

Governance, Risk and Best Value

10.00am, Tuesday, 19 February 2019

Annual Assurance Schedule – Strategy and Communications

Item number 7.7

Executive/routine

Wards

Council Commitments

Executive Summary

The purpose of the report is to present the Annual Assurance Schedules for Strategy and Insight and the Communications Service to Governance, Risk and Best Value Committee for scrutiny. An action plan is also appended in response to areas where it has been identified that controls needed to be improved.

Annual Assurance Schedule – Strategy and Communications

1. Recommendations

- 1.1 To note the Strategy and Insight and Communications annual assurance schedules, submitted for scrutiny.

2. Background

- 2.1 Each year the City of Edinburgh Council requires that Executive Directors complete Certificates of Assurance that represent their view of the effectiveness and appropriateness of controls in their areas of responsibility. These Certificates support the Annual Governance Statement which is a component part of the authority's Statement of Accounts.
- 2.2 An Assurance Schedule, to help prompt Executive Directors and relevant Heads of Service to consider various aspects of their control environment, is circulated in advance of Certificates. The schedule will help highlight any areas of concern.
- 2.3 Strategy and Insight and Communications were different divisions when the assurance exercise was carried out but these services have since been realigned into the Strategy and Communications service.
- 2.4 Strategy and Communications comprises 145.7 staff across a wide range of corporate support and front line delivery services and support for the region in the delivery of the City Region Deal and can be broken into five main areas. These are:
- Democracy, Governance, and Resilience (58.5 FTE)**
- 2.5 This team has primary responsibility for the organisation and delivery of all elections and council decision making through the clerking, organisation and recording of council business, also directly supporting elected members in carrying out their constituency responsibilities. The team is also responsible for the oversight of council information including freedom of information requests, council records and archives and implementation activity in relation to GDPR. The team is also responsible for council resilience and business continuity planning.
- Strategic Change and Delivery (31.6 FTE)**
- 2.6 Strategic Change and Delivery are the council's corporate resource for overseeing and managing the delivery of change. The team is responsible for the monthly Change Board which takes a portfolio approach to the council's most significant and

high-risk projects. A small pool of project managers also sits within the team and are allocated to support the delivery of significant change projects. The team is responsible for the development and delivery of the budget and change strategy, working in partnership with finance. In addition, the team manages much of council's data and performance information, including the Coalition Commitments

Policy and Insight (19.3 FTE)

- 2.7 Policy and Insight are the council's corporate policy resource and provide policy and strategy capacity to corporate priorities. Recent examples include the development of the Economy Strategy, the Transient Visitor Levy, and the Poverty Commission. In addition, the team is responsible for the council's community planning arrangements including the management of the Edinburgh Partnership, participatory budgeting, and community grants administration. This team is also responsible for the council's approach to insight and produces the Edinburgh People Survey, the budget engagement, and the oversight of the Consultation Hub.

Communications (21.3 FTE)

- 2.8 The Communications team are responsible for the council's strategic communications advising senior councillors and the CLT on all issues affecting (or likely to affect) the council's reputation and include managing the council's relationship with the media, the management of social media and strategic campaigns. Recent strategic campaigns include the 20mph campaign, street cleaning and fostering. The team also have responsibility for internal communications.

Civic Services (8.60 FTE)

- 2.9 This team manages and supports the Office of Lord Provost and Lord Lieutenant of Edinburgh across the full range of civic duties which are undertaken in the capital city. The team also assists and advises the civic representatives of the Lord Provost (Depute Lord Provost and Bailies of the Council) as well as the Deputy Lieutenants of the Lord Lieutenant in fulfilling Royal duties. Specific responsibilities of the team include the Clerk to the Lieutenancy with a key role in the interface with the Palace. Detailed business support is also provided to the Lord Provost in chairing the Edinburgh2050 City Vision Project and as President of the OneCity Trust which is actively addressing poverty and inequality across the city.
- 2.10 The Division also runs the Programme Management Office for the £1.3billion Edinburgh and South East Scotland City Region Deal on behalf of our regional partners.

3. Main report

- 3.1 The Strategy and Insight and Communications schedules (appendix 1) were completed and returned to the Democracy, Governance and Resilience Service, after which a Certificate of Assurance was issued. This informed the drafting of the

Annual Governance Statement, submitted to Council as part of the Unaudited Annual Accounts on 28 June 2018.

- 3.2 The Certificates of Assurance require Heads of Service and Executive Directors to confirm that:
 - 3.2.1 They have considered the effectiveness of controls in their service area/directorate, including controls in place to mitigate major risks to their service area/directorate's objectives.
 - 3.2.2 To the best of their knowledge, appropriate controls are in operation upon which they can place reasonable assurance and that there are no significant matters arising that should be raised specifically in the Annual Governance Statement (or otherwise); and
 - 3.2.3 They have identified actions that will be taken to continue improvement.
- 3.3 The schedule is completed by the Head of Service/Executive Director or by a nominated senior manager.
- 3.4 Before signing their Certificate of Assurance, the Head of Service/Executive Director should ensure that the schedule has been completed accurately.
- 3.5 An action plan for Strategy and Communications is attached at appendix two. This includes actions in relation to identified internal control weaknesses. In each instance a responsible officer and a deadline for completion is included.

4. Measures of success

- 4.1 Improved internal controls and good governance throughout all service areas.
- 4.2 Identification of areas where controls require strengthening.

5. Financial impact

- 5.1 The annual assurance process and production of the annual governance statement is contained within relevant service area budgets.

6. Risk, policy, compliance and governance impact

- 6.1 The assurance schedule exercise acts as a prompt for service areas to think about good governance and the internal control environment. Action plans support improvements in areas where weaknesses have been identified.
- 6.2 Completed schedules are reviewed by a group led by the Democracy, Governance and Resilience Senior Manager and consists of representatives from Internal Audit and Governance.

7. Equalities impact

7.1 There are no direct equalities impacts as a result of this report.

8. Sustainability impact

8.1 There are no direct sustainability impacts as a result of this report.

9. Consultation and engagement

- 9.1 The annual assurance schedule exercise is a corporate activity concerned with internal controls and does not require consultation or external engagement.
- 9.2 The Annual Assurance Schedule template for 2017/18 was drafted using input from the Council's subject matter experts. This included contributions from Resilience, Internal Audit, Health and Safety, Governance, Legal Services, Financial Services and Human Resources.

10. Background reading/external references

10.1 [City of Edinburgh Council – 28 June 2018 – Unaudited Annual Accounts 2017-18](#)

Andrew Kerr

Chief Executive

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11. Appendices

Appendix 1 – Strategy and Insight and Communications Annual Assurance Schedules

Appendix 2 – Strategy and Communications Action Plan

Appendix 1

Head of Service Schedule to Support Evidence of Assurance for the Annual Governance Statement

For the year end 31 March 2018

Directorate	Chief Executive		Division / Service Area	Strategy & Insight	
Completed by	Andy Nichol	Job title	Programme Manager	Date completed	04/05/2018
Signed off by	Laurence Rockey	Job title	Head of Service, Strategy & Insight		
Print name of signatory		Date of signature			

Introduction

The Statement of Accounts 2017/2018 includes the Annual Governance Statement signed by the Council Leader, the Chief Executive and the Head of Finance. The Annual Governance Statement is supported by Certificates of Assurance from each of the Executive Directors.

The Certificates of Assurance require Executive Directors to confirm that:

1. they have considered the effectiveness of controls in their directorate, including controls in place to mitigate major risks to their directorate's objectives;
2. to the best of their knowledge, appropriate controls are in operation upon which they can place reasonable assurance and that there are no significant matters arising that should be raised specifically in the Annual Governance Statement (or otherwise); and
3. they have identified actions that will be taken to continue improvement.

Executive Directors seek assurance through issue of this schedule to their Heads of Service to satisfy themselves that effective controls are in place across all service areas. Completing this schedule helps prompt Heads of Service to consider various aspects of their control environment and will inform the Executive Director's assessment of compliance.

This schedule should be used as a prompt to think about good governance and the internal control environment and is not an exhaustive list.

Guidance on completing the schedule

The schedule should be completed by the Head of Service or by a nominated senior manager (suggested managers to provide information and/or responses are highlighted below). Additional guidance notes are provided throughout the document.

Before submission to their Executive Director (where applicable), Heads of Service should ensure that this schedule has been completed accurately.

Please note that although evidence does not need to be attached to the completed schedule, accurate reference should be made to any supporting evidence because **responses made in the schedule may be subject to audit at a later date.**

Your assessment should consider how your service area's arrangements would stand up to external scrutiny. When completing the schedule please include your assessment of the service area's compliance and, if your assessment is partially or not compliant, please note planned improvement actions in the relevant column.

Please return your completed schedule to your Executive Director no later than **Friday 13 April 2018**. The Chief Executive's Heads of Service should return their completed schedule to governance@edinburgh.gov.uk by the same date and a Certificate of Assurance will be issued for completion.

Section	Requirements	Supporting officers
Section 1	Internal Control Environment	Head of Service
Section 2	Risk and Resilience	Directorate/Service Area Risk Committee Representative/Resilience Co-ordinator
Section 3	Workforce Controls	Head of Service
Section 4	Council Companies	Senior Relationship Lead / Company Observer(s)
Section 5	Policy	Head of Service
Section 6	Governance and Compliance	Head of Service
Section 7	Information Governance	Directorate/Service Area Record Officers
Section 8	Health & Safety	SMT Health & Safety Lead
Section 9	Performance	Head of Service
Section 10	Commercial and Contract Management	Head of Service
Section 11	Change and Projects	Head of Service
Section 12	Financial Control	Directorate/Service Area Financial Manager or Representative
Section 13	Group Accounts	RESOURCES only
Section 14	National Agency Inspection Reports	Head of Service
Section 15	Internal Audit, External Audit & Review Reports	Head of Service
Section 16	Progress	Head of Service

For further information or assistance please contact:

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Governance Compliance Manager
Strategy & Insight
529 3655 or laura.callender@edinburgh.gov.uk

1 Internal Control Environment requirements	Guidance notes	Response and reference to evidence	Assessment	Improvement actions
1.1	You must have internal controls and procedures in place throughout your service area that are proportionate, robust, monitored and operate effectively.	<p>Please describe and/or give examples of the controls and procedures that you have in place and how these are monitored, tested, and reported.</p> <p>The divisional senior management team meet weekly and consider risk, health and safety, project delivery, audit recommendations and HR issues.</p> <p>An approvals hierarchy with appropriate levels of authorisation is in place.</p> <p>There are identified budget managers responsible for scrutinising monthly expenditure against budget with the Finance Manager invited to Management meetings on a monthly basis together with the HR Client Manager to ensure propriety in that regard.</p>	Compliant	
1.2	You must have controls and procedures in place to manage the risks in delivering services through council companies, partners and third parties.	<p>Please describe and/or give examples of the controls and procedures that you have in place and how these are monitored, tested and reported.</p> <p>There are contracts and service level agreements in place for both Iron Mountain and Public I. We are not responsible for any services through Council companies.</p>	Compliant	
1.3	Your internal controls and procedures and their effectiveness must be reviewed regularly.	<p>Please describe how these are reviewed, by whom and how often.</p> <p>Internal controls and procedures have been evolving to reflect changes in structure, roles and responsibilities and have been reviewed/updated to reflect this on an ongoing basis. Senior managers in place by April 2018 and these processes require to be embedded.</p>	Partially compliant	Note: formal review arrangements will need to be put in place going forward.

1.4	Did the last review of your internal control environment identify any weaknesses that could have an impact on the Annual Accounts?	Please include the date of the last review, whether any weaknesses were identified and, if so, how these have been or will be addressed.	No major issues were identified although there were unresolved audit actions which were addressed Council wide with a particular focus from the division to ensure that actions plans were in place.	No	
1.5	Has the monitoring process applied to funding/operating agreements identified any problems that could have an impact on Annual or Group Accounts?	Please describe the arrangements you have in place, including an overview of the monitoring process and frequency of reporting, and summarise any problems that have been identified.	No	No	
2	Risk and Resilience requirements	Guidance notes	Response and reference to evidence	Assessment	Improvement actions
2.1	<p>Your risk management arrangements should identify the key risks to your service area (and the Council) including those arising from:</p> <ol style="list-style-type: none"> 1. Change (e.g. structural, service delivery, demographic and/or management) 2. Partnerships (external and internal) 3. Projects 4. Legal or regulatory action(s), and 5. Reputational damage. 	Please describe your risk management arrangements and confirm that these adequately cover the three categories listed.	<p>The Division adheres the Council's approach to risk management, and the activities and responsibilities required to ensure that risk management was embedded comprehensively and consistently across the Council as considered by the Governance Risk and Best Value Committee and referred to the Corporate Policy and Strategy Committee for approval.</p> <p>New and escalating risks are highlighted and reviewed as part of the normal management arrangements.</p>	Compliant	

			<p>Risk is a regular standing item on the agenda for the Divisional Senior Management Team and each section maintains a Risk Register and similarly considers Risk on a regular basis within team meetings. This ensures identification and escalation of key risks.</p> <p>The Head of Service participates on the CLT Risk Committee which serves to ensure that risks are escalated appropriately.</p>		
2.2	<p>You must have effective controls and procedures in place to manage the risks identified above to a tolerable level or actions put in place to mitigate and manage the risk.</p>	<p>Please describe the controls and procedures that you have in place.</p>	<p>As described above, these actions are monitored through regular consideration Team meetings, the Senior Management Team and escalated as appropriate to the CLT Risk Committee.</p> <p>Risk management arrangements in the Division include the requirement to identify and assess the effectiveness of controls and procedures in place to manage the risks identified above.</p> <p>Each risk owner is required to assess whether the level of residual/current risk management for that risk is at a tolerable level.</p> <p>As part of their annual plan, Internal Audit also review how well we manage our key risks. Internal Audit recommendations are dealt with promptly.</p>	Compliant	

2.3	The robustness and effectiveness of your risk management arrangements must be regularly reviewed.	Please describe how you review your risk management arrangements, who does this and how often.	<p>As a result of changes to the wider organisational structure, Strategy & Insight initially participated within the Resources Risk Management Group comprising officer representation from each Service Team in the Resources and Chief Executive's Directorate. As described above, Strategy & Insight now addresses risk management arrangements on its own Divisional basis to ensure identification and escalation of key risks.</p> <p>As the Divisional arrangements have only recently been introduced, the risk management arrangements have been developed and ably supported through close liaison with Risk and will be regularly reviewed going forward.</p>	Compliant	
2.4	Did the last review identify any weaknesses that could have an impact on the Annual Accounts?	Please include the date of the last review, any weaknesses that were identified and how these will be addressed.	No.	No	
2.5	There must be appropriate escalation/communication to the service area Risk Committee and CLT Risk Committee (as appropriate) of significant issues, risks and weaknesses in risk management.	Please describe the process for escalation/communication to the relevant Risk Committees.	The Divisional arrangements support these escalation requirements and benefit from the Head of Service being a member of the CLT Risk Committee.	Compliant	

2.6	You should have arrangements in place throughout your service area for the identification, recording and minimising of bribery risks.	Please describe these arrangements and how they are monitored and reported.	<p>The risk management arrangements described above are designed to identify, record and ensure mitigation of bribery risks.</p> <p>The Division also gives due consideration to the Annual Fraud Prevention and Detection Report considered by the Finance and Resources Committee.</p>	Compliant	
2.7	You should have arrangements in place to promote and support the embedding of the Council's Whistleblowing Policy and procedures, including raising awareness of the routes for concerns to be raised.	Please describe the arrangements you have in place, including the reporting of disclosures received by management to the Council's independent service provider.	Regular communication is provided on whistleblowing within the division.	Compliant	
2.8	You should have arrangements in place throughout your service area for the recording and addressing of audit actions.	Please describe these arrangements and how they are monitored and reported.	<p>Implementation of internal audit recommendations is subject to monthly tracking by the Divisional Senior Management Team and Corporate Leadership Teams.</p> <p>Arrangements for addressing Internal audit actions is prioritised consistently within team objectives across the Division. This supports the focus that the Governance, Risk and Best Value Committee is giving to the implementation of audit actions.</p>	Partially Compliant	

2.9	Your service area should have appropriate resilience arrangements in place, including: <ol style="list-style-type: none"> 1. A Service Area Resilience Group and Workplan 2. A Resilience Coordinator and deputies for each essential activity area 3. A Counterterrorism Coordinator and deputy 4. A Building Incident Manager for each staffed Council premise. All who should have received the appropriate training.	Please confirm your compliance with each requirement and how you ensure each is managed.	<ol style="list-style-type: none"> 1. The Chief Executive's area is not included in these arrangements but has a representative on the Council Resilience Group. 2. There is a Resilience Co-ordinator. Deputies are under review across the Council. 3. There is a counterterrorism co-ordinator but the deputy is vacant. 4. N/A 	Compliant	
2.10	Your business continuity plans and arrangements should mitigate the business continuity risks facing your service area's essential activities.	Please detail the plans and arrangements you have in place and explain how and when these are reviewed and reported.	Service managers have worked with the Resilience service to ensure business continuity plans are in place for all key services.	Compliant	Work will be undertaken with services across the division to identify any need for further business continuity plans.
3	Workforce Control requirements	Guidance notes	Response and reference to evidence	Assessment	Improvement actions
3.1	You should have arrangements in place to ensure workforce resources are managed properly, including compliance with payroll policies, overtime controls, absence management and performance eg. home/remote working.	Please describe these arrangements and how they are monitored and reported.	As part of the ' essential learning on key policies and procedures', all staff are encouraged to ensure they read and understand the policies and procedures annually. Working closely with HR, any instances of non-compliance are promptly followed up via Heads of Service/Senior Managers and discussed at team meetings. Staff are required to sign the declaration and submit this to their line manager which is then recorded in MyPeople.	Compliant	

			<p>In addition, staff induction checklists are used by all managers, when introducing a new member of staff to the Council.</p> <p>The Division's HR Client Manager is regularly invited to the Divisional Senior Management Team to assist with awareness of, and adherence to, workforce management policies.</p>		
3.2	<p>You should have robust controls in place to manage off-payroll workers/contractors, including agency workers and consultants, ensuring approved framework contracts have been used and that those engaged are wholly compliant with the provisions of IR35 Council guidance and procedures.</p>	<p>Please detail the controls you have in place to ensure compliance and explain how these are monitored and reported.</p>	<p>Staff are briefed through a variety of communication and training methods and controls are in place.</p> <p>Strategy & Insight benefits from the specific subject expertise within Governance & Democratic Services in relation to these matters (particularly Contract Standing Orders). These matters are regularly discussed and disseminated across the service area.</p> <p>SMT meets and discusses issues that come up to ensure there is advice and a robust challenge environment. HR and Finance representatives attend this meeting.</p>	Compliant	
3.3	<p>You must ensure that recruitment and selection is only undertaken by appropriately trained individuals and is fully compliant with Council policies and procedures, including vacancy approvals and controls.</p>	<p>Please describe how you ensure compliance.</p>	<p>Recruitment does not proceed without full oversight by our HR Client Manager. It is a standing item on the agenda for the Divisional Senior Management Team and only properly trained staff participate in recruitment and selection. HR will also participate in the interview part of the recruitment process where that is considered appropriate.</p>	Compliant	

3.4	You should have robust controls in place to manage new starts, movers and leavers, including induction and mandatory training, IT systems security (access and removal) and access to buildings and service users' homes.	Please describe the controls and monitoring in place.	<p>Induction training is completed for all new staff within each service area and the induction checklist is used by managers where relevant. There are separate checklists for new employees and employees taking up a managerial post.</p> <p>Similarly, the leavers checklist is rigorously followed to ensure all necessary steps are taken in relation to those leaving the organisation.</p>	Compliant	
3.5	You must have robust controls in place to ensure that statutory workforce requirements are met, eg. PVG/disclosure checks, statutory registration/qualification, European Working Time Directive, right to work in the UK.	Please describe the controls you have in place, including monitoring and reporting arrangements.	<p>Robust controls exist to ensure that all recruitment processes are followed before new employees are allowed to commence employment. Strategy & Insight benefits from the specific subject expertise within Governance & Democratic Services in relation to these matters (particularly PVG/Disclosure checks which it also undertakes where necessary in relation to elected members and the committees on which they serve).</p>	Compliant	
3.6	You should have arrangements in place to manage staff health and wellbeing, ensuring sickness absence is managed in compliance with the policy, including stress risk assessments and referrals to occupational health.	Please describe the arrangements you have in place to ensure compliance.	<p>The Division adheres to the Corporate Health & Safety policy which was approved at Committee last year. That detailed specific roles and responsibilities of CLT, Executive Directors, Heads of Service etc and was communicated via the Divisional Management Team to ensure all staff are aware. The policy is also included as part of the annual 'Essential learning' referred to above. All Senior Managers are IOSH accredited in relation to Health and Safety and are</p>	Compliant	

			<p>commensurate with health and wellbeing requirements and best practice.</p> <p>Health and Safety is standing weekly item discussed at CLT and regularly features on the agenda for the Divisional Senior Management Team and for their own respective team meetings.</p>		
3.7	<p>You must ensure compliance with essential training requirements and support learning and development appropriately, including professional CPD requirements.</p>	<p>Please detail how you monitor to ensure compliance.</p>	<p>The Division places great emphasis on Continuing Professional Development. As part of our wider divisional team building, three staff-led groups operate addressing ways of working, communications and Learning & Development.</p> <p>As part of the 'essential learning on key policies and procedures', all staff are encouraged to ensure they read and understand the policies and procedures annually. Working closely with HR, any instances of non-compliance are promptly followed up via Heads of Service/Senior Managers and discussed at team meetings. Staff are required to sign the declaration and submit this to their line manager which is then recorded in MyPeople.</p> <p>In addition, staff induction checklists are used by all managers, when introducing a new member of staff to the Council.</p>	Compliant	

3.8	You should have arrangements in place to support and manage staff performance eg. regular 1:1/supervision meetings, performance/spotlight conversations.	Please describe the arrangements you have in place.	<p>Senior Managers and Tier 4 Managers have undertaken Conversations Spotlight training to utilise staff/performance conversations to support staff to perform at their best. This training has been cascaded across all managers in order to develop managers and staff alike and to positively impact on performance and relationships.</p> <p>There is a divisional huddle every week, whereupon updates are provided from the management team and team members. External (to the division) speakers have also been invited to inform and update the division.</p> <p>Team meetings are in place across all teams.</p> <p>1-1s are encouraged throughout the division.</p> <p>SMT meets and discusses issues that come up to ensure there is advice and a robust challenge environment. HR and Finance representatives attend this meeting.</p>	Compliant	
3.9	You must ensure compliance with HR policies and procedures across all service areas, eg. Code of Conduct, Disciplinary, Grievance, Bullying and Harassment.	Please describe how you monitor compliance across all service areas, eg. maintaining a register of gifts and hospitality, recording conflicts of interest, recording and approving secondary employment where required.	As part of the ' essential learning on key policies and procedures', all staff are encouraged to ensure they read and understand the policies and procedures annually. Working closely with HR, any instances of non-compliance are promptly followed up via Heads of Service/Senior Managers and discussed at team meetings. Staff are required to	Compliant	

			<p>sign the declaration and submit this to their line manager which is then recorded in MyPeople.</p> <p>In addition, staff induction checklists are used by all managers, when introducing a new member of staff to the Council.</p> <p>Each service area maintains its register of gifts and hospitality register. An annual review of the conflicts of interest (secondary employment etc) is undertaken and managers are asked to review this as part of individual's PRD or in separate meetings as necessary.</p>		
4 Council Company requirements		Guidance notes	Response and reference to evidence	Assessment	Improvement actions
4.1	You must have arrangements in place for the oversight and monitoring of the council companies you are responsible for, that give you adequate assurance over their operation and delivery for the Council.	Please describe the arrangements you have in place, including observer attendance at board meetings, monitoring and reporting on performance/development/risks, Governance Hub, etc.	N/A	N/A	
4.2	You must ensure that an appropriate Service Level Agreement, or other appropriate legal agreement, is in place for each Arm's Length External Organisation that you are responsible for.	Please confirm that this is the case, that each agreement is up to date and the frequency of review.	Not applicable – Strategy and Insight has no responsibility for Arm's Length External Organisations.	Compliant	
4.3	You must regularly consult and engage with recognised trade unions.	Please describe the arrangements you have in place.	The division plays a constructive role in the quarterly Joint Consultative Group with Members; Resources and Chief Executive Joint Consultative Committees and the CLT monthly Partnership at Work Forum. These ensure regular	N/A	

5	Policy requirements	Guidance notes	Response and reference to evidence	Assessment	Improvement actions
5.1	You should have arrangements in place to ensure all service area staff are made aware of and fully understand the implications of relevant existing and new council policies.	Please describe the arrangements you have in place at service area level eg. Employee Handbook requirements, as well as locally in relation to operational and/or role specific requirements.	<p>engagement, consultation and involvement of the Trades Unions</p> <p><u>Council wide</u> A variety of communication and training methods are employed to ensure staff area aware of all relevant new and existing Council policies.</p> <p>Approval is sought by the relevant Committee for Council policies and are reviewed either annually or more frequently as appropriate to ensure they are current, relevant and fit for purpose.</p>	Compliant	
5.2	You should have arrangements in place for the annual review of policies owned by your service area, via the relevant executive committee, to ensure these comply with the Council's policy framework.	Please describe the arrangements you have in place to ensure the policies you are responsible for are up to date and fit for purpose (reflecting organisational changes, best practice, operational experience and legislative changes).	<p>As part of the 'essential learning on key policies and procedures', all staff are encouraged to ensure they read and understand the policies and procedures annually. Working closely with HR, any instances of non-compliance are promptly followed up via Heads of Service/Senior Managers and discussed at team meetings. Staff are required to sign the declaration and submit this to their line manager which is then recorded in MyPeople.</p> <p>In addition, staff induction checklists are used by all managers, when introducing a new member of staff to the Council.</p> <p>Work is needed to ensure that all policies are identified and appropriate.</p>	Partially Compliant	A review of divisional policies will take place to ensure their relevancy and to consolidate as much as is possible.

5.3	You should ensure that policies and procedures of particular relevance to services within your service area are implemented in a planned and consistent manner.	Please describe the arrangements you have in place eg. action plans, training programmes, etc.	Please refer to 5.1 above. In advance of procedures/policies being reported to Committee, these are discussed/shared with CLT in advance for comment/approval. Many policies are contained in the Business plan or change strategy ensuring that they are planned and have an implementation process.	Compliant	
6 Governance and Compliance requirements		Guidance notes	Response and reference to evidence	Assessment	Improvement actions
6.1	You must ensure service area staff are aware of their responsibilities in relation to the Council's governance framework eg. Committee Terms of Reference and Delegated Functions, Scheme of Delegation, Contract Standing Orders, Financial Regulations.	Please describe the arrangements you have in place to ensure operational decisions and activities are carried out within agreed parameters.	The staff are aware of the parameters that apply and operate within these, eg. Head of Service as Proper Officer.	Compliant	
6.2	The authority, responsibility and accountability levels within your service area should be clearly defined, with proper officer designation delegated, recorded, monitored, revoked and reviewed regularly to meet the requirements of the Scheme of Delegation.	Please describe the process for this including how this is undertaken, by whom and the frequency of review.	This only applies to the Head of Service who is designated Proper Officer with specific responsibilities by Council via the Scheme of Delegation.	Compliant	
6.3	You should have arrangements in place to ensure your service area's activities are fully compliant with relevant Scottish, UK and EU legislation and regulations.	Please describe the arrangements you have in place, including risk assessment, monitoring and compliance with statutory reporting requirements.	Service managers are subject matter experts and ensure compliance with relevant legislation eg. Resilience, Information Governance, Elections. External regulators, internal audit and external audit all inspect these services	Compliant	

			for compliance with relevant legislation and regulation to applicable frequencies.		
7 Information Governance requirements		Guidance notes	Response and reference to evidence	Assessment	Improvement actions
7.1	Service area staff must be made aware of their responsibilities in relation to the proper management of Council information, including the need to adhere to Council policies, procedures and guidance around: information governance; records management; data quality; information rights; information compliance; information security; and ICT acceptable use.	Please describe the arrangements in place and how these are monitored and reported.	<p>Responsibility for Information Governance rests corporately within the Service area.</p> <p>Staff awareness is promoted through a variety of communications and training methods, including regular messages around available training (e-learning and face to face), and essential learning. Initiatives are supported by a robust information governance framework.</p>	Compliant	
7.2	Data sharing arrangements with third parties must be recorded, followed and regularly reviewed throughout all service areas in your service area.	Please describe the arrangements in place and how these are monitored and reported.	Data sharing is limited, but agreements are in place where required. Those arrangements are being assessed as part of the Council's preparations for GDPR to ensure compliance and to make any necessary revisions to existing arrangements.	Compliant	
7.3	Privacy impact assessments must be completed to assess risks to processes that handle personal data (when appropriate) throughout all service areas in your service area.	Please describe the arrangements in place and how these are monitored and reported.	Privacy impact assessments are required under Council policy. These are carried out as a matter of routine across the division.	Compliant	
7.4	All service area staff must be made aware of their responsibilities to report and manage data protection and information security breaches.	Please describe the arrangements in place and how these are monitored and reported.	The Council's data protection breach procedures are well established, used, and communicated on a regular basis.	Compliant	

7.5	Information risks should be routinely recorded in risk registers and managed throughout all service areas in your service area.	Please describe the arrangements in place and how these are monitored and reported.	Information risks at local, divisional and corporate levels are recorded on the Information Governance Risk Register.	Compliant	
7.6	Processes that manage Council records, created and used within your service area, must be documented within approved procedures.	Please describe the arrangements in place for both core service records and business support records (e.g. Finance, HR, Health & Safety, Procurement etc.), as well as how these arrangements are reviewed and updated.	Employees are aware of their responsibilities for managing records appropriately and have well established practices for creating, receiving, storing, managing and disposing of records. However, following the recent completion of the Division's organisational review and restructure, there is a need to ensure all processes are properly documented.	Partially Compliant	A new shared drive is being created that will review and transfer any appropriate information whilst destroying information no longer needed.
7.7	All Council records within your service area should be routinely disposed of according to their relevant record retention rules and these disposals should be documented.	Please describe the arrangements in place and how these are monitored for compliance.	Retention rules are implemented. However, there is a need to ensure that these are implemented and documented consistently, following the Division's organisational review and restructure.	Partially compliant	A new shared drive is being created that will review and transfer any appropriate information whilst destroying information no longer needed.

8 Health & Safety (H&S) requirements	Guidance notes	Response and reference to evidence	Assessment	Improvement actions
<p>8.1 Service area staff must be made aware of their responsibilities under relevant H&S policies and procedures, including: Council Health and Safety Policy; Fire Safety Policy and Procedures; First-aid and Emergency Procedures; Stress Policy and Procedures; Accident, incident and work-related ill health reporting and investigation procedure; all other relevant health and safety policies and procedures (e.g. Asbestos, Water Safety).</p>	<p>Please describe the arrangements you have in place to meet these requirements and how these are monitored.</p>	<p>Similar to what was detailed at Item 3.6 above, the Division adheres to the Corporate Health & Safety policy which was approved at Committee last year. That detailed specific roles and responsibilities of CLT, Executive Directors, Heads of Service etc and was communicated via the Divisional Management Team to ensure all staff are aware. The policy is also included as part of the annual 'Essential learning' referred to above.</p> <p>All Senior Managers are IOSH accredited in relation to Health and Safety and are commensurate with health and wellbeing requirements and best practice.</p> <p>Health and Safety is standing weekly item discussed at CLT and regularly features on the agenda for the Divisional Senior Management Team and for their own respective team meetings.</p>	<p>Compliant</p>	
<p>8.2 You must have appropriate arrangements in place for establishing, implementing and maintaining procedures for the ongoing hazard identification, risk assessment and determination of necessary controls to ensure all H&S risks are adequately controlled.</p>	<p>Please describe the arrangements you have in place and how these are monitored, reviewed and reported.</p>	<p>Health and Safety is a regular, standing item on the agenda for the Divisional Senior Management Team meetings and for respective Team meetings. The ensures a regular focus on Health and Safety performance and the health and safety governance framework, which is aligned to the Council's risk management framework. This ensures robust governance for oversight and decision making for health and safety.</p>	<p>Compliant / Partially compliant / Not compliant</p>	

			<p>All Senior Managers are IOSH accredited in relation to Health and Safety and are commensurate with health and wellbeing requirements and best practice.</p> <p>Managers have been made aware of their, and their staff's, responsibilities with regard to identifying, and acting as appropriate upon, all health and safety risks. Where relevant, actions to mitigate risks identified through team stress risk assessments have also been included in improvement plans. Any risks identified are discussed and monitored at both CLT (at which our Head of Services participates) and the Senior Management Team.</p>		
8.3	<p>You must have competencies, processes and controls in place to ensure that all service areas in your service area, and any other areas of responsibility, operate in compliance with all applicable H&S laws and regulations.</p>	<p>Please describe the arrangements you have in place and how these are monitored, reviewed and reported.</p>	<p>As noted above. This is monitored regularly through risk and Health & Safety reporting at CLT (at which the Head of Service participates) and via the Divisional Senior Management Team. The Head of Strategy and Insight also sits on the Council Health and Safety Group, chaired by the Chief Executive. All relevant matters are cascaded to staff.</p> <p>Again it is relevant to note that all Senior Managers are IOSH accredited in relation to Health and Safety and are commensurate with health and wellbeing requirements and best practice.</p>	Compliant	

8.4	<p>You must have appropriate arrangements in place for the identification and provision of H&S training necessary for all job roles, including induction training.</p>	<p>Please describe the arrangements you have in place and how these are monitored, reviewed and reported.</p>	<p>As noted above, staff are required to confirm understanding of the main aspects of the policy as part of the annual core policies ‘refresher’ checklist. Designated fire wardens and trained first aiders have been identified across the Directorate.</p> <p>Again it is relevant to note that all Senior Managers are IOSH accredited in relation to Health and Safety and are commensurate with health and wellbeing requirements and best practice.</p> <p>Induction training is completed for all new staff within each service area and the induction checklist is used by managers where relevant. There are separate checklists for new employees and employees taking up a managerial post.</p> <p>Where necessary, training needs analysis is carried out and training plans agreed and implemented as appropriate. Health & Safety training is provided to H&S staff as part of CPD.</p>	Compliant	
8.5	<p>You must have a robust governance and reporting structure for H&S in your service area.</p>	<p>Please provide the name of the SMT member in your service area who sits on the Council H&S Group. Please also describe your governance and reporting structure for H&S and how you ensure that H&S issues across your service area are brought to the attention of the Council H&S Group as appropriate.</p>	<p>The Executive Director of Resources attends the quarterly Council H&S Group</p>	Compliant	
9	Performance requirements	Guidance notes	Response and reference to evidence	Assessment	Improvement actions

9.1	Where performance monitoring identifies inadequate service delivery or poor value for money, you must have arrangements in place for reporting to CLT, Committee and/or Council.	Please describe your performance monitoring arrangements, including frequency of reporting, and provide detail of any such reports during the reporting period.	<p>Strategy & Insight is the corporate lead for performance monitoring and leads on the preparation of performance reports for consideration at the Corporate Leadership Team (CLT) and Divisional Senior Management Teams. Key indicators and exceptions are specifically considered to identify and ameliorate issues, establish best practice and enhance performance and value for money.</p> <p>The Service Area oversees formal performance reporting to Full Council (in relation to The Edinburgh Partnership, Council Performance Indicators, Complaints, Local Government Benchmarking Framework) and for all other Executive Committees.</p> <p>Inadequate performance is highlighted within an accompanying exception report and reported to the appropriate team or committee.</p>	Compliant	
9.2	You should have arrangements in place to implement and monitor improvement measures to address any service delivery or performance problems.	Please describe the arrangements you have in place and give details of improvement measures introduced during the reporting period, eg. exception reporting to CLT, and any outstanding issues.	<p>Performance reports are accompanied by exceptions reports and are considered at CLT each month. Exception reports include information about the underperforming indicator as well as new related data and analysis.</p> <p>Standing Performance Indicator Items appear on CLT and the Divisional SMT agenda. This scrutiny ensures that high profile performance measures are regularly reviewed and are kept in focus by senior management team</p>	Compliant	A divisional plan is being created

9.3	<p>You should have appropriate arrangements in place throughout your service area for recording, monitoring and managing customer service complaints and customer satisfaction, including:</p> <ol style="list-style-type: none"> 1. Compliance with the complaints procedure, including stage 1 and 2 processes. 2. Recording and analysing all complaints to identify service improvement. 3. Implementation of improvement actions in relation to common complaints. 4. Adherence to the Council's Managing Customer Contact in a Fair and Positive Way Policy, to support staff in handling difficult situations. 5. Addressing recommendations from the SPSO in relation to the service area. 	<p>Please describe the arrangements you have in place and how these are monitored, reviewed and reported.</p>	<p>The City of Edinburgh Council follows the Public Service Ombudsman's Customer Complaints rules based on stage 1 and stage 2 complaint reporting and investigation.</p> <p>Complaints are recorded on the Council's Capture database. This database also produces reports on adherence to timescales and performance statistics.</p> <p>Services are supported by corporate teams to identify their complaint area hotspots, along with customer insight to target service improvement activity and service re-design.</p> <p>Training takes place to ensure all staff are up to speed on all current complaint policies, guidelines and supporting material such as Managing Customer Contact in a fair and positive way.</p> <p>Again the Division benefits from having the corporate lead role in terms of engagement and relationship management with the Scottish Public Services Ombudsman.</p>	Compliant	
10	Commercial and Contract Management requirements	Guidance notes	Response and reference to evidence	Assessment	Improvement actions
10.1	<p>You must have arrangements in place to ensure all goods, services and works are procured and managed in compliance with the Contract Standing Orders.</p>	<p>Please describe the arrangements in place and how these are monitored and reported.</p>	<p>Yes, arrangements are in place through relevant staff having attended Oracle training and consulting the Procurement service when necessary.</p>	Compliant	

10.2	You must have arrangements in place to ensure that there are named contract managers in place for every contract managed by the service area and they are made aware of their contract monitoring and record keeping responsibilities.	Please describe these arrangements and how they are monitored and reported.	<p>Divisional managers and budget holders are commensurate with Contract Standing Orders – the fundamental principles, their responsibilities and those of the Head of Service and the thresholds for approval and monitoring requirements. This is supported by system controls which are applied and maintained by the Financial Systems team, with standard procedures applied across all Council services.</p> <p>A transaction authorisation hierarchy is maintained within the Oracle financial system for all Council services.</p> <p>Monthly expenditure and income statements are monitored by all budget managers for review and verification of expenditure and income.</p> <p>The Head of Service meets with the Finance Manager on a regular basis to monitor ongoing progress against budgets with the Finance Manager attending Senior Management Team meetings on a monthly basis in this connection.</p>	Compliant	
10.3	You must have controls and procedures in place to ensure that contract and supplier monitoring is carried out and recorded in accordance with the contract terms.	Please describe the arrangements in place and how these are monitored and reported.	Contracts are rigorously monitored in line with Contract Standing Orders.	Compliant	

10.4	You must have arrangements in place to ensure that changes to contracts or supplier details are recorded and communicated to relevant parties.	Please describe the arrangements in place and how these are monitored and reported.	Contracts are rigorously monitored in line with Contract Standing Orders and in an open, thorough and transparent manner.	Compliant	
11	Change and Project Management requirements	Guidance notes	Response and reference to evidence	Assessment	Improvement actions
11.1	All projects/programmes must have a clear business justification, as a minimum this should articulate outcomes and benefits, normally via a business case prior to commencing delivery.	Please outline the arrangements you have in place.	Strategy & Insight is the lead area for the Council's Change Strategy and is responsible for regularly reviewing the portfolio of programmes and projects and assisting the Corporate Leadership Team and elected members in fulfilling their oversight and scrutiny responsibilities.	Compliant	
11.2	Your project/programme management arrangements should have appropriate governance in place to support delivery. As part of governance, clear roles, responsibilities, and accountabilities are articulated and demonstrated by all members of the project/programme team.	Please outline the arrangements you have in place.	Strategy & Insight benefits from being the corporate lead for both the Change Strategy and for Corporate Governance. This ensures that all project/programme arrangements have robust governance arrangements which demonstrate best practice and align with the Council's Standing Orders.	Compliant	
11.3	You must have effective controls in place to track delivery progress, take corrective action if required, and ensure ongoing viability of your projects and programmes.	Please outline the controls you have in place and confirm that these adequately ensure delivery and ongoing viability.	Again, the Division's corporate expertise in relation to Change programmes, Governance and performance monitoring means that projects are properly established and effective systems provide rigorous oversight enabling any deviations to be quickly identified and ameliorated or escalated as appropriate.	Compliant	

			These programme controls are complemented by democratic scrutiny.		
11.4	You should have a robust benefits management framework in place, including clear benefit measures, owners and realisation plan.	Please outline the arrangements you have in place.	<p>Potential projects and programmes are developed and prioritised in relation to the extent to which they will improve service delivery, offer innovative and transformational approaches and release savings. Once approved, project owners are responsible for monitoring progress and benefits. The Change Team oversees the process and supports projects and programme managers. Progress is reported monthly to the Corporate Leadership Team with scrutiny provided by the Corporate Leadership Team.</p> <p>Major projects have all had necessary documentation in place. However, more minor projects, in particular those with no external expenditure do not always have clear business plans or track benefits.</p>	Partially Compliant	
11.5	You must undertake end stage reviews and once the project has delivered the required outputs a formal closure process should be undertaken, including a final lessons learned exercise.	Please outline the arrangements you have in place.	These requirements are fully built into the arrangements overseen by the Change Team.	Compliant	

12 Financial Control requirements	Guidance notes	Response and reference to evidence	Assessment	Improvement actions
12.1 The operation of financial controls in your service area must be effective in ensuring the valid authorisation of financial transactions and maintenance of accurate accounting records.	Please describe your financial controls.	<p>System controls are applied and maintained by the Financial Systems team, with standard procedures applied across all Council services.</p> <p>A transaction authorisation hierarchy is maintained within the Oracle financial system for all Council services with appropriate approval limits set.</p> <p>Monthly expenditure and income statements are monitored by all budget managers for review and verification of expenditure and income.</p> <p>The Head of Service meets with the Finance Manager on a regular basis to monitor ongoing progress against budgets with the Finance Manager attending Senior Management Team meetings on a monthly basis in this connection</p>	Compliant	
12.2 The arrangements you have in place to monitor expenditure/budget variances should identify control problems or variances that could have an effect on the Annual Accounts.	Please give details of the arrangements you have in place and if any control problems or variances have been identified.	I am extremely confident that the arrangements in place are effective and appropriate. No control problems or variances have been identified during 2017/18, which could have an effect on the Annual Account	Compliant	
12.3 You should have arrangements in place to ensure all material commitments and contingent liabilities (i.e. undertakings, past transactions or events resulting in future financial liabilities) are notified to the Chief Financial Officer.	Please describe the arrangements you have in place and provide details of any such notifications to the Chief Financial Officer.	Given the nature of the Service Area's activities, such instances are comparatively rare. Should they arise these would be highlighted as part of our corporate budget monitoring and financial planning processes.	Compliant	

			There have been no reported instances in the period		
12.4	You should have arrangements in place to protect assets against theft, loss and unauthorised use and identify any significant losses.	Please describe the arrangements you have in place and if there have been any significant losses please detail these and outline any corrective action that has been, or will be, taken.	<p>Subject to adherence to controls in relevant areas, the office-based nature of most of the Service Area's activity militates against theft, loss and unauthorised use of assets but staff are reminded of their responsibilities as part of the annual policy refresh exercise and at other times as appropriate.</p> <p>No significant losses have been identified within the Service Area for the year to March 2018.</p>	Compliant	
12.5	You should have arrangements in place to review the adequacy of insurance provision and its adequacy in covering the risk of loss across your service area.	Please describe the arrangements you have in place including the frequency of review and date of last review.	<p>The scope of provision is reviewed on an on-going basis and any changes made after assessment of the anticipated financial consequences.</p> <p>The Council's insurance section identify and provide insurance provision for the Council.</p>	Compliant	
12.6	You should have arrangements in place for identifying any weaknesses in your service area's compliance with Council financial policies or statutory/regulatory requirements.	Please describe the arrangements you have in place, detail any weaknesses that have been identified and (if any) how these have been or will be addressed.	<p>The Service Area has complied with all statutory/regulatory requirements have been complied with during the year.</p> <p>The Councils Corporate Accounts team keep accountants and services advised of any changes in statutory/ regulatory arrangements.</p>	Compliant	

12.7	You should have arrangements in place that would identify any internal control, risk management or asset valuation problems within service areas that could affect the Annual Accounts?	Please describe the arrangements you have in place and detail any problems that have been identified.	In addition to the periodic and other external reviews noted elsewhere, the Service Area's principal procedures, guidance, policies and risk management are subject to regular review and have not provided evidence of specific concerns in these areas.	Compliant	
13 Group Accounts (Resources only)		Guidance notes	Response and reference to evidence	Assessment	Improvement actions
13.1	Have there been any developments during the year that should lead to additions, deletions or amendments to the companies included in the Group Accounts?	This question requires a Yes/No response. If the response is Yes, please provide details.	N/A	No	
13.2	You should have arrangements in place to identify any internal control, risk management or asset valuation problems with Council companies that could affect the Group Accounts.	Please describe the arrangements in place and detail any problems that have been identified during the reporting period.	N/A	Compliant	
14 National Agency Inspection Reports		Guidance notes	Response and reference to evidence	Assessment	Improvement actions
14.1	You should have arrangements in place to identify any reports relating to your service area that could impact on the signing of the Annual Governance Statement.	Please describe the arrangements you have in place, list the inspection reports published during the year, detail any issues that could have an impact and explain how these have been reported.	The Division is well versed in supporting national inspections such as Best Value Audits by Audit Scotland. There are no such reports in the relevant period that could impact on the signing of the Annual Governance Statement.	Compliant	

14.2	You should have arrangements in place that adequately monitor and report on the implementation of recommendations.	Please describe the arrangements you have in place.	This is not appropriate for the period in question. The Division is however experienced in monitoring and implementing, or overseeing the implementation, of recommendations. The explanation at 2.8 above, in relation to internal audit recommendations, is also relevant here.	Compliant	
15 Internal Audit, External Audit and Review Report Requirements		Guidance notes	Response and reference to evidence	Assessment	Improvement actions
15.1	Have there been any internal audit, external audit or review reports published during the year that have highlighted high, medium or significant control deficiencies?	This question requires a Yes/No response. Please also list the reports published during the year and highlight any that have flagged high, medium or significant control deficiencies.	A review of the Resilience service by Internal Audit commenced in February 2018. A final report is pending. Major project management governance	Yes	
15.2	You should have arrangements in place to ensure all recommendations from these reports have been (or are being) implemented and that this is monitored effectively.	Please describe your implementation, monitoring and reporting arrangements and provide detail of any recommendations that are outstanding at the end of the reporting period.	Audit actions are now discussed monthly at SMT and clear owners are identified and progress is tracked.	Partially Compliant	Arrangements are now in place but historically were not.
16 Progress		Guidance notes	Response and reference to evidence	Assessment	Improvement actions
16.1	All outstanding issues or recommendations arising from this exercise, commissioned reviews, committee reports and other initiatives in previous years should have been addressed satisfactorily.	Please detail how any remaining outstanding issues or recommendations are being addressed.	Many of the issues and recommendations are, of course, continuous and subject to ongoing review, enhancement and improvement. The recent self-attestation exercise reviewing the implementation of previous historic IA actions has highlighted some areas in the Directorate where further action is required to allow	Compliant	Historic IA action and open and overdue IA Actions arising during 2017/18 are part of a CLT Plan for improved compliance and reporting. Until these actions are validated and closed or sufficiently mitigated, then this assessment is unable to show as Compliant.

			these to be fully embedded within services.		
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Reviewed by		Role	Executive Director (where applicable)	Date	
Reviewed by		Role	Internal Audit	Date	
Reviewed by		Role	Democracy, Governance and Resilience Senior Manager	Date	

Head of Service

Schedule to Support Evidence of Assurance for the Annual Governance Statement

For the year end 31 March 2018

Directorate	Chief Executive		Division / Service Area	Communications	
Completed by	Simon Higgins	Job title	Head of Communications	Date completed	26 March 2018
Signed off by		Job title			
Print name of signatory		Date of signature			

Introduction

The Statement of Accounts 2017/2018 includes the Annual Governance Statement signed by the Council Leader, the Chief Executive and the Head of Finance. The Annual Governance Statement is supported by Certificates of Assurance from each of the Executive Directors.

The Certificates of Assurance require Executive Directors to confirm that:

1. they have considered the effectiveness of controls in their directorate, including controls in place to mitigate major risks to their directorate's objectives;
2. to the best of their knowledge, appropriate controls are in operation upon which they can place reasonable assurance and that there are no significant matters arising that should be raised specifically in the Annual Governance Statement (or otherwise); and
3. they have identified actions that will be taken to continue improvement.

Executive Directors seek assurance through issue of this schedule to their Heads of Service to satisfy themselves that effective controls are in place across all service areas. Completing this schedule helps prompt Heads of Service to consider various aspects of their control environment and will inform the Executive Director's assessment of compliance.

This schedule should be used as a prompt to think about good governance and the internal control environment and is not an exhaustive list.

Guidance on completing the schedule

The schedule should be completed by the Head of Service or by a nominated senior manager (suggested managers to provide information and/or responses are highlighted below). Additional guidance notes are provided throughout the document.

Before submission to their Executive Director (where applicable), Heads of Service should ensure that this schedule has been completed accurately.

Please note that although evidence does not need to be attached to the completed schedule, accurate reference should be made to any supporting evidence because **responses made in the schedule may be subject to audit at a later date.**

Your assessment should consider how your service area's arrangements would stand up to external scrutiny. When completing the schedule please include your assessment of the service area's compliance and, if your assessment is partially or not compliant, please note planned improvement actions in the relevant column.

Please return your completed schedule to your Executive Director no later than **Friday 13 April 2018**. The Chief Executive's Heads of Service should return their completed schedule to governance@edinburgh.gov.uk by the same date and a Certificate of Assurance will be issued for completion.

Section	Requirements	Supporting officers
Section 1	Internal Control Environment	Head of Service
Section 2	Risk and Resilience	Directorate/Service Area Risk Committee Representative/Resilience Co-ordinator
Section 3	Workforce Controls	Head of Service
Section 4	Council Companies	Senior Relationship Lead / Company Observer(s)
Section 5	Policy	Head of Service
Section 6	Governance and Compliance	Head of Service
Section 7	Information Governance	Directorate/Service Area Record Officers
Section 8	Health & Safety	SMT Health & Safety Lead
Section 9	Performance	Head of Service
Section 10	Commercial and Contract Management	Head of Service
Section 11	Change and Projects	Head of Service
Section 12	Financial Control	Directorate/Service Area Financial Manager or Representative
Section 13	Group Accounts	RESOURCES only
Section 14	National Agency Inspection Reports	Head of Service
Section 15	Internal Audit, External Audit & Review Reports	Head of Service
Section 16	Progress	Head of Service

For further information or assistance please contact:

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1 Internal Control Environment requirements	Guidance notes	Response and reference to evidence	Assessment	Improvement actions	
1.1	You must have internal controls and procedures in place throughout your service area that are proportionate, robust, monitored and operate effectively.	Please describe and/or give examples of the controls and procedures that you have in place and how these are monitored, tested, and reported.	Controls are in place for activities delivered by the team. All communications activities are monitored against targets and objectives by service managers and the service area involved. Regular review meetings are held at SMT's and with lead officers. The service adhere to the councils internal controls for financial, risk, resilience, procurement controls.	Compliant	
1.2	You must have controls and procedures in place to manage the risks in delivering services through council companies, partners and third parties.	Please describe and/or give examples of the controls and procedures that you have in place and how these are monitored, tested and reported.	Communications does not deliver services through any of these routes.	Compliant	N/A
1.3	Your internal controls and procedures and their effectiveness must be reviewed regularly.	Please describe how these are reviewed, by whom and how often.	Internal controls and procedures are reviewed on a regular basis. We are implementing a customer satisfaction framework. Service standards are reviewed and feedback sought continuously.	Compliant	
1.4	Did the last review of your internal control environment identify any weaknesses that could have an impact on the Annual Accounts?	Please include the date of the last review, whether any weaknesses were identified and, if so, how these have been or will be addressed.	Communications activity does not have a direct impact on the annual accounts.		

1.5	Has the monitoring process applied to funding/operating agreements identified any problems that could have an impact on Annual or Group Accounts?	Please describe the arrangements you have in place, including an overview of the monitoring process and frequency of reporting, and summarise any problems that have been identified.	Communications does not operate funding/operating arrangements.	N/A	N/A
2	Risk and Resilience requirements	Guidance notes	Response and reference to evidence	Assessment	Improvement actions
2.1	Your risk management arrangements should identify the key risks to your service area (and the Council) including those arising from: <ol style="list-style-type: none"> 1. Change (e.g. structural, service delivery, demographic and/or management) 2. Partnerships (external and internal) 3. Projects 4. Legal or regulatory action(s), and 5. Reputational damage. 	Please describe your risk management arrangements and confirm that these adequately cover the three categories listed.	Yes preferred supplier tenders are in place for additional support requirements. Other procurement exercises will be carried out as required. An SLA is in place with Marketing Edinburgh and regular review meetings are in place.	Compliant	
2.2	You must have effective controls and procedures in place to manage the risks identified above to a tolerable level or actions put in place to mitigate and manage the risk.	Please describe the controls and procedures that you have in place.	Regular monitoring by Head of Service and management team in place.	Compliant	
2.3	The robustness and effectiveness of your risk management arrangements must be regularly reviewed.	Please describe how you review your risk management arrangements, who does this and how often.	Regularly reviewed	Compliant	

2.4	Did the last review identify any weaknesses that could have an impact on the Annual Accounts?	Please include the date of the last review, any weaknesses that were identified and how these will be addressed.	No	No	
2.5	There must be appropriate escalation/communication to the service area Risk Committee and CLT Risk Committee (as appropriate) of significant issues, risks and weaknesses in risk management.	Please describe the process for escalation/communication to the relevant Risk Committees.	Escalation available to Resources Board	Compliant	
2.6	You should have arrangements in place throughout your service area for the identification, recording and minimising of bribery risks.	Please describe these arrangements and how they are monitored and reported.	Register of gifts and hospitality	Compliant	
2.7	You should have arrangements in place to promote and support the embedding of the Council's Whistleblowing Policy and procedures, including raising awareness of the routes for concerns to be raised.	Please describe the arrangements you have in place, including the reporting of disclosures received by management to the Council's independent service provider.	Team communications and regular review	Compliant	
2.8	You should have arrangements in place throughout your service area for the recording and addressing of audit actions.	Please describe these arrangements and how they are monitored and reported.	Management Team	Compliant	

2.9	<p>Your service area should have appropriate resilience arrangements in place, including:</p> <ol style="list-style-type: none"> 1. A Service Area Resilience Group and Workplan 2. A Resilience Coordinator and deputies for each essential activity area 3. A Counterterrorism Coordinator and deputy 4. A Building Incident Manager for each staffed Council premise. <p>All who should have received the appropriate training.</p>	<p>Please confirm your compliance with each requirement and how you ensure each is managed.</p>	<p>Resilience plan in place. Management structure in place. Counterterrorism not in place. Once location incident manager – management team.</p>	<p>Partially Compliant</p>	
2.10	<p>Your business continuity plans and arrangements should mitigate the business continuity risks facing your service area’s essential activities.</p>	<p>Please detail the plans and arrangements you have in place and explain how and when these are reviewed and reported.</p>	<p>In place.</p>	<p>Compliant</p>	
3 Workforce Control requirements		Guidance notes	Response and reference to evidence	Assessment	Improvement actions
3.1	<p>You should have arrangements in place to ensure workforce resources are managed properly, including compliance with payroll policies, overtime controls, absence management and performance eg. home/remote working.</p>	<p>Please describe these arrangements and how they are monitored and reported.</p>	<p>Staff briefing, team meetings, management team, 1-1 discussions, objectives.</p>	<p>Compliant</p>	

3.2	You should have robust controls in place to manage off-payroll workers/contractors, including agency workers and consultants, ensuring approved framework contracts have been used and that those engaged are wholly compliant with the provisions of IR35 Council guidance and procedures.	Please detail the controls you have in place to ensure compliance and explain how these are monitored and reported.	N/A		N/A
3.3	You must ensure that recruitment and selection is only undertaken by appropriately trained individuals and is fully compliant with Council policies and procedures, including vacancy approvals and controls.	Please describe how you ensure compliance.		Compliant	
3.4	You should have robust controls in place to manage new starts, movers and leavers, including induction and mandatory training, IT systems security (access and removal) and access to buildings and service users' homes.	Please describe the controls and monitoring in place.	All new starters are taken through this by their line manager agreed with head of communications.	Compliant	
3.5	You must have robust controls in place to ensure that statutory workforce requirements are met, eg. PVG/disclosure checks, statutory registration/qualification, European Working Time Directive, right to work in the UK.	Please describe the controls you have in place, including monitoring and reporting arrangements.	Council policies are implemented across the team.	Compliant	

3.6	You should have arrangements in place to manage staff health and wellbeing, ensuring sickness absence is managed in compliance with the policy, including stress risk assessments and referrals to occupational health.	Please describe the arrangements you have in place to ensure compliance.	All issues reviewed at management team and Managed in line with Council policy.	Compliant	
3.7	You must ensure compliance with essential training requirements and support learning and development appropriately, including professional CPD requirements.	Please detail how you monitor to ensure compliance.	Essential training required reviewed and managed at management team.	Compliant	
3.8	You should have arrangements in place to support and manage staff performance eg. regular 1:1/supervision meetings, performance/spotlight conversations.	Please describe the arrangements you have in place.	regular 1:1/supervision meetings, performance/spotlight conversations.	Compliant	
3.9	You must ensure compliance with HR policies and procedures across all service areas, eg. Code of Conduct, Disciplinary, Grievance, Bullying and Harassment.	Please describe how you monitor compliance across all service areas, eg. maintaining a register of gifts and hospitality, recording conflicts of interest, recording and approving secondary employment where required.	Corporate policies followed across the team supervised and monitored by line managers.	Compliant	

4 Council Company requirements		Guidance notes	Response and reference to evidence	Assessment	Improvement actions
4.1	You must have arrangements in place for the oversight and monitoring of the council companies you are responsible for, that give you adequate assurance over their operation and delivery for the Council.	Please describe the arrangements you have in place, including observer attendance at board meetings, monitoring and reporting on performance/development/risks, Governance Hub, etc.	N/A		N/A
4.2	You must ensure that an appropriate Service Level Agreement, or other appropriate legal agreement, is in place for each Arm's Length External Organisation that you are responsible for.	Please confirm that this is the case, that each agreement is up to date and the frequency of review.	N/A		N/A
4.3	You must regularly consult and engage with recognised trade unions.	Please describe the arrangements you have in place.	Head of service is a member of the resources joint consultative committee.	Compliant	
5 Policy requirements		Guidance notes	Response and reference to evidence	Assessment	Improvement actions
5.1	You should have arrangements in place to ensure all service area staff are made aware of and fully understand the implications of relevant existing and new council policies.	Please describe the arrangements you have in place at service area level eg. Employee Handbook requirements, as well as locally in relation to operational and/or role specific requirements.	Induction.	Compliant	

5.2	You should have arrangements in place for the annual review of policies owned by your service area, via the relevant executive committee, to ensure these comply with the Council's policy framework.	Please describe the arrangements you have in place to ensure the policies you are responsible for are up to date and fit for purpose (reflecting organisational changes, best practice, operational experience and legislative changes).	N/A		N/A
5.3	You should ensure that policies and procedures of particular relevance to services within your service area are implemented in a planned and consistent manner.	Please describe the arrangements you have in place eg. action plans, training programmes, etc.	N/A		N/A
6 Governance and Compliance requirements		Guidance notes	Response and reference to evidence	Assessment	Improvement actions
6.1	You must ensure service area staff are aware of their responsibilities in relation to the Council's governance framework eg. Committee Terms of Reference and Delegated Functions, Scheme of Delegation, Contract Standing Orders, Financial Regulations.	Please describe the arrangements you have in place to ensure operational decisions and activities are carried out within agreed parameters.	Signed off and managed by the management team.	Compliant	
6.2	The authority, responsibility and accountability levels within your service area should be clearly defined, with proper officer designation delegated, recorded, monitored, revoked and reviewed regularly to meet the requirements of the Scheme of Delegation.	Please describe the process for this including how this is undertaken, by whom and the frequency of review.	N/A	Compliant	N/A

6.3	You should have arrangements in place to ensure your service area's activities are fully compliant with relevant Scottish, UK and EU legislation and regulations.	Please describe the arrangements you have in place, including risk assessment, monitoring and compliance with statutory reporting requirements.	Managed via the management team.	Compliant	
7	Information Governance requirements	Guidance notes	Response and reference to evidence	Assessment	Improvement actions
7.1	Service area staff must be made aware of their responsibilities in relation to the proper management of Council information, including the need to adhere to Council policies, procedures and guidance around: information governance; records management; data quality; information rights; information compliance; information security; and ICT acceptable use.	Please describe the arrangements in place and how these are monitored and reported.	Training in place and reviewed as part of each additional project if data gathering is required.	Compliant	
7.2	Data sharing arrangements with third parties must be recorded, followed and regularly reviewed throughout all service areas in your service area.	Please describe the arrangements in place and how these are monitored and reported.	N/A	Compliant	N/A
7.3	Privacy impact assessments must be completed to assess risks to processes that handle personal data (when appropriate) throughout all service areas in your service area.	Please describe the arrangements in place and how these are monitored and reported.	Undertaken when appropriate.	Compliant	

7.4	All service area staff must be made aware of their responsibilities to report and manage data protection and information security breaches.	Please describe the arrangements in place and how these are monitored and reported.	Done so in management team and team meetings.	Compliant	
7.5	Information risks should be routinely recorded in risk registers and managed throughout all service areas in your service area.	Please describe the arrangements in place and how these are monitored and reported.	As part of resources risk committee.	Compliant	
7.6	Processes that manage Council records, created and used within your service area, must be documented within approved procedures.	Please describe the arrangements in place for both core service records and business support records (e.g. Finance, HR, Health & Safety, Procurement etc.), as well as how these arrangements are reviewed and updated.	N/A		
7.7	All Council records within your service area should be routinely disposed of according to their relevant record retention rules and these disposals should be documented.	Please describe the arrangements in place and how these are monitored for compliance..	N/A		
8	Health & Safety (H&S) requirements	Guidance notes	Response and reference to evidence	Assessment	Improvement actions

8.1	Service area staff must be made aware of their responsibilities under relevant H&S policies and procedures, including: Council Health and Safety Policy; Fire Safety Policy and Procedures; First-aid and Emergency Procedures; Stress Policy and Procedures; Accident, incident and work-related ill health reporting and investigation procedure; all other relevant health and safety policies and procedures (e.g. Asbestos, Water Safety).	Please describe the arrangements you have in place to meet these requirements and how these are monitored.	Done so as part of management team, team meetings and 1-1's.	Compliant	
8.2	You must have appropriate arrangements in place for establishing, implementing and maintaining procedures for the ongoing hazard identification, risk assessment and determination of necessary controls to ensure all H&S risks are adequately controlled.	Please describe the arrangements you have in place and how these are monitored, reviewed and reported.	N/A	Compliant	
8.3	You must have competencies, processes and controls in place to ensure that all service areas in your service area, and any other areas of responsibility, operate in compliance with all applicable H&S laws and regulations.	Please describe the arrangements you have in place and how these are monitored, reviewed and reported.	Management team, team meetings and 1-1's.	Compliant	

8.4	You must have appropriate arrangements in place for the identification and provision of H&S training necessary for all job roles, including induction training.	Please describe the arrangements you have in place and how these are monitored, reviewed and reported.	1-1's.	Compliant	
8.5	You must have a robust governance and reporting structure for H&S in your service area.	Please provide the name of the SMT member in your service area who sits on the Council H&S Group. Please also describe your governance and reporting structure for H&S and how you ensure that H&S issues across your service area are brought to the attention of the Council H&S Group as appropriate.	Follow council policy and encourage staff to report near misses and other incidents.	Compliant	
9	Performance requirements	Guidance notes	Response and reference to evidence	Assessment	Improvement actions
9.1	Where performance monitoring identifies inadequate service delivery or poor value for money, you must have arrangements in place for reporting to CLT, Committee and/or Council.	Please describe your performance monitoring arrangements, including frequency of reporting, and provide detail of any such reports during the reporting period.	Via management team, team meetings and 1-1's. Issues escalated via Head of Service.	Compliant	
9.2	You should have arrangements in place to implement and monitor improvement measures to address any service delivery or performance problems.	Please describe the arrangements you have in place and give details of improvement measures introduced during the reporting period, eg. exception reporting to CLT, and any outstanding issues.	Via management team, head of service and Chief Executive.	Compliant	

9.3	<p>You should have appropriate arrangements in place throughout your service area for recording, monitoring and managing customer service complaints and customer satisfaction, including:</p> <ol style="list-style-type: none"> 1. Compliance with the complaints procedure, including stage 1 and 2 processes. 2. Recording and analysing all complaints to identify service improvement. 3. Implementation of improvement actions in relation to common complaints. 4. Adherence to the Council's Managing Customer Contact in a Fair and Positive Way Policy, to support staff in handling difficult situations. 5. Addressing recommendations from the SPSO in relation to the service area. 	<p>Please describe the arrangements you have in place and how these are monitored, reviewed and reported.</p>	<p>We follow the City of Edinburgh Complaints Procedure.</p>	<p>Compliant</p>	
10 Commercial and Contract Management requirements	Guidance notes	Response and reference to evidence	Assessment	Improvement actions	
10.1	<p>You must have arrangements in place to ensure all goods, services and works are procured and managed in compliance with the Contract Standing Orders.</p>	<p>Please describe the arrangements in place and how these are monitored and reported.</p>	<p>Council policy and procurement system.</p>	<p>Compliant</p>	

10.2	You must have arrangements in place to ensure that there are named contract managers in place for every contract managed by the service area and they are made aware of their contract monitoring and record keeping responsibilities.	Please describe these arrangements and how they are monitored and reported.	Corporate training. Named staff for any contracts that are in place.	Compliant	
10.3	You must have controls and procedures in place to ensure that contract and supplier monitoring is carried out and recorded in accordance with the contract terms.	Please describe the arrangements in place and how these are monitored and reported.	Regular contract review with procurement and finance and review at management team.	Compliant	
10.4	You must have arrangements in place to ensure that changes to contracts or supplier details are recorded and communicated to relevant parties.	Please describe the arrangements in place and how these are monitored and reported.	Communications follows the corporate policy.	Compliant	
11	Change and Project Management requirements	Guidance notes	Response and reference to evidence	Assessment	Improvement actions
11.1	All projects/programmes must have a clear business justification, as a minimum this should articulate outcomes and benefits, normally via a business case prior to commencing delivery.	Please outline the arrangements you have in place.	N/A		

11.2	Your project/programme management arrangements should have appropriate governance in place to support delivery. As part of governance, clear roles, responsibilities, and accountabilities are articulated and demonstrated by all members of the project/programme team.	Please outline the arrangements you have in place.	N/A		
11.3	You must have effective controls in place to track delivery progress, take corrective action if required, and ensure ongoing viability of your projects and programmes.	Please outline the controls you have in place and confirm that these adequately ensure delivery and ongoing viability.	N/A		
11.4	You should have a robust benefits management framework in place, including clear benefit measures, owners and realisation plan.	Please outline the arrangements you have in place.	N/A		
11.5	You must undertake end stage reviews and once the project has delivered the required outputs a formal closure process should be undertaken, including a final lessons learned exercise.	Please outline the arrangements you have in place.	N/A		
12	Financial Control requirements	Guidance notes	Response and reference to evidence	Assessment	Improvement actions

12.1	The operation of financial controls in your service area must be effective in ensuring the valid authorisation of financial transactions and maintenance of accurate accounting records.	Please describe your financial controls.	The corporate policy is implemented, monitored and followed closely.	Compliant	
12.2	The arrangements you have in place to monitor expenditure/budget variances should identify control problems or variances that could have an effect on the Annual Accounts.	Please give details of the arrangements you have in place and if any control problems or variances have been identified.	Regular review meetings with finance.	Compliant	
12.3	You should have arrangements in place to ensure all material commitments and contingent liabilities (i.e. undertakings, past transactions or events resulting in future financial liabilities) are notified to the Chief Financial Officer.	Please describe the arrangements you have in place and provide details of any such notifications to the Chief Financial Officer.	Financial policies and regular review meetings with finance.	Compliant	
12.4	You should have arrangements in place to protect assets against theft, loss and unauthorised use and identify any significant losses.	Please describe the arrangements you have in place and if there have been any significant losses please detail these and outline any corrective action that has been, or will be, taken.	Removal and secure storage of all assets.	Compliant	
12.5	You should have arrangements in place to review the adequacy of insurance provision and its adequacy in covering the risk of loss across your service area.	Please describe the arrangements you have in place including the frequency of review and date of last review.	N/A		

12.6	You should have arrangements in place for identifying any weaknesses in your service area's compliance with Council financial policies or statutory/regulatory requirements.	Please describe the arrangements you have in place, detail any weaknesses that have been identified and (if any) how these have been or will be addressed.	Regular review with finance. Monitoring of budget at management team.	Compliant	
12.7	You should have arrangements in place that would identify any internal control, risk management or asset valuation problems within service areas that could affect the Annual Accounts?	Please describe the arrangements you have in place and detail any problems that have been identified.	N/A		
13 Group Accounts (Resources only)		Guidance notes	Response and reference to evidence	Assessment	Improvement actions
13.1	Have there been any developments during the year that should lead to additions, deletions or amendments to the companies included in the Group Accounts?	This question requires a Yes/No response. If the response is Yes, please provide details.		No	
13.2	You should have arrangements in place to identify any internal control, risk management or asset valuation problems with Council companies that could affect the Group Accounts.	Please describe the arrangements in place and detail any problems that have been identified during the reporting period.	N/A	Compliant	
14 National Agency Inspection Reports		Guidance notes	Response and reference to evidence	Assessment	Improvement actions

14.1	You should have arrangements in place to identify any reports relating to your service area that could impact on the signing of the Annual Governance Statement.	Please describe the arrangements you have in place, list the inspection reports published during the year, detail any issues that could have an impact and explain how these have been reported.	N/A		
14.2	You should have arrangements in place that adequately monitor and report on the implementation of recommendations.	Please describe the arrangements you have in place.	N/A		
15 Internal Audit, External Audit and Review Report Requirements		Guidance notes	Response and reference to evidence	Assessment	Improvement actions
15.1	Have there been any internal audit, external audit or review reports published during the year that have highlighted high, medium or significant control deficiencies?	This question requires a Yes/No response. Please also list the reports published during the year and highlight any that have flagged high, medium or significant control deficiencies.		No	
15.2	You should have arrangements in place to ensure all recommendations from these reports have been (or are being) implemented and that this is monitored effectively.	Please describe your implementation, monitoring and reporting arrangements and provide detail of any recommendations that are outstanding at the end of the reporting period.	N/A		
16 Progress		Guidance notes	Response and reference to evidence	Assessment	Improvement actions

16.1	All outstanding issues or recommendations arising from this exercise, commissioned reviews, committee reports and other initiatives in previous years should have been addressed satisfactorily.	Please detail how any remaining outstanding issues or recommendations are being addressed.	N/A		
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Reviewed by		Role	Executive Director (where applicable)	Date	
Reviewed by		Role	Internal Audit	Date	
Reviewed by		Role	Democracy, Governance and Resilience Senior Manager	Date	

Appendix 2 – Strategy and Communications Action Plan in Response to Annual Assurance Statement Findings

Control Area	Paragraph of Schedule	Issue	Action	Senior Responsible Officer	Target completion date
Internal Control Environment	1.3	Your internal controls and procedures and their effectiveness must be reviewed regularly	New arrangements have been put in place due to the re-alignment of Strategy and Insight and Communications. Senior management is now in place and SMT meetings are held fortnightly and consider areas such as risk, health and safety, project delivery, audit, budget and HR.	Laurence Rockey	Completed but ongoing
Risk and Resilience	2	General	How the division treats risk continues to develop and there are regular discussions at SMT and other management teams on how risk is handled. The division continues to strive to embed risk management into business as usual activities.	Laurence Rockey	Completed but ongoing
Internal Audit	2.8	You should have arrangements in place throughout your service area for the recording and addressing of audit actions	Arrangements have been put in place by management to manage and monitor audit actions to ensure compliance. This in turn is then monitored and discussed monthly at SMT.	Laurence Rockey	Completed but ongoing

Policy	5.2	You should have arrangements in place for the annual review of policies owned by your service area, via the relevant executive committee, to ensure these comply with the Council's policy framework.	A review of divisional policies has been carried out and a timetable is being set out to ensure an annual refresh of all Council policies is in place.	Laurence Rockey	April 2019
Information Governance	7.6 and 7.7	Processes that manage Council records, created and used within your service area, must be documented within approved procedures.	Work is being undertaken on a new shared drive for the division. This is being carried out by the Information Governance Unit along best practice guidelines. Over a million files have been scanned and a fileplan and migration plan will be completed in March 2019 for implementation of a new structure with guidance on the management of records by summer 2019.	Laurence Rockey	July 2019
Health and Safety	8.2	You must have appropriate arrangements in place for establishing, implementing and maintaining procedures for the ongoing hazard identification, risk assessment and determination of necessary controls to ensure all H&S risks are adequately controlled.	A new health and safety plan that covers the newly re-aligned division has been produced and will be rolled out across the division.	Laurence Rockey	February 2019
Performance	9.2	You should have arrangements in place to implement and monitor improvement measures to address any service delivery or performance problems.	A series of initiatives have been put in place to address this: <ul style="list-style-type: none"> regular SMT performance that looks 	Laurence Rockey	Completed but ongoing

			<p>closely at all areas of performance, including people, finance, audit and risk.</p> <ul style="list-style-type: none">• risk register regularly discussed and updated.• SMT conversation about priorities for 19/20.		
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