenue)	Three-year budgets and further two year plan approved on 13 February 2018. Quarterly monitoring reports to CMT and members at Council Executive. Financial Regulations reflect long-term strategy requirements.	G
Financial strategy (long-term, capital)	10 year capital programme approved on 13 February 2018. Quarterly monitoring reports to CMT and members at Council Executive. Financial Regulations reflect long-term strategy requirements.	G
Capital programme	Capital programme supported by Asset Management Strategy and six plans. Quarterly monitoring reports to CMT and members at Council Executive.	G
Strategic environment assessment	Scheme of Delegations allocates responsibility. Committee report template includes reference to SEA in Part C. Guidance available on intranet.	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. Due for review in administrative term. Review ongoing per council decision on 13 February 2018.	G
Financial Regulations	Made in accordance with legislation. Part of Standing Orders. Responsibility allocated in Scheme of Delegations. Reviewed and updated in 2016.	G

APPENDIX 3

C2. Sustainable economic, social and environmental benefits		
Risk Management strategy	Risk management Strategy end of term report. Corporate Plan strategy to be approved in 2018/19 following adoption of Corporate Plan on 13 February 2018.	A
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.	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.	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.	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.	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. Report template includes section on background references. All retained in accordance with statutory rules.	G
Public sector Equality Duty reporting	Mainstreaming report in accordance with legislation in June 2017. 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. Updating required following council on 13 February and due to new socio-economic duty.	g
Equality impact assessment procedure	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes section on EQIAs. Procedures and guidance available on intranet for process and publication. Updating required following council on 13 February and due to new socio-economic duty.	A
Best Value Framework	Best Value Framework approved in April 2014. Annual compliance statements. Checklists for service use. Due for review in this administrative term.	G

APPENDIX 3

C2. Sustainable economic, social and environmental benefits			
Corporate Procurement Policy (non-commercial benefits)	Policy includes provision for social and economic benefits where competent and lawful (apprenticeships, living wage, employment practices). Taken into account in designing procurement strategies. Reported on as part of procurement and contract activity reporting.		G

APPENDIX 3

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		
(a) Ensuring decision makers receive objective and rigorous analysis of a variety of options indicating how intended outcomes would be achieved and associated risks. Therefore ensuring best value is achieved however services are provided		
(b) Considering feedback from citizens and service users when making decisions about service improvements or where services are no longer required in order to prioritise competing demands within limited resources available including people, skills, land and assets and bearing in mind future impacts		
Evidence		RAG
Decision-making rules (Standing Orders)	Available on internet and intranet. Reviewed and adopted in December 2016. Re-adopted in May 2017. Amended since via reports to council. Can only be amended by full council on notice given. Due for review in administrative term. Review ongoing per council decision on 13 February 2018.	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.	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. No post-meeting analysis to see how competent and complete reports have been. Template requires updating.	A
Committee report templates	Template and report-writing advice on intranet, used at all PDSP and committee meetings. Requires updating.	A

APPENDIX 3

D1. Determining interventions		
Public engagement strategy	Consultation pages on website. Open and close consultations collected and reported on service by service basis. Tenant engagement strategy. Use of social media.	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.	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.	G
Options appraisal	Report template requires options to be appraised and compared. Professional and financial advice required and reported. SBCs used for capital projects. Procurement Strategies.	A
Financial strategy (long-term)	Three-year budgets and further two year plan approved on 13 February 2018. Quarterly monitoring reports to CMT and members at Council Executive. 10 year capital programme approved on 13 February 2018. Quarterly monitoring reports to CMT and members at Council Executive. Financial Regulations reflect long-term strategy requirements.	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. Report template includes section on background references. All retained in accordance with statutory rules.	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. No requirement for detail to be provided.	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. Updating required following council on 13 February and due to new socio-economic duty.	A

APPENDIX 3

D2. Planning interventions		
(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 to be approved in 2018/19. Council priorities identified with performance measures and outcomes.	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.	G
Activity budgets	Included in Management Plans (above).	G
Calendar of dates for developing and submitting plans and reports	Major strategies supporting Corporate Plan being approved in June 2018 following approval of Corporate Plan on 13 February 2018. Performance monitoring reports and annual reports timetabled thereafter.	A
Alignment of plans, priorities, outcomes and budgets	Corporate Plan, Strategies, Outcomes, Financial Plans, Management Plans, Work Plans and budgets all aligned through The Golden Thread approach.	G

APPENDIX 3

D2. Planning interventions		
Communications strategy	West Lothian Way. Last reviewed 2014, due for review.	A
Risk Management strategy	Risk management Strategy end of term report. Corporate Plan strategy to be approved in 2018/19 following adoption of Corporate Plan on 13 February 2018.	A
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.	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.	G
Financial Regulations	Made in accordance with legislation. Part of Standing Orders. Responsibility allocated in Scheme of Delegations. Reviewed and updated in 2016.	G
Financial strategy (long-term)	Three-year budgets and further two year plan approved on 13 February 2018. Quarterly monitoring reports to CMT and members at Council Executive. 10 year capital programme approved on 13 February 2018. Quarterly monitoring reports to CMT and members at Council Executive. Financial Regulations reflect long-term strategy requirements.	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.	G
Performance monitoring and reporting	Pentana performance monitoring and reporting. WLAM reporting and assessment by Chief Executive's WLAM Panel. Performance Committee reporting. Local Government Benchmarking.	G
Scrutiny of financial performance	Service budget monitoring at Senior Management Teams. Quarterly monitoring reports to CMT and Council Executive. Quarterly reports to PDSPs on service performance to cover financial performance as well from June 2018.	A
Scrutiny of service performance	WLAM reporting and assessments. Performance Committee. EQAC. Quarterly PDSP reports. National benchmarking participation.	G

APPENDIX 3

D2. Planning interventions		
Partnership guidance and framework	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. Completed August 2018. Due to be rolled out in 2018/19.	A

D3. Optimising achievement of intended outcomes		
(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	Corporate Plan, Financial Plan and Capital Programme reported to same meeting and all aligned and approved on 13 February 2018.	G
Corporate Plan demonstrates social value	Corporate Plan incorporates council values. Priorities reflect community needs and interests. Priorities include reducing poverty and protecting the elderly. Commitment to Corporate Governance principles including exercising powers in the public interest.	G
Management Plans demonstrate social value	Management Plans prepared in accordance with Golden Thread from Corporate Plan. Approved at senior management level and to members and public via PDSPs. Set out activities, services, savings, budgets and performance measures.	G
Local outcomes Improvement Plan demonstrates social value	LOIP replaced SOAC. Agreed via Community Planning Partnership Board. Being reviewed in 2018/19.	G
Financial Regulations	Made in accordance with legislation. Part of Standing Orders. Responsibility allocated in Scheme of Delegations. Reviewed and updated in 2016.	G

APPENDIX 3

D3. Optimising achievement of intended outcomes		
Corporate Procurement Strategy	Corporate Procurement Strategy 2013/18 ended in 2018. End of strategy reporting carried out. Replacement to be in line with Corporate Plan and supporting strategies.	G
Contracts Standing Orders and Procurement Procedures	Contracts Standing Orders and supporting Corporate procurement procedures approved and on intranet. Due for review this administrative term.	A
Budget monitoring reporting	Quarterly monitoring reports to CMT and members at Council Executive. Financial Regulations reflect long-term strategy requirements.	G

APPENDIX 3

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		
(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.	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.	G
Capital Asset Strategy and Plan	Capital programme supported by Asset Management Strategy and six plans. Quarterly monitoring reports to CMT and members at Council Executive.	G

APPENDIX 3

E1. Developing the entity's capacity		
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 benchmarking exercise. Annual reporting to Performance Committee. CSE and IIP awards.	G
Partnership guidance and framework	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. Completed August 2018. Due to be rolled out in 2018/19.	A
WLAM	Corporate and service commitment to WLAM programme. Chief Executive Review Panels and Performance Committee reporting. CSE awards.	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 2013/17 approved. End –of-period reporting. Supporting Action Plan. HR policies aligned to strategy. Replacement strategy to support the Corporate Plan under development in 2018, to be approved in June 2018.	G
Staff survey	Annual staff survey carried out. Rolled out to all employees in 2017/18. Results analysed and reported to services. Focus Groups held to identify improvements. Actions designed. Reported to PDSP.	G
APR	ADR rolled out in 2016/17 for all staff. Core Competencies from Depute Chief Executives down include delivering outcomes in ways consistent with the council's values and strategies, championing the goals and values of the council. Due for review this administrative term.	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.	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.	G

APPENDIX 3

E2. Developing the capability of the council's leadership and other individuals		
(a) Developing protocols to ensure that elected and appointed leaders negotiate with each other regarding their respective roles early on in the relationship and that a shared understanding of roles and objectives is maintained		
(b) Publishing a statement that specifies the types of decisions that are delegated and those reserved for the collective decision making of the council		
(c) Ensuring the leader and the chief executive have clearly defined and distinctive leadership roles within a structure whereby the chief executive leads in implementing strategy and managing the delivery of services and other outputs set by members and each provides a check and a balance for each other's authority		
(d) Developing the capabilities of members and senior management to achieve effective leadership and to enable the council to respond successfully to changing legal and policy demands as well as economic, political and environmental changes and risks by: - <ul style="list-style-type: none"> • ensuring members and staff have access to appropriate induction tailored to their role and that ongoing training and development matching individual and organisational requirements is available and encouraged • ensuring members and officers have the appropriate skills, knowledge, resources and support to fulfil their roles and responsibilities and ensuring that they are able to update their knowledge on a continuing basis • ensuring personal, organisational and system-wide development through shared learning, including lessons learnt from governance weaknesses both internal and external 		
(e) Ensuring that there are structures in place to encourage public participation		
(f) Taking steps to consider the leadership's own effectiveness and ensuring leaders are open to constructive feedback from peer review and inspections		
(g) Holding staff to account through regular performance reviews which take account of training or development needs		
(h) Ensuring arrangements are in place to maintain the health and wellbeing of the workforce and support individuals in maintaining their own physical and mental wellbeing		
Evidence		RAG
Role descriptions for members	Approved November 2016, post-election Induction Pack, review required during administrative term.	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 and informal liaison and access arrangements in place. Joint attendance at COSLA Leaders.	G

APPENDIX 3

E2. Developing the capability of the council's leadership and other individuals		
Liaison between Chief Executive and political group leaders	Formal 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.	G
Standing Orders for Meetings, Scheme of Delegations, Scheme of Administration, Financial Regulations	All are approved through council or committee. Published on intranet. Reviewed and updated once each administrative term and as required.	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. Planning of training reflects needs expressed by members. Allocation of training days in calendar of meetings. PDPS offered to all. Training for regulatory committees compulsory via Scheme of Administration.	G
Staff induction and training	Induction procedures and checklists in place for all staff. Separate process for managers. Managers Development programme rolled out in early 2018.19. Covered in ADR process.	G
Officer ADR	ADR rolled out in 2016/17 for all staff. Core Competencies from Depute Chief Executives down include delivering outcomes in ways consistent with the council's values and strategies, championing the goals and values of the council. Due for review this administrative term.	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.	G
HR policies to support officers	HR Policies aligned to People Strategy. All available on MyToolkit. TU liaison and negotiation agreements and input. HR Policies reviewed every administrative term.	G
Communication strategy	West Lothian Way. Last reviewed 2014, due for review.	A
Public engagement strategy	Consultation pages on website. Open and close consultations collected and reported on service by service basis. Tenant engagement strategy. Use of social media.	G
Stakeholder forums	Citizen-led inspection programme. Citizens Panel. Quality of Life Survey. Tenants Panel. Senior People's Forum. Licensing Forum. Consultation Forum.	A

APPENDIX 3

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

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

F1. Managing risk		
(a) Recognising that risk management is an integral part of all activities and must be considered in all aspects of decision making		
(b) Implementing robust and integrated risk management arrangements and ensuring that they are working effectively		
(c) Ensuring that responsibilities for managing individual risks are clearly allocated		
Evidence		RAG
Risk management strategy/policy formally approved, adopted, reviewed and updated on a regular basis	Risk management Strategy 2013/17 and end of term report. New strategy to be approved in 2018/19 following adoption of Corporate Plan on 13 February 2018. Guidance and protocols on internet. Overseen and advised by Audit, Risk & Counter Fraud Manager. Risk Champions appointed. Risk Management Working Group. 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.	G
Corporate risk register	Maintained on Pentana. Overseen by Audit, Risk & Counter Fraud Manager. Reviewed at EMT. High risks to Governance & Risk Committee.	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.	G

APPENDIX 3

F1. Managing risk		
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.	G
Risk Working Group and Risk Champions	Champions designated for services. Members of Risk Working Group, reporting to Governance & Risk Board. Group has defined remit, reviewed annually.	G
Governance & Risk Board	Chaired by Depute Chief Executive. Members include Monitoring Officer, the Audit Risk and Counter Fraud Manager, the Governance Manager, the Chief Solicitor and senior managers 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.	G
Governance & Risk Committee	Remit and powers defined in Scheme of Administration. Receives standing and <i>ad hoc</i> reports on risk and governance. Self-assessment carried out in 2017/18. Approves annual governance statement.	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.	G

F2. Managing performance
(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

APPENDIX 3

F2. Managing performance		
Evidence		RAG
Identification of outcomes in Corporate Plan and Local Outcomes Improvement Plan	Corporate Plan and LOIP have high-level outcomes and performance measures. Based on corporate and community planning priorities.	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.	G
Calendar of dates for submitting, publishing and distributing timely reports that are adhered to	Calendar of ordinary meetings approved annually by committee in March each year. Consultation beforehand with senior officers and chairs. Published and maintained on Coins. Schedule for reports attached to committee remit in Coins. Standing Orders state when reports to be submitted and then published.	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.	G
Committee remits and powers defined	Scheme of Administration shows remits and powers and restrictions. Scheme updated when required following council decisions. Can only be amended by full council. Reviewed once each administrative term.	G
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.	A
Publication of agendas, reports and minutes of meetings	Standing Orders set deadlines and procedures for publication of agendas and reports. Publication is via internet. Minutes are published when agenda for following meeting is issued. Public reporting is default position.	G
Discussion between members and officers on the information needs of members to support decision making	Discussions following members' induction process in May 2017. Informed by pre-election working group and consultations. Work Plans for scrutiny committees invite members to advise of training needs. Officers engage with groups around training needs.	A

APPENDIX 3

F2. Managing performance		
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. Minutes of scrutiny committees are reported to full council for noting.	A
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.	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.	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 and Performance Committee.	G
Training for members	Members' training requirements assessed before May 2017 elections, Induction training. Additional sessions at scrutiny committees.	A
Membership of scrutiny bodies to reflect political parties and balance	All parties represented on those committees. Proportions determined as a political decision.	A
Chairs independent of administration group	Chairs of Audit and Governance & Risk Committees cannot be from the administration. No such provision for other scrutiny committees.	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. Public reporting of SPIs via website.	A
Financial Regulations	Made in accordance with legislation. Part of Standing Orders. Responsibility allocated in Scheme of Delegations. Reviewed and updated in 2016.	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. PDSP reports include budget/financial information alongside service performance data.	A
Benchmarking arrangements	Participation in Local Government Benchmarking Framework. Services take part in their own networking and benchmarking arrangements. WLAM includes benchmarking as standard element in appraisal.	G

APPENDIX 3

F2. Managing performance		
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.	G
Annual reports to the public	Factfile produced annually. Webpages cover service and corporate performance. Annual report to committee on performance through Local Government Benchmarking Framework.	G

F3. Robust internal control		
(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. Resourcing is reported and any impact on ability to complete annual plan is reported and noted.	G
Internal Audit plan	Annual Internal Audit Plan reported through Governance & Risk Board to Audit Committee for approval.	G

APPENDIX 3

F3. Robust internal control		
Internal Audit reports	Internal audit reports of significance are reported to Audit Committee. 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.	G
Risk management strategy/policy has been formally approved and adopted and is reviewed and updated on a regular basis	Audit and Risk Strategy came to an end in 2018. End of strategy report. New Risk Strategy now agreed. Risk Management Policy in place. Covered in annual plan and risk management report. Independence assured through external reporting on service provided.	G
Risk Management plan	Annual Plan reported through Governance & Risk Board to Governance & Risk Committee for approval.	G
Risk Management 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
Corporate risk register	Corporate risk register maintained on Pentana. Regular review at EMT. Allocated to appropriate officers. Mitigation measures and actions identified and progress logged. Standing report to governance & Risk Committee.	G
Service risk registers	Service risks identified and recorded and monitored on Pentana. Appropriate responsible officers identified. Risks reviewed at SMT meetings. Reporting to Governance & Risk Committee on service approach and on specific risks.	G
Counter Fraud Annual plan (Code of Practice on Managing the Risk of Fraud and Corruption, CIPFA, 2014)	Annual Plan reported through Governance & Risk Board to Governance & Risk Committee for approval.	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. Complaint with PSIAS and Accounts Regulations 2014. Reported as part of Internal Audit Annual report to Governance & Risk Committee. Informs annual governance statement.	G

APPENDIX 3

F3. Robust internal control		
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).	G
Committee remits and powers	Scheme covers all committees and other bodies with member involvement. Remits and powers defined. Available on internet and intranet. Includes separate remits for Audit Committee and Governance & Risk Committee. Both committees carry out annual self-assessment exercises. Can only be amended by full council on notice given.	G
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.	G
Governance & Risk Committee	Defined remit and powers. Approves annual governance statement. Minutes reported to full council for information.	G
Anti-Fraud and Corruption Policy and procedures	Policy reviewed in 2015/16, approved at Council Executive on 1 March 2016, review scheduled for September 2019. Annual Counter Fraud Plan and end of year reports to Audit Committee. Annual Compliance Statement by Head of Finance & Property Services.	G
Training for members	Scrutiny training included in induction programme. Both committees provided with presentations and training on respective remits. Self-assessment carried out annually, including consideration of training needs.	G
Membership of scrutiny bodies to reflect political parties, political balance and independence of administration group	All parties represented on those committees. Proportions determined as a political decision. Reviewed following BVAR in 2018. Scrutiny also at PDSPs.	A
Chairs independent of administration group	Chairs of Audit and Governance & Risk Committees cannot be from the administration. No such provision for other scrutiny committees. Reviewed following BVAR in 2018.	A

APPENDIX 3

F4. Managing data		
(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	Interim DPO identified in course of implementation of GDPR. Requires to be finalised and recorded appropriately in Scheme of Delegations.	A
Designated ILO	ILOS identified for all services. Training provided with access to appropriate software. Meetings of IMWG.	G
Data protection policies and procedures, including data security and labelling	Policies reviewed in preparing for GDPR in May 2018. Compulsory e-training for all staff. IT Strategy approved based on Corporate Plan. Annual compliance statement. Policies reviewed regularly.	G
Data sharing agreements in place	Policies reviewed in preparing for GDPR in May 2018. Training provided for all ILOs to ensure appropriate agreements in place. Contracts provide for data sharing where required. IMWG oversees compliance, new responsibility for DPO under GDPR.	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, new responsibility for DPO under GDPR.	G
IT/software protection	IT services provide up-to-date and secure protection against data theft or data loss. Compulsory e-training for all staff. Risk register records risk of breach and mitigating actions and measures.	G
Records Management compliance	PRSA compliance under interim DPO. Compulsory e-training for all staff. Introduction of Objective. Annual reporting via PDSP. Policies reviewed in preparing for GDPR in May 2018.	G
Procedures for responding to subject access requests	Policies reviewed in preparing for GDPR in May 2018. CRM use. ILOs responsible for compliance.	G

APPENDIX 3

F4. Managing data		
Data breach procedure – reporting and risk assessment	Procedures and mechanisms in place. Internal audit report found control to be unsound. Remedial actions agreed and completed. Follow-up report by Internal Audit. Reviewed as part of preparation for GDPR.	G
Information Management Working Group	IMWG meets regularly, Chaired by DPO. Attended by ILOS for all services. Compliance with SARs reviewed. Reports to CMT and PDSP on compliance. Annual compliance statement.	G

F 5. Strong public financial management		
(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
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 requires updating.	A
Financial Regulations	Made in accordance with legislation. Part of Standing Orders. Responsibility allocated in Scheme of Delegations. Reviewed and updated in 2016.	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.	G
Budget and financial information passed to committee	Report template requires information on financial implications and on advice from FMU to be noted.	G
FMU support and advice through designated officers	Officers allocated to services to ensure good working knowledge of service pressures and good working relationships.	G
Mid to long-term financial strategy and planning	Three-year detailed budgets and further two-year financial strategy agreed in February 2018.	G

APPENDIX 3

F 5. Strong public financial management		
Budget monitoring at service levels	Budgets allocated to Heads of Service. Regular reviews at SMT and then at DMT meetings. Continuous review via DMT, EMT and CMT.	G
Budget monitoring at Corporate Management Team	Budgets allocated to Heads of Service. Regular reviews at SMT and then at DMT meetings. Continuous review via DMT, EMT and CMT.	G
Budget mentoring at Executive Management Team	Budgets allocated to Heads of Service. Regular reviews at SMT and then at DMT meetings. Continuous review via DMT, EMT and CMT.	G
Quarterly budget monitoring reports to members	Budget monitoring reports quarterly to committee. Required by Financial Regulations	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.	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.	G
External audit report	Report to full council by statutory deadline in December. Actions identified and agreed. Referred on to Audit Committee for scrutiny. Pentana used to record actions and progress. Biannual reports back to committee on outstanding actions.	G

APPENDIX 3

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		
(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.	G
Communication strategy and guidance	West Lothian Way. Last reviewed 2014, due for review.	A
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.	A
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.	G
Annual performance report (Factfile)	Factfile produced annually. Webpages cover service and corporate performance. Annual report to committee on performance through Local Government Benchmarking Framework.	G
The Bulletin	Bulletin delivered quarterly to all households.	G

APPENDIX 3

G1. Implementing good practice in transparency		
Social media usage	Social media extensively used and followed. No formal inclusion in West Lothian Way.	G

G2. Implementing good practices in reporting		
(a) Reporting at least annually on performance, value for money and stewardship of resources to stakeholders in a timely and understandable way		
(b) Ensuring members and senior management own the results reported		
(c) Ensuring robust arrangements for assessing the extent to which the principles contained in this Framework have been applied and publishing the results on this assessment, including an action plan for improvement and evidence to demonstrate good governance (the annual governance statement)		
(d) Ensuring that this Framework is applied to jointly managed or shared service organisations as appropriate		
(e) Ensuring the performance information that accompanies the financial statements is prepared on a consistent and timely basis and the statements allow for comparison with other, similar organisations		
Evidence		RAG
Annual report on performance (Fact File)	Factfile produced annually. Webpages cover service and corporate performance. Annual report to committee on performance through Local Government Benchmarking Framework.	G
Scrutiny committees	Scrutiny committees consider service and financial performance reports. They monitor completion of risk actions arising from internal and external audit reports.	G
Local Code of Corporate Governance	New Local Code adopted for use in 2017.18 reporting. Complies with CIPFA/SOLACE Framework. Reported via annual governance statement then Council Executive and Governance & Risk Committee.	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).	G

APPENDIX 3

G3. Assurance and effective accountability		
(a) Ensuring that recommendations for corrective action made by external audit are acted upon		
(b) Ensuring an effective internal audit service with direct access to members is in place, providing assurance with regard to governance arrangements and that recommendations are acted upon		
(c) Welcoming peer challenge, reviews and inspections from regulatory bodies and implementing recommendations		
(d) Gaining assurance on risks associated with delivering services through third parties and that this is evidenced in the annual governance statement		
(e) Ensuring that when working in partnership, arrangements for accountability are clear and the need for wider public accountability has been recognised and met		
Evidence		RAG
Audit Committee reporting and monitoring	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.	G
Internal audit service (PSIAS and CIPFA complaint)	Internal Audit function is compliant. Annual Internal Audit Report considers compliance. External assurance obtained from different council.	G
Reporting inspection outcomes to members and public	Inspection outcomes are reported to members at PDSP and/or 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).	G
Risk strategy and reporting	Risk management procedures in place. Strategy to be approved in support of Corporate Plan early in 2018/19. Reporting procedures established via Governance & Risk Board, CMT, EMT and Governance & Risk Committee. Register maintained on Pentana. Mitigations and actions recorded and monitored.	G
Partnership guidance	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. Completed August 2018. Due to be rolled out in 2018/19.	A