

## Notice of Meeting and Agenda Audit, Risk and Scrutiny Board

Date	Time	Venue
Monday, 19 March 2018	10:00	Corporate Meeting Room 1, Council Headquarters, Renfrewshire House, Cotton Street, Paisley, PA1 1AN

KENNETH GRAHAM  
Head of Corporate Governance

### Membership

Councillor Tom Begg: Councillor Stephen Burns: Councillor Michelle Campbell: Councillor Alison Jean Dowling: Councillor Neill Graham: Councillor Jim Harte: Councillor Emma Rodden:

Councillor Bill Binks (Convener): Councillor Jim Sharkey (Depute Convener):

### Members of the Press and Public

Members of the press and public wishing to attend the meeting should report to the customer service centre where they will be met and directed to the meeting.

### In Attendance

### Also in Attendance

### Apology

### Sederunt

## **Further Information**

This is a meeting which is open to members of the public.

A copy of the agenda and reports for this meeting will be available for inspection prior to the meeting at the Customer Service Centre, Renfrewshire House, Cotton Street, Paisley and online at [www.renfrewshire.cmis.uk.com/renfrewshire/CouncilandBoards.aspx](http://www.renfrewshire.cmis.uk.com/renfrewshire/CouncilandBoards.aspx)

For further information, please either email [democratic-services@renfrewshire.gov.uk](mailto:democratic-services@renfrewshire.gov.uk) or telephone 0141 618 7112.

## Items of business

### Apologies

Apologies from members.

### Declarations of Interest

Members are asked to declare an interest in any item(s) on the agenda and to provide a brief explanation of the nature of the interest.

- |           |   |                  |
|-----------|---|------------------|
| <b>1</b>  | <b>Training for Audit, Risk &amp; Scrutiny Members</b>                            | <b>5 - 20</b>    |
|           | Report by Chief Auditor.  |                  |
| <b>2</b>  | <b>Internal Audit Reporting to Board</b>  | <b>21 - 28</b>   |
|           | Report by Chief Auditor.  |                  |
| <b>3</b>  | <b>Summary of Internal Audit Reports for Period October to December 2017</b>      | <b>29 - 46</b>   |
|           | Report by Chief Auditor.  |                  |
| <b>4</b>  | <b>Internal Audit and Counter Fraud Progress and Performance to December 2017</b> | <b>47 - 52</b>   |
|           | Report by Chief Auditor.  |                  |
| <b>5</b>  | <b>Annual Internal Audit Plan 2018/19</b>   | <b>53 - 70</b>   |
|           | Report by Chief Auditor.  |                  |
| <b>6</b>  | <b>Local Government Benchmarking Framework Indicator Profile 2016/17</b>          | <b>71 - 90</b>   |
|           | Report by Chief Executive.  |                  |
| <b>7</b>  | <b>Annual Complaints Report 2016/17</b>   | <b>91 - 104</b>  |
|           | Report by Chief Executive.  |                  |
| <b>8</b>  | <b>Annual Review of Compliance with the Local Code of Corporate Governance</b>    | <b>105 - 166</b> |
|           | Report by Director of Finance & Resources.  |                  |
| <b>9</b>  | <b>Compliance with the Code of Corporate Governance</b>                           | <b>167 - 168</b> |
|           | Report by Chief Auditor.  |                  |
| <b>10</b> | <b>Absence Statistics</b>   | <b>169 - 178</b> |
|           | Report by Director of Finance & Resources.  |                  |

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|----|--|-----------|
| 11 | <b>Fly-Tipping in the Countryside and at known Fly-tipping Spots (Lead Officer Karen Locke)</b><br>Report by Lead Officer. | 179 - 192 |
| 12 | <b>Review of Housing Repairs by Council and Outside Contractors (Lead Officer Colin Hunter)</b><br>Report by Lead Officer. | 193 - 212 |



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**To: Audit, Risk and Scrutiny Board**

**On: 19 March 2018**

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**Report by: Chief Auditor**

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**Heading: Training for Audit, Risk and Scrutiny Board Members**

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**1. Summary**

- 1.1 In line with national guidance produced by the Chartered Institute of Public Finance and Accountancy (CIPFA) on the implementation of Audit Committee Principles in Scottish Local Authorities, training on audit and risk related matters is being provided to members of the Audit, Risk and Scrutiny Board.
  - 1.2 At the Audit, Scrutiny and Petitions Board meeting on 28 August 2017, it was agreed that a programme of training briefings for members would be provided and would continue to form part of the main agenda at every alternate meeting.
  - 1.3 Attached at Appendix 1 is the agreed programme of briefings, Audit Scotland will provide a briefing to members at the current meeting on "The Role of External Audit".
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**2. Recommendations**

- 2.1 Members are asked to note the content of the current training briefing.
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## Implications of the Report

1. **Financial** - None
2. **HR & Organisational Development** - None
3. **Community Planning –  
Safer and Stronger** – an effective audit committee is an important element of good corporate governance.
4. **Legal** - None
5. **Property/Assets** - None
6. **Information Technology** - None
7. **Equality & Human Rights** - None
8. **Health & Safety** – None
9. **Procurement** - None
10. **Risk** - training for elected members on audit and risk-related matters reflects audit committee principles
11. **Privacy Impact** – None
12. **COSLA Implications** - None

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**Author:** Andrea McMahon – 01416187017

## Appendix 1

Date	Topic
28 August 2017	The Role of the Audit Committee
6 November 2017	Cyber Security Risk and Control
19 March 2018	The Role of External Audit
27 August 2018	Understanding Financial Statements
5 November 2018	The Role of Internal Audit



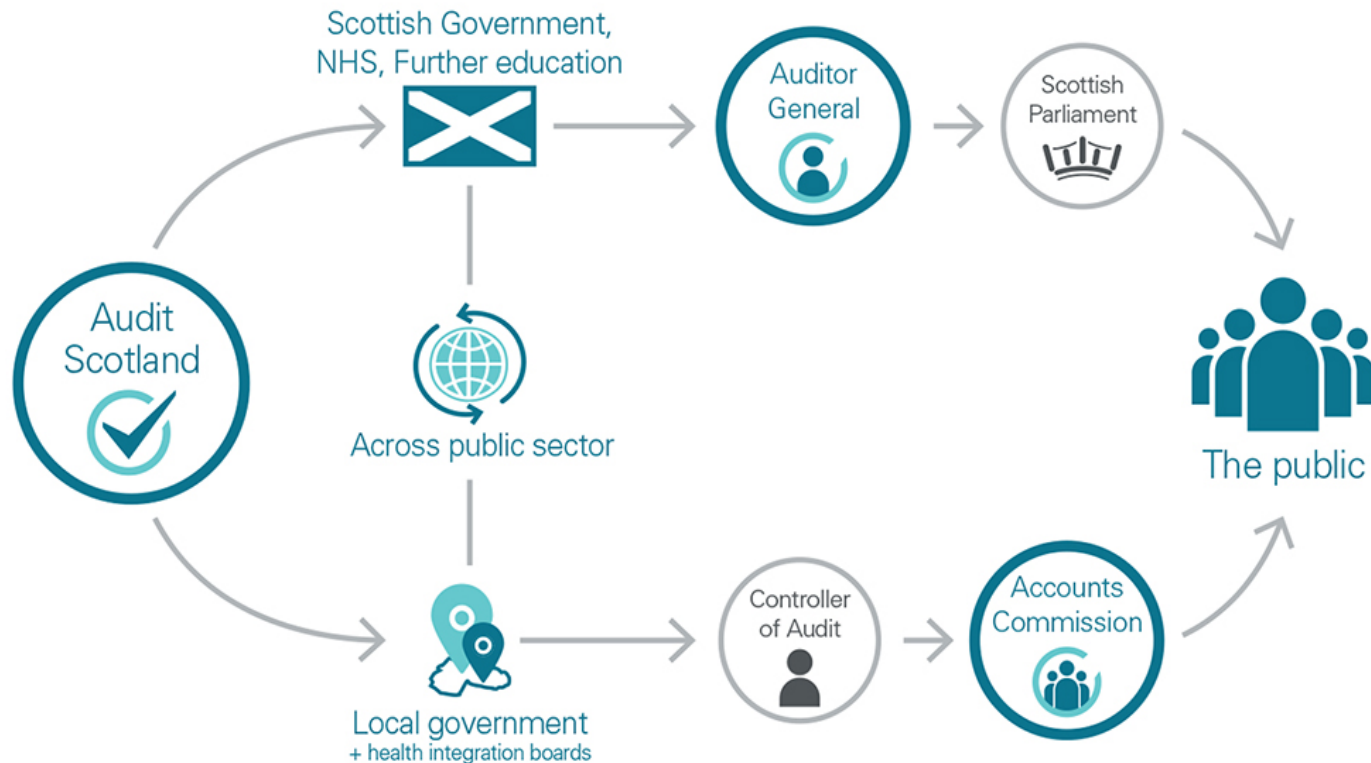




# Audit Scotland - Overview



# Who we are





# Financial Statements Audit



## Annual Accounts 2016-2017 Independent Auditor's Report

Independent auditor's report to the members of Renfrewshire Council and the Accounts Commission

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice approved by the Accounts Commission, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Report on the audit of the financial statements

### Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of Renfrewshire Council and its group for the year ended 31 March 2017 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Expenditure and Funding Analysis, the group and council-only Comprehensive Income and Expenditure Statements, Movement in Reserves Statements, Balance Sheets, and Cash-Flow Statements, the council-only Housing Revenue Account, the Council Tax Income Account, and the Non-Domestic Rates Income Account and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2016/17 (the 2016/17 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2016/17 Code of the state of affairs of the council and its group as at 31 March 2017 and of the surplus on the provision of services of the council and its group for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2016/17 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

### Basis of opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK and Ireland (ISAs (UK&I)). My responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of my report. I am independent of the council and its group in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standards for Auditors, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

### Responsibilities of the Director of Finance and Resources for the financial statements

As explained more fully in the Statement of Responsibilities, the Director of Finance and Resources is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Director of Finance and Resources determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

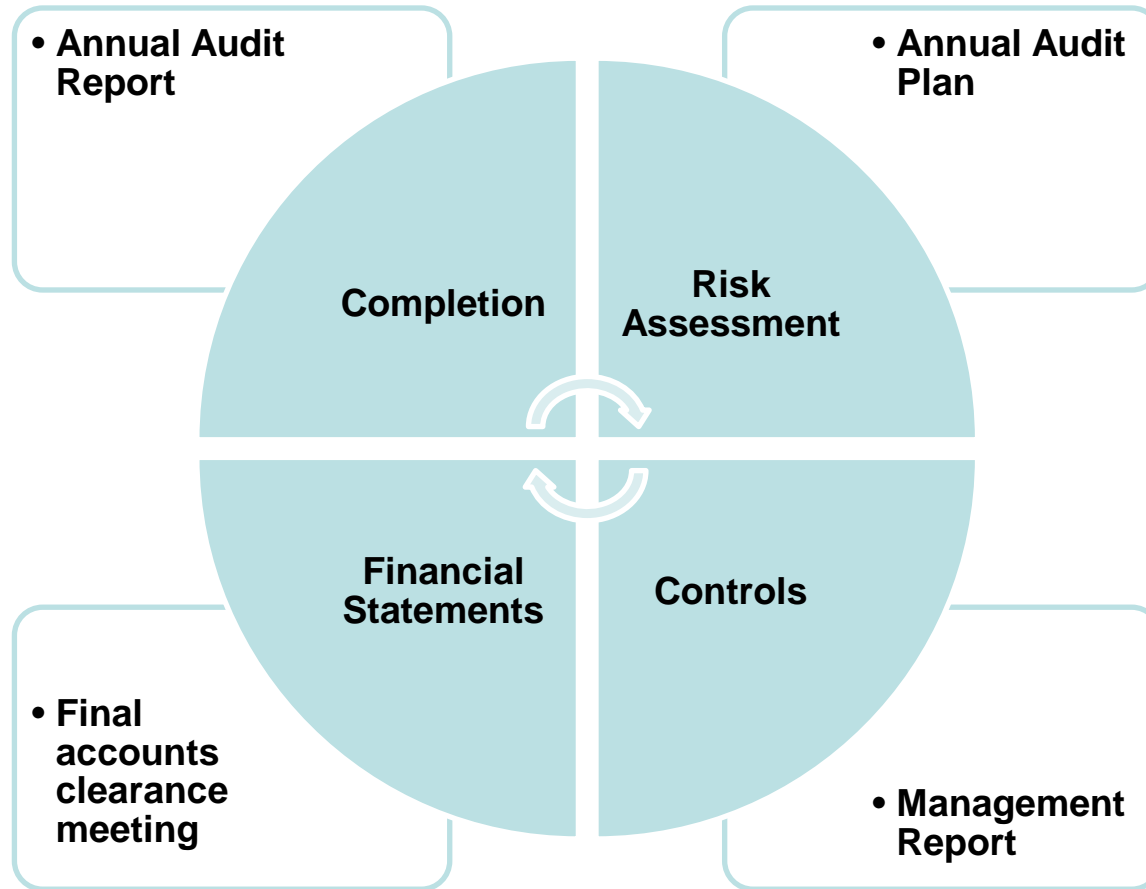
### Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit and express an opinion on the financial statements in accordance with applicable legal requirements and ISAs (UK&I) as required by the Code of Audit Practice approved by the Accounts Commission. Those standards require me to comply with the Financial Reporting Council's Ethical Standards for Auditors. An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the circumstances of the council and its group and have been

Also includes assessing:



# Annual Audit Cycle



# Audit Cycle- Timeline

Timing	Audit Work	Audit Output
October / November to January	Risk Assessment	Annual Audit Plan
February to June	Controls	Management Report
July to September	Financial Statements	Annual Audit Report
September to October	Completion	

# Financial statements timetable

Key stage	Date
Consideration of unaudited financial statements by those charged with governance.	28 June 2018
Latest submission date of unaudited annual accounts with complete working papers package.	29 June 2018
Latest submission date of unaudited WGA return	20 July 2018
Latest date for final clearance meeting with Director of Finance and Resources.	Early September 2018
Agreement of audited unsigned financial statements;  Issue of Annual Report including ISA 260 report to those charged with governance.	25 September 2018
Independent auditors report signed.	By 30 September 2018
Issue of Annual Audit Report including ISA 260 report to those charged with governance	25 September 2018
Latest date for signing of WGA return	30 September 2018

## Renfrewshire Council

Annual Audit Plan 2017/18



 AUDIT SCOTLAND

Prepared for Renfrewshire Council  
22 January 2018



## Renfrewshire Council

Management Report 2017/18



 AUDIT SCOTLAND

Prepared for Renfrewshire Council  
May 2018

# Annual Audit Report

## Renfrewshire Council

2016/17 Annual Audit Report



# Best Value Assurance Report

## Best Value Assurance Report

# Renfrewshire Council



ACCOUNTS COMMISSION 

Prepared by Audit Scotland  
August 2017





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**To: Audit, Risk and Scrutiny Board**

**On: 19 March 2018**

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**Report by: Chief Auditor**

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**Heading: Internal Audit Reporting to Board**

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**1. Summary**

- 1.1 In line with the Public Sector Internal Audit Standards (PSIAS), Internal Audit must communicate the results of each engagement to the Board.
- 1.2 In March 2017, our external quality assessment, undertaken as part of a peer review process, by West Lothian Council's Audit, Risk and Counter Fraud Manager, identified that there was scope to improve the information provided to the Board in relation to finalised audit engagements and follow up work. The recommendation was reiterated in Audit Scotland's annual review of the adequacy of Internal Audit for the period to 31 March 2017.
- 1.3 The Chief Auditor undertook to review the information provided to Board in relation to completed audit engagements by September 2017 and the arrangements for reporting on follow up work by March 2018. Enhanced reporting arrangements for completed audit engagements were put in place in August 2017 and a further enhancement was made in November 2017, to include a section on each committee summary for management commentary.
- 1.4 The Board requested that in relation to those recommendations that are critical, the Chief Auditor gives consideration as to whether more detailed information could be provided to the Board.

- 1.5 This report outlines the details and outcome of those considerations in relation to the Board reporting arrangements for completed engagements and follow up work.

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## **2. Recommendations**

- 2.1 Members are requested note the reporting arrangements put in place to communicate the results of Internal Audit work to the Board.

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## **3. Background**

### **3.1 Communicating the results of audit engagements**

- 3.1.1 In line with the Public Sector Internal Audit Standards (PSIAS), Internal Audit must communicate the results of each engagement to the Board.

- 3.1.2 Prior to the establishment of the Audit, Risk and Scrutiny Board, the predecessor Audit, Scrutiny and Petitions Board received a quarterly summary of findings report which highlighted the main issues arising from each finalised audit engagement. The internal audit annual report also included the overall implementation statistics for all audit recommendations that had been reviewed as part of the annual follow up exercise.

- 3.1.3 The external quality assessment report, identified two findings and recommendations in relation to the information presented to the Board:

- 1) *The Audit, Scrutiny and Petitions Board (ASPB) receives quarterly summaries of audit reports issued.*

*Section 2060 of the PSIAS states that reporting must include significant risk exposures and control issues.*

*In order to fully comply with this requirement, more detailed information should be provided to the Board, particularly where the Chief Auditor concludes that the assurance level is limited.*

*This may be achieved by submitting selected internal audit reports to the Board, or by submitting more detailed information on risk exposures and control issues, including the management response.*

- 2) *The annual report contains summary information in relation to the implementation of follow up recommendations.*

*The local government application note, which was developed as a local government specific set of requirements within the PSIAS, requires the effective involvement of the Board in the follow up process.*

*Consideration should therefore be given to reporting details of the specific outstanding recommendations to the Board, particularly those which are ranked “A”, the highest category of importance.*

- 3.1.4 To comply with the requirements of the PSIAS, and to address recommendation 1 above, the Chief Auditor enhanced the quarterly reporting arrangements, to include an overview report detailing the overall assurance level for each engagement as either, substantial, reasonable, limited or no assurance and the number of recommendations in each recommendation category as either, critical, important, best practice or service improvement.
- 3.1.5 This overview report is supported by a more detailed committee summary for each engagement which details the objectives of the audit, the scope of the work undertaken, the key assurances that can be provided to the Board and any key risks that need to be brought to the attention of the Board along with the Chief Auditor’s overall opinion in relation to those objectives reviewed. It should be noted that there is no direct correlation between the number of key risks recorded on the committee summary and the number of recommendations rated as critical, as there could be several recommendations made to address a single risk. There is also a section included on the committee summary for service management to provide assurance to the Board on the steps being taken to address any key risks identified.
- 3.1.6 The Board requested that in relation to those recommendations that are rated as critical, the Chief Auditor gives consideration as to whether more detailed information could be provided to the Board. In making those considerations the Chief Auditor took account of the professional requirements as detailed in the PSIAS, CIPFA guidance “Audit Committees, Practical Guidance for Local Authorities” and legislative requirements such as the Data Protection Act, and the assessed risks to the Council.
- 3.1.7 The PSIAS encompass the mandatory elements of the Institute of Internal Auditors (IIA) International Professional Practices Framework (IPPF) and has been issued by CIPFA, who set the internal auditing standards for UK Local Authorities. The Chief Auditor has a professional duty under the PSIAS to report the results of engagements to senior management and the Board, although the PSIAS does not prescribe any specific format that should be adopted for reporting.
- 3.1.8 The PSIAS places certain professional obligations on the Chief Auditor in relation to the confidentiality and disclosure of the information they receive during the course of each audit engagement.

- 3.1.9 The PSIAS states that “the chief audit executive must control access to engagement records. The chief audit executive must obtain the approval of senior management and/or legal counsel prior to releasing such records to external parties, as appropriate”.
- 3.1.10 It also states that:  
“Internal auditors respect the value and ownership of information they receive and do not disclose information without appropriate authority unless there is a legal or professional obligation to do so.”  
  
If not otherwise mandated by legal, statutory, or regulatory requirements, prior to releasing results to parties outside the organisation the chief audit executive must:
- assess the potential risk to the organisation
  - consult with senior management and/ or legal counsel as appropriate, and
  - control dissemination by restricting the use of the results.”
- 3.1.11 The Chief Auditor has a critical role in delivering the council’s strategic objectives by promoting best practice in governance, objectively assessing the adequacy of governance and management of existing risks, commenting on responses to emerging risks and proposed developments; and giving an objective and evidence based opinion on all aspects of governance, risk management and internal control.
- 3.1.12 The Audit, Risk and Scrutiny Board fulfils the role of the Audit Committee within the Council. An Audit Committee is a key component of good governance and they are an important source of assurance about the organisation’s arrangements for managing risk and maintaining an effective control environment. The role of members is to ensure that the planned programme of audit work provides sufficient coverage to inform the Chief Auditor’s annual opinion, consider the assurances and risks arising from the work of Internal Audit, seek assurance that the risks are being adequately addressed and monitor the performance of the Internal Audit function.
- 3.1.13 Members of the Audit, Risk and Scrutiny Board need to be provided with enough information to allow them to undertake their role as “audit committee” members and to understand any significant risk exposures to the council’s internal control environment identified through the work of Internal Audit.
- 3.1.14 The CIPFA “Audit Committees, Practical Guidance for Local Authorities” publication, defines that role as “The audit committee’s role in relation to reviewing the work carried out will include formal consideration of summaries of work done, key findings, issues of concern and action in hand as a result of audit work.”
- 3.1.15 In assessing the potential risk to the organisation of further disclosure of those recommendations rated as critical, it is the Chief Auditor’s opinion that, it would not be in the interests of the Council to disclose the



detailed recommendations to the Audit, Risk and Scrutiny Board for the following reasons:

- Further disclosure would expose the most significant weaknesses identified through the internal audit process in the public domain, presents a risk of exploitation of those weaknesses, exposing the council to the risk of fraud or other malicious acts.
- The most significant weaknesses are often identified through the investigation of suspected wrongdoing and may involve employees, community groups or contractors. Full disclosure could breach data protection legislation if individuals can be identified from the information that goes into the public domain.
- Internal Audit investigations are occasionally referred to the Police or other investigative agencies, disclosure could prejudice those investigations.
- Further disclosure would compromise the Chief Auditor's accountability for confidentiality, as the Chief Auditor would lose control over the dissemination and use of the information.
- Members of the Audit, Risk and Scrutiny Board have direct and unfettered access to the Chief Auditor and can obtain further briefings in relation to any matter reported to the Board. Members also have rights of access to information relating to matters being considered by the Board, although those rights are subject to restrictions.

3.1.16 The Chief Auditor is satisfied that the enhanced reporting to Board put in place along with enhanced representation from service management at Board meetings fully supports the Board in their role as the audit committee, complies with the PSIAS and meets the best practice standard as set out in the CIPFA "Audit Committees, Practical Guidance for Local Authorities" publication.

## **3.2 Monitoring the progress of management actions**

3.2.1 The PSIAS places the responsibility for monitoring progress with the Chief Auditor to ensure that management actions have been effectively implemented, or, if not, that senior management have accepted the risk of not taking action.

3.2.2 The Chief Auditor must implement a follow-up process for ensuring the effective implementation of audit results or ensuring senior management are aware of the consequences of not implementing an action point and are prepared to accept the risk of such consequences occurring. The results of this process should be communicated to the Board.

3.2.3 There is also a requirement for the Chief Auditor to develop escalation procedures for cases where agreed actions have not been effectively

implemented by the date agreed. These procedures should ensure that the risks of not taking action have been understood and accepted at a sufficiently senior management level. The effective involvement of the Board in the follow-up process is critical to ensuring that it works.

3.2.4 Internal Audit undertakes an annual follow up exercise. The focus of each annual follow up exercise can vary depending on the audit resources available. All critical recommendations followed up must be supported by evidence to demonstrate that they have been implemented.

3.2.5 The outcome of the annual follow up exercise is communicated to Service Directors with details of all partially implemented, redundant and outstanding recommendations. The Chief Auditor currently reports, for the Council as a whole, the number of recommendations followed up, and the current status of those recommendations in the Internal Audit annual report.

3.2.6 It is the Chief Auditor's opinion that there is an opportunity to enhance the escalation procedures for cases where agreed actions have not been effectively implemented by the date agreed. The currently reported information will be split by service and details of outstanding critical recommendations will be provided to the Board. The Chief Auditor would still need to preserve the confidentiality of the information in cases where it may breach legislation or where the risk of the weakness being exploited be of such significance that she would seek to have the report heard in private, to protect the Council's interests.

3.2.7 It is our intention to develop the audit management system to facilitate 'self-service' within the services, in relation to updates on the progress of implementing recommendations. This development would facilitate more regular reporting of outstanding actions in the future.

### **3.3 Communicating the acceptance of risks**

3.3.1 The PSIAS places certain professional obligations on the Chief Auditor to report to the Board when in the Chief Auditor's opinion management have accepted an unacceptable level of risk. The PSIAS states, "when the chief audit executive concludes that management has accepted a level of risk that may be unacceptable to the organisation, the chief audit executive must discuss the matter with senior management. If the chief audit executive determines that the matter has not been resolved, the chief audit executive must communicate the matter to the board."

3.3.2 Although instances where the Chief Auditor and senior management are unable to reach an agreement on actions to mitigate a significant risk to an acceptable level are rare. However, should such an instance arise the Chief Auditor will bring a report outlining the risk exposure to the Board.

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## Implications of the Report

1. **Financial** – Any financial implications will be negligible.
2. **HR & Organisational Development** - None
3. **Community Planning –  
Safer and Stronger** - effective internal audit service and audit committee arrangements is an important element of good corporate governance.
4. **Legal** – Any legal implications are detailed in the report
5. **Property/Assets** - None
6. **Information Technology** - None
7. **Equality & Human Rights** - None
8. **Health & Safety** – None
9. **Procurement** - None
10. **Risk** – The risk implications have been detailed in the report.
11. **Privacy Impact** – None
12. **COSLA Implications** - None

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**Author:** Andrea McMahon – 01416187017






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**To: Audit, Risk and Scrutiny Board**

**On: 19 March 2018**

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**Report by: Chief Auditor**

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**Heading: Summary of Internal Audit Reports for period 1 October to December 2017**

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**1. Summary**

- 1.1 In line with the Public Sector Internal Audit Standards, Internal Audit must communicate the results of each engagement to the Board. To comply with this requirement Internal Audit submits regular reports on the findings and conclusions of audit engagements to the Audit, Risk and Scrutiny Board.
- 1.2 Appendix 1 provides details those audit engagements completed during the period 1 October to 31 December 2017 with the overall assurance rating and the number of recommendations in each risk category. The committee summary for each report is also attached. For each audit assignment where recommendations have been made, the relevant managers have put action plans in place to address the issues raised.
- 1.3 In addition to the reports listed in the Appendix, Internal Audit has an ongoing commitment to:
- A range of corporate and service initiatives;
  - Progressing of information security matters in partnership with ICT and Legal Services;
  - The regular provision of advice to departmental officers;
  - The provision of internal audit services to the associated bodies for which Renfrewshire Council is the lead authority and to Renfrewshire Leisure Ltd and Renfrewshire Health and Social Care Integrated Joint Board;

- Co-ordination of the Council's corporate risk management activity;
- Management of the counter fraud team;
- Management of the risk management and insurance team.

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## 2. **Recommendations**

- 2.1 Members are invited to consider and note the Summary of Audit Findings reported during the period from 1 October to 31 December 2017.

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## **Implications of the Report**

1. **Financial** - None
2. **HR & Organisational Development** - None
3. **Community Planning –  
Safer and Stronger** - effective internal audit is an important element of good corporate governance.
4. **Legal** - None
5. **Property/Assets** - None
6. **Information Technology** - None
7. **Equality & Human Rights** – None
8. **Health & Safety** – None
9. **Procurement** - None
10. **Risk** - The summary reported relates to the delivery of the risk-based internal audit plan.
11. **Privacy Impact** – None
12. **COSLA Implications** - None

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**Author:** Karen Campbell – 01416187016

## Appendix 1

### Renfrewshire Council

### Internal Audit Service

### Update for Audit, Risk and Scrutiny Board

### Final Audit Reports issued from 01 October – 31 December 2017

Category	Service	Engagement	Assurance Rating	Recommendation Ratings			
				Critical	Important	Good Practice	Service Improvement
<b>Investigation</b>	Environment & Communities	Maintenance Contract Concerns	N/A (Note 1)	5	1	0	0
	Environment & Communities	Alleged Theft of Stock	N/A (Note 1)	3	1	1	0
<b>Assurance</b>	Environment & Communities	Community Safety	<b>Substantial</b>	0	0	1	0
	Adult Services	Adults With Incapacity	<b>Limited</b>	0	5	0	0
	Adult Services/Finance & Resources	Charging & Payments	<b>Limited</b>	1	4	1	1
	Development & Housing	Leader Programme	<b>Reasonable</b>	0	3	2	0
<b>Governance</b>	Corporate	Records Management	<b>Limited</b>	0	6	4	0

Note 1 – No assurance rating can be given in respect of investigation assignments

<b>Assurance Level</b>	
<b>Substantial Assurance</b>	<ul style="list-style-type: none"> <li>• There is a sound system of internal control designed to achieve the objectives of the area being reviewed.</li> <li>• The control processes tested are being consistently applied.</li> </ul>
<b>Reasonable Assurance</b>	<ul style="list-style-type: none"> <li>• The internal control processes are generally satisfactory with some areas of weakness being identified that could put some objectives of the area being reviewed at risk</li> <li>• There is evidence that the level of non-compliance with some of the control processes may put some of the objectives of the area being reviewed at risk.</li> </ul>
<b>Limited Assurance</b>	<ul style="list-style-type: none"> <li>• Weaknesses in the system of internal controls are such as to put the objectives of the area being reviewed at risk.</li> <li>• The level of non-compliance puts the objectives of the area being reviewed at risk.</li> </ul>
<b>No Assurance</b>	<ul style="list-style-type: none"> <li>• Control processes are generally weak with significant risk to the achievement of the objectives of the area being reviewed.</li> <li>• Significant non-compliance with control processes leaves the processes/systems open to error or abuse.</li> </ul>

<b>Recommendation Rating</b>	
<b>Service Improvement</b>	Implementation will improve the efficiency / housekeeping of the area under review.
<b>Good Practice</b>	Implementation will contribute to the general effectiveness of control.
<b>Important</b>	Implementation will raise the level of assurance provided by the control system to acceptable levels.
<b>Critical</b>	Addresses a significant risk, impacting on the objectives of the area under review.



Internal Audit Report

Environment & Communities Service

Maintenance Contract Concerns  
(INV000/2016/016)

INV000/2016/016

Date: December 2017

**COMMITTEE SUMMARY**

**Audit Objectives**

Internal Audit were informed by management that concerns had been raised by the incumbent contractor over the performance of the previous contractor connected to works carried out on sites in relation to an expired repairs and maintenance contract. Following an initial review, it was also identified that there was a significant disparity in the contract tender price between the current and previous contractor.

The purpose of the review was to:

- Attempt to ascertain if the allegations made could be upheld.
- Identify the reason for the significant variation in contract price for planned preventative maintenance (PPM) between the current and previous contract.

**Audit Scope**

1. Interviewed the relevant personnel from Community Resources, the Corporate Procurement Unit and Finance and Resources in order to ascertain the officers understanding of the arrangements that were in place during the period being reviewed.
2. Reviewed contract documentation to ascertain the contractual arrangements in place for current and previous contractor.
3. Reviewed various email communications to identify any agreed variations to the previous contract.
4. Reviewed financial information and supporting invoices to ascertain and confirm the basis of payments made.

**Key Issues arising from the investigation**

1. Adequate arrangements were in place to ensure that the agreed programme of inspections was undertaken and appropriate contracts were in place to facilitate this.
2. Oversight arrangements at a service level were not as robust as they should have been in relation to supplier management, post inspection of completed works, checking of invoices and record keeping.
3. Corporate oversight arrangements in relation to supplier management were not as robust as they should have been.
4. It was not possible to determine whether the negotiated extension to the contract, specifically the costs associated with PPM, represented best value to the Council.

Internal Audit Report

Environment & Communities Service

Maintenance Contract Concerns  
(INV000/2016/016)

INV000/2016/016

Date: December 2017

Overall Audit Opinion
The auditor is unable to confirm the veracity of the allegation of work not being carried out or being undertaken to a substandard level by the previous contractor. This is due to the fact that post inspection checks were not undertaken during the latter part of the contract and no records of inspections that were undertaken have been maintained. The Auditor has been unable to conclude whether the negotiated payment for PPM under the years extension to the contract represented best value to the Council. Recommendations have also been made to improve supplier management, invoice checking and record keeping for the new contract.

Management Commentary
<ol style="list-style-type: none"><li>1. Improved processes have been put in place for the checking of work carried out by Contractors and authorisation of invoices and retention of records.</li><li>2. Supplier management meetings now take place regularly in relation to this contract.</li></ol>

## Environment &amp; Communities Service

## Alleged Theft of Stock (C0233/2016/023)

Date: November 2017

**COMMITTEE SUMMARY****Audit Objectives**

In March 2017 the Chief Auditor received an allegation that road repair materials were being misappropriated from a council store. As a result, Internal Audit staff attended the year end stock check that took place at the store. Further investigation was also carried out to ascertain the controls in place surrounding the storage and issue of materials.

The purpose of the review was to establish: -

- Whether there was any substance to the allegation;
- that the annual stocktaking process was carried out in line with procedures;
- that the annual stocktaking certificate was completed correctly;
- that the controls surrounding the storage and issue of stock are adequate.

**Audit Scope**

The following work was carried out:

1. Interviewed the relevant officers to obtain an understanding of the controls relating to the storage and issue of stock.
2. Attended the year end stocktake carried out at the store.
3. Examined previous annual stocktake certificates and attempted to reconcile these to the stock values on the roads costing system and the general ledger.

**Key Issues arising from the investigation**

1. Given the lack of controls in place for the storage and issue of materials, the auditor was unable to substantiate the allegation of misappropriations.
2. A long standing variance between the financial ledger and roads costing system was identified. At 31<sup>st</sup> March 2017 the variance was £23,653, where the physical stock held was valued at £18,645.58 which is higher than the value of £-5,008.02 contained in the ledger.

**Overall Audit Opinion**

The auditor found that there is a high risk of misappropriation due to the lack of controls around the storage and issue of materials in relation to road defects. Furthermore, the lack of regular reconciliation and checking of stock to the roads costing system and ledger have resulted in a long standing variance. Recommendations have been included in the audit report to improve the controls in these areas.

## Environment & Communities Service

### Alleged Theft of Stock (C0233/2016/023)

Date: November 2017

Management Commentary
<p>Periodic stock checks have been introduced and will be undertaken by the Storeman and another officer independent of the stores function and variances will be investigated.</p> <p>Weekly reconciliations will be undertaken between the costing system and the general ledger and variances will be investigated.</p> <p>The investment in Underwood road along with a review of the storage, and control of stock within the roads service will ensure that sustainable stock control processes and procedures are implemented.</p> <p>The stock variance has been adjusted in the general ledger.</p>

# Internal Audit Report

## Environment & Communities

### Community Safety (A0019/2018/001)

A0019/2018/001

Date: December 2017

#### COMMITTEE SUMMARY

##### **Audit Objectives**

The objectives of the audit were to ensure that:

- Documented policies and procedures are in place to govern the operations of the Community Safety Hub;
- Roles and responsibilities, specifically for each partner body, are clearly defined and understood;
- Staff are appropriately trained;
- CCTV footage is appropriately handled in relation to capturing images, encryption, storage, viewing, sharing and retention and disposal;
- There is regular monitoring of compliance with the Information Commissioner's CCTV Code of Practice

##### **Audit Scope**

1. Interviewed the appropriate staff, evaluated the controls in place for the Community Safety Hub and identified any possible improvements to the system.
2. Prepared and undertook a series of tests to ensure the Community Safety Hub is operating effectively and as described.

##### **Key Audit Assurances**

1. There are appropriate policies and procedures in place for CCTV operations and body worn cameras.
2. There is an Information Sharing Protocol signed on behalf of each partner body.
3. There are appropriate procedures for capturing images, storage, viewing, sharing and retention of CCTV footage.
4. There is evidence of regular monitoring of procedures.

##### **Key Risks**

No key risks were identified from this review.

##### **Overall Audit Opinion**

The audit has identified that satisfactory arrangements are in place for managing the Community Safety Hub.

# Internal Audit Report

## Environment & Communities

### Community Safety (A0019/2018/001)

**A0019/2018/001**

**Date: December 2017**

Management Commentary
Management within Environment & Communities, agreed to action the recommendations made

# Internal Audit Report

## ADULT SERVICES

### Adults with Incapacity (A0105/2016/001)

A0105/2016/001

Date: October 2017

#### COMMITTEE SUMMARY

##### **Audit Objectives**

The objectives of this audit were to ensure that:

- There is documentary evidence that the process flow chart has been followed for the use of Adults with Incapacity (Scotland) Act 2000 for a sample of case files and that the process is undertaken timeously.

##### **Audit Scope**

The auditor selected a sample of 20 case files and reviewed the documentary evidence held to confirm that all appropriate steps in the established process flow chart had been followed.

##### **Key Audit Assurances**

There is a process in place for use when applying for Adults with Incapacity intervention

##### **Key Risks**

There was a lack of evidence available to confirm that the adults with incapacity (AWI) process had been fully, correctly and timeously undertaken on some occasions.

##### **Overall Audit Opinion**

The audit identified that although there is a process in place for the use of Adults with Incapacity (Scotland) Act 2000, the guidance available to officers is outdated. Furthermore on some occasions the relevant paperwork in relation to referring and applying for Adults with Incapacity intervention was unable to be located and those that were found were not always signed.

##### **Management Commentary**

A revised policy, process flow chart, referral forms and supporting guidance have been developed to ensure the accuracy and timely completion of the relevant paperwork and required authorisation process.

# Internal Audit Report

## Development & Housing Service

### Leader Programme (A0036/2018/003)



A0036/2018/003

Date: March 2018

#### **COMMITTEE SUMMARY**

##### **Audit Objectives**

The objectives of this audit are to ensure that:

- There is an adequate system in place which complies with European Commission (EC) guidance in terms of monitoring and control of the grants and payments of awards
- Applications are assessed for eligibility and value for money (reasonableness of costs and procurement)
- There are appropriate arrangements in place to assess the progress of projects and that the outcomes are consistent with those objectives specified at the outset
- Grant awards are properly approved and payments made are in line with the amount awarded
- There is appropriate separation of duties across the processing and payment of grant claims
- There is appropriate supervisory controls in place to monitor the quality of processing claims and that evidence exists to support this
- The necessary financial information is provided to the Scottish Government Rural Payments and Inspections Directorate (SGRPID) in a timely fashion to support draw down of grant
- The agreed performance targets are being met

##### **Audit Scope**

Interviewed the appropriate officers and ascertained the arrangements in place to facilitate the award, control and monitoring of claims processing. Carried out a series of tests to assess the adequacy of the controls in place across the grant process.

##### **Key Audit Assurances**

There is an adequate system in place which complies with EC guidance in terms of monitoring and control of the grants and payments of awards.

##### **Key Risks**

Drawdown of funds from the Scottish Government (SG) may not be accepted and paid if the timescales for submission are not adhered to.

##### **Overall Audit Opinion**

Internal controls in place relating to the application, evaluation and payments to applicants are satisfactory. However minor errors were identified when drawing down funds from the Scottish Government and timescales were missed when submitting claims at the end of each quarter. Recommendations have been made within the audit report to clarify and rectify these areas.

##### **Management Commentary**

Management within Development & Housing, have sought advice from the Scottish Government in relation to the evidential requirements for certain items of expenditure and those minor errors identified from the audit review. Clarification has also been sought in relation to the mechanism for advising the Scottish Government of any late submissions of claims as this situation cannot always



# Internal Audit Report

## Development & Housing Service

### Leader Programme (A0036/2018/003)



**A0036/2018/003**

**Date: March 2018**

be avoided. to seek the appropriate advice and correct the minor errors identified.

# Internal Audit Report

## Adult Services/Finance & Resources

### Charging and Payments (A0094/2016/001)

A0094/2016/001

Date: October 2017

#### COMMITTEE SUMMARY

##### **Audit Objectives**

The objectives of this review were to ensure that:

- There are adequate documented procedures in place for preparing financial assessments and arranging for invoices to be raised;
- Adequate controls exist to ensure that financial assessments are accurate;
- All invoices are raised timeously and are accurate and posted onto the accounts receivable ledger;
- There are appropriate procedures in place to regularly review financial assessments and deal with changes in circumstances timeously.

##### **Audit Scope**

1. Interviewed the appropriate staff and ascertained the processes in place for administering financial assessments and arranging for invoices to be raised by the Charging and Payments team.
2. Reviewed the processes and evaluated for improvements.
3. Prepared and undertook a series of tests to ensure that financial assessments are prepared and updated as necessary and accurate invoices are raised timeously.

##### **Key Audit Assurances**

1. There are procedures in place for preparing financial assessments.

##### **Key Risks**

1. Delays between the date a client starts receiving care and the date they are first charged for care result in the council not receiving full payments for the services provided.
2. Some clients may not be charged the correct rate if full financial assessments and reassessments are not carried out for new and existing clients.

##### **Overall Audit Opinion**

The audit has provided limited assurance over the arrangements in place for administering financial assessments for non-residential care and raising invoices by the Charging and Payments team. It is acknowledged that Charging and Payments management have implemented new procedures and are continuing to work to improve controls in this area. We have made recommendations to address our findings, which once implemented, should increase the control environment further to a satisfactory level in accordance with laid down procedures.

# Internal Audit Report

## Adult Services/Finance & Resources

### Charging and Payments (A0094/2016/001)

**A0094/2016/001**

**Date: October 2017**

#### **Management Commentary**

Management within Finance and Resources, agreed to action the recommendations made, including:

1. Working with Adult Services to put measures in place to minimise any delays in processing financial assessments / reassessments for non-residential care.
2. Preparing adequate documentation detailing clearly the processes to be followed by staff.
3. Improving the filing system so that documentation is not mislaid or misfiled.

# Internal Audit Report

## Corporate

### Records Management (B0010/2016/001)

B0010/2016/001

Date: December 2017

#### COMMITTEE SUMMARY

##### **Audit Objectives**

The objectives of this audit are to ensure that:

- The improvement action plan is progressing as expected and is regularly monitored by management
- There is an adequate process developed to facilitate scheduled reviews and update of the Records Management Plan
- Services are complying with a sample of elements in the Records Management Plan
- There is sufficient evidence held by Services to demonstrate compliance with the Records Management Plan.

##### **Audit Scope**

Interviewed appropriate personnel including the Records Manager to ascertain and document the system and controls in place for the Records Management Plan and assessed for areas for improvement. Prepared and undertook a series of tests to ensure the Records Management Plan is progressing as expected, is adequately monitored, is being reviewed and is being complied with by Services.

##### **Key Audit Assurances**

- Scheduled reviews of the Records Management Plan are in place.
- Progress of the Records Management Plan is monitored by management.

##### **Key Risks**

- Not all actions within the improvement action plan are progressing as expected and the deadlines for these actions have not been revised.
- Following the audit review, management have also identified that the recent resignation of the Records Manager may further impact on the progress of the plan should there be difficulties in recruiting to the post.
- There is evidence that all services are not complying with some of the elements in the Records Management Plan e.g. completion of Destruction Certificates.

##### **Overall Audit Opinion**

Although there is a Records Management Plan in place that has been approved by the Keeper of Records Scotland, there is evidence to support that services are not fully complying with laid down practices. Furthermore, the estimated completion dates contained in the improvement action plan against a number of elements have not been achieved and therefore require to be revised.

# Internal Audit Report

## Corporate

### Records Management (B0010/2016/001)

**B0010/2016/001**

**Date: December 2017**

#### **Management Commentary**

1. Timescales will be reviewed and revised to be more realistic in light of the first year of implementation having passed and taking into account lessons learned.
2. The Records Management Service Working Group meetings have been re-introduced, this group will be the forum for raising awareness of the requirements for records management and embed processes within services.
3. A new Records Manager has recently been recruited.





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**To: Audit, Risk and Scrutiny Board**

**On: 19 March 2018**

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**Report by: Chief Auditor**

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**Heading: Internal Audit and Counter Fraud Progress and Performance for Period to 31 December 2017**

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**1. Summary**

- 1.1 The Internal Audit Annual Plan was approved by the Audit, Scrutiny and Petitions Board on 20 March 2017. Internal Audit measures the progress and performance of the team on a regular basis using a range of performance indicators. This report monitors progress from 1 April 2017 to 31 December 2017, in terms of the delivery of the Audit Plan for the year and compares actual performance against targets set by the Director of Finance and Resources.
- 1.2 In terms of Counter Fraud, no formal performance targets for fraud investigation have been established for the following reasons. A major part of their work involves being the single point of contact for DWP's Single Fraud Investigation Service. A great deal of effort over the last year has been on increasing fraud awareness amongst employees to prevent fraud from occurring against the Council. The types of fraud referrals received to date are wide ranging and the team's objective is to concentrate on investigating those referrals considered to contain the greatest fraud risk.
- 1.3 The report details progress against local and national initiatives involving Internal Audit and the Counter Fraud Team from 1 April 2017 to 31 December 2017.

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## 2. Recommendations

- 2.1 Members are invited to note the Internal Audit and Counter Fraud Team progress and performance to 31 December 2017.
- 2.2 Members are asked to approve the proposed changes to the internal audit plan.
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## 3. Background

- 3.1 The progress and performance of the Internal Audit Team is subject to regular monitoring using a number of performance measures. The Director of Finance and Resources has set annual targets for the team to demonstrate continuous improvement. In terms of the Counter Fraud team, due to the diverse nature of fraud referrals no formal performance targets have been established and the outcomes from investigations is regularly monitored by management.
- 3.2 Internal Audit and the Counter Fraud Team support a variety of local and national initiatives through participation in professional practitioner groups and co-ordination of national initiatives such as the National Fraud Initiative.
- 3.3 This report measures the progress and performance of both the Internal Audit and Counter Fraud Team for the period from 1 April 2017 to 31 December 2017.

## 4. Internal Audit Team Performance

### (a) Percentage of audit plan completed as at 31 December 2017

This measures the degree to which the Audit plan has been completed

Actual 2016/17	Annual Target 2017/18	Audit Plan Completion Target to 31 December	Audit Plan Completion Actual to 31 December 2017
91.8%	95.0%	66.5%	66.6%

Actual performance is currently slightly ahead of target. Two audit engagements are planned to be deferred into early 2018/19 due to other operational commitments within the services, it is therefore unlikely that that target of 95% will be achieved for the current year. The deferrals will not impact on the Chief Auditor's annual opinion as they will be completed prior to the 2017/18 annual report. An additional



40 days has been included within the 2018/19 internal audit plan to accommodate these engagements. As time permits, engagements from the 2018/19 plan will be pulled forward to the current year.

**(b) Percentage of assignments completed by target date**

This measures the degree with which target dates for audit work have been met.

Target 2017/18	Actual to 31 Dec 2017
95.0%	100%

Actual performance is ahead of the target set for the year.

**(c) Percentage of audit assignments completed within time budget**

This measures how well the time budget for individual assignments has been adhered to.

Target 2017/18	Actual to 31 Dec 2017
95.0%	97.6%

Actual performance is ahead of the target set for the year, although this is likely to reduce over the remainder of the year.

**(d) Percentage of audit reports issued within 6 weeks of completion of audit field work**

This measures how quickly draft audit reports are issued after the audit fieldwork has been completed.

Target 2017/18	Actual to 31 Dec 2017
95.0%	95.2%

Actual performance is ahead of the target set for the year.

## **5 Proposed amendments to the 2017/18 Internal Audit Plan**

- 5.1 The 2017/18 Internal Audit Plan included an assignment for "Integration Joint Board Post Implementation Review" which was to be undertaken. However, a Joint Inspection of Adult Services within Renfrewshire HSCP by Healthcare Improvement Scotland and the Care Inspectorate took place in 2017/18 and the Chief Auditor participated in this review. Furthermore, Audit Scotland are planning to undertake a national review of health and social care integration. Following discussion with the Chief Executive, it was agreed that the scope of our review would likely include some similar objectives and therefore this assignment on the Audit Plan is recommended for cancellation at this stage.

- 5.2 It is anticipated that the 20 days of resource planned for this assignment will be utilised to supplement our investigation budget to March 2018 which is nearing full utilisation.

## **6 Counter Fraud Team Progress and Performance**

- 6.1 In line with the Service Level Agreement, the Counter Fraud Team act as the Single Point of Contact (SPOC) to route potential housing benefit fraud referrals to the DWP, liaise with the Council's Housing Benefit Team and DWP Fraud Officers and retrieve the necessary evidence for the DWP Fraud Officers from the Housing Benefit System. The resource that has been required for this role continues to be at least one FTE Counter Fraud Investigator.
- 6.2 The remainder of the Corporate Counter Fraud resource is currently being utilised on fraud prevention work and also to investigate non-benefit fraud referrals received to date in areas such as tenancy, revenues and education. We are meeting with service representatives regularly to discuss likely fraud risks and identify any work that can be undertaken to counteract this risk. During the 9 months to December 2017, we have been successful in 32 Council Tax Reduction investigations, identifying over £32,394 to be recovered. Savings of £15,888 from the Scottish Welfare Fund have been delivered which can be used for those most in need. Six council house properties have been recovered back into housing stock, resulting in £558,000 of notional savings to the Council. We have also issued six warning letters regarding the misuse of blue badges and on three occasions have been involved in the correction of data supplied to support a school placement request.
- 6.3 The Policy for the Prevention and Detection of Fraud and Corruption is currently being updated.
- 6.4 We participate in the Scottish Local Authorities Investigators Group and are currently working on a schedule which will collate Local Authorities performance information which can be used for benchmarking purposes.
- 6.5 The Counter Fraud Team are continuing to work on the matches which have arisen from participation in the National Fraud Initiative. The work has been split between the Council Services and the Counter Fraud Team, with the Chief Auditor having overall responsibility for ensuring the appropriate investigations into the results are undertaken and that the outcomes are recorded. To date 481 blue badges have been cancelled as a result of confirming that the badge holder has deceased, 3 further blue badges have been cancelled or revoked, the notional value attributed by Audit Scotland to these results is £278,300. One case of overpayment in relation to personal budgets of £1,589 is being recovered.

## **7. External Quality Assessment**

- 7.1 Our External Quality Assessment was undertaken by West Lothian Council and reported upon during 2016/17. Two of the improvement actions are complete and two further actions in relation to Internal Audit reporting to Board are subject to a report elsewhere on the current agenda. One action relating to developing a person specification for the post of Chief Auditor is currently outstanding.

**8. Scottish Local Authorities Chief Internal Auditors' Group**

- 8.1 We are continuing to participate in this group. The Chief Auditor's role as Chair of the group was passed over to the Chief Auditor from East Ayrshire Council at the annual general meeting on 2 March 2018.

**9. Audit Management System**

- 9.1 Our new audit management system has now been developed satisfactorily to enable us to record the work undertaken for all planned engagements and prepare reports for management. We are now able to obtain performance measurement data from the system. Our next task is to finalise how contingency and investigative work will be recorded within the system along with progressing a move towards self-service.

**10. Local and National Initiatives**

- 10.1 Internal Audit are involved in the work of the Council's Integrity Group. Work is underway on the corruption and fraud risks identified by services to determine whether any further action is required to mitigate these risks.
- 10.2 We continue to be involved in the management and security of the Council's information and we have representation on the Information Security and Information Management Governance Groups.
- 10.3 Internal Audit continue to have an ongoing involvement in the new Business World (ERP) Project with the Chief Auditor participating in the Project's Business Design Authority.

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**Implications of the Report**

1. **Financial** - The Council has in place arrangements to recover the any overpayments identified from the work of the Counter Fraud Team and the National Fraud Initiative.
2. **HR & Organisational Development** - None

3. **Community Planning –  
Safer and Stronger** - effective internal audit is an important element of good corporate governance.
4. **Legal** - None
5. **Property/Assets** - None
6. **Information Technology** - None
7. **Equality & Human Rights** - None
8. **Health & Safety** – None
9. **Procurement** - None
10. **Risk** - The progress and performance reported relates to the delivery of the risk-based internal audit plan and the mitigation of the risk of fraud and error.
11. **Privacy Impact** – None
12. **COSLA Implications** - None

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**Author:** Karen Campbell – 01416187016




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**To: Audit, Risk and Scrutiny Board**

**On: 19 March 2018**

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**Report by: Chief Auditor**

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**Heading: Annual Internal Audit Plan 2018/2019**

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## **1. Summary**

- 1.1 In line with the requirements of the Public Sector Internal Audit Standards, a risk based internal audit plan for 2018/19 has been developed. The audit plan takes into account the outcomes of the internal corporate and service risk identification and evaluation processes, and the current business environment. In addition to undertaking work which will provide assurance on the robustness on key internal controls, the plan seeks to reflect the key priorities and challenges for the council.
- 1.2 A number of methods have been employed to facilitate production of the risk based audit plan for 2018/19:
- Consultation with all Directors and their Senior Management Teams,
  - Senior management from the associate bodies and Audit Scotland;
  - Benchmarking with other Local Authorities;
  - Review of corporate and service risk registers;
  - Cumulative audit knowledge and experience;
  - Review of key external audit and inspection reports.
- 1.3 The following influencing factors have been considered in our assessment of the current business environment and the priority areas of audit:
- Financial sustainability;
  - Information Governance;
  - Public Protection;
  - Asset Management, and

- Serious organised crime, insider threat and corporate fraud;

- 1.4 The total available resource is 1330 days, the operational audit time available for 2018/19 has been identified as 1046 days (79%). The remaining 284 days relates to training, service development, administration and management. Coverage of the plan is achieved through the use of in-house staff and where relevant commissioned from other providers.
- 1.5 Operational and non-operational time has been calculated in accordance with CIPFA benchmarking criteria. Non-operational time includes provision for training, performance management and service development. In addition to the internal audit assurance function the Chief Auditor has managerial responsibility for risk management, insurance and corporate counter fraud which are excluded from the calculation of available operational audit resources.
- 1.6 Delivery of the risk based annual audit plan supports effective member scrutiny of the council's internal financial and other control mechanisms.
- 

## 2. **Recommendations**

- 2.1 Members are asked to approve the content of the risk based audit plan for 2018/19.
- 2.2 Members are asked to note that the progress of the 2018/19 annual audit plan and summaries of the findings from each audit assignment will be reported to the Board on a quarterly basis.
- 

## **Implications of the Report**

1. **Financial** - None
2. **HR & Organisational Development** - None
3. **Community Planning – Safer and Stronger** - effective internal audit is an important element of good corporate governance.
4. **Legal** - None
5. **Property/Assets** - None
6. **Information Technology** - None
7. **Equality & Human Rights** - None

8. **Health & Safety** – None
9. **Procurement** - None
10. **Risk** - The subject matter of this report is the risk based Audit Plan for 2017 – 2018.
11. **Privacy Impact** – None
12. **COSLA Implications** - None

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**Author:** Andrea McMahon – 01416187017







# Annual Internal Audit Plan 2018/19



## Finance & Resources Internal Audit

Date	March 2018	



# Renfrewshire Council

## Annual Internal Audit Plan 2018/19

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# Audit Plan Overview

## 1. Introduction

- 1.1 In line with the requirements of the Public Sector Internal Audit Standards, a risk based internal audit plan for 2018/19 has been developed. In formulating the audit plan a risk assessment has been undertaken giving consideration to the following sources of information:

Risk assessment	(1) Risk assessment and prioritisation of all auditable activities (audit universe).
	(2) Corporate Risk Register.
	(3) Service Risk Registers.
Consultation	(4) The Chief Auditor has met with each member of the CMT and their senior management teams to ascertain any changes to operational practice and national policy and to determine their priorities and risks.
	(5) Senior Management from the associate bodies and Renfrewshire Leisure have been consulted to ascertain their priorities and risks.
	(6) The Chief Executive has been consulted on what she sees as the council's priority and risk areas for the forthcoming year.
	(7) Feedback from, and the expectations of, the Audit, Risk and Scrutiny Board are identified through the regular meetings with the members of the board.
	(8) The Chief Auditor has met with Audit Scotland to ascertain where assurance on key internal controls is required.
Benchmarking	(9) Other Local Authority internal audit plans.
	(10) Discussion with other Chief Auditors through the Scottish Local Authority Chief Auditors Group.
Review of key internal reports	(11) A Better Future, A Better Council – Council's plan
	(12) The results of internal audit work in 2017/18 and in previous years.
Review of key external reports	(13) Audit Scotland: Renfrewshire Council - Report to Members and the Controller of Audit on the 2016/17 Audit.
	(14) Audit Scotland: Best Value Assurance Report – Renfrewshire Council
	(15) Audit Scotland: Best Value reports issued during 2017/18.

- 1.2 On the basis of the above, the audit engagements planned for 2018/19 is set out in Appendix 1 and shows the planned engagements in the following categories of audit activity:
- Assurance,
  - Governance,
  - Contingency,
  - Planning and Reporting
- 1.3 It is the responsibility of management to ensure that they have good governance, risk management and internal control arrangements over the functions they are responsible for. It is internal audit's role to provide an independent, objective assurance and consulting activity. The scope of the internal audit plan encompasses, but is not limited to, the examination and evaluation of the adequacy and effectiveness of the organisation's governance, risk management, and internal control processes; as well as the quality of performance in carrying out assigned responsibilities to achieve the organisation's stated goals and objectives. Delivery of the internal audit plan supports the requirement for the

Chief Auditor to provide an annual opinion which is used to inform the annual governance statement.

- 1.4 The Chief Auditor shares information and coordinates activities with other internal and external providers of assurance and consulting services, as appropriate, to ensure proper coverage and minimise duplication of effort. Internal audit may place reliance on the work of other providers of assurance and the ability to do so will be considered during each audit engagement.
- 1.5 The plan also includes provision for managing and developing the internal audit activity including audit planning, reporting, periodic quality assessments and for following up on previous recommendations and reactive investigative work. The plan includes contingency time to allow for completion of work carried forward from 2017/18 and provides for consultancy engagements to be undertaken where these can improve the council's operations, add value and improve the management of risks. Contingency time also provides for sufficient flexibility to accommodate changing risks and priorities during the course of the year. More detail on each of these elements is set out in sections 4 to 7 of this plan.
- 1.6 The internal audit service is delivered and developed in accordance with its purpose which, as set out in the Internal Audit Charter, to provide assurance by independently reviewing the council's risk management, control and governance processes.

## **2. The current business environment and key risk areas**

- 2.1 To ensure that the audit activity supports the achievement of the council's objectives, the audit plan, detailed in Appendix 1, has been aligned with the themes contained in the council plan.
- 2.2 There are a number of significant risks, arising from the external and internal environment, which could impact on the council's ability to achieve its objectives. The most significant risks and the risk control measures to manage these risks, have been identified through the council's corporate risk management process. Subject to the overall flexibility of the Audit Plan, priority will be given to audit engagements which provide assurance in relation to the council's corporate risks. The key corporate risks taken into account in formulating this audit plan are detailed below:

### **(1) Financial Sustainability**

The council is continuing to face significant financial pressures. Consequently, the financial sustainability risk remains very high and continues to be subject to significant and regular scrutiny. The council has developed a range of projects to deliver transformational change to service delivery and savings. The 2018/19 audit plan includes time for:

- review of the contract management arrangements for home care services;
- sufficient time to review key financial controls in order to provide an opinion on the financial internal control environment in place;
- contingency time to participate in internal project work which supports the better council change programme, as required.

### **(2) Information Governance**

Legislative changes due to come into force during 2018/19 places new duties on the council in relation to the information it holds on individuals. There are significant financial penalties for organisations that do not comply with the new duties. The 2018/19 audit plan includes time for:

- compliance with the General Data Protection Regulations (GDPR);
- information security within Education establishments.

### (3) Public Protection

Public protection is a wide-ranging agenda relating to the protection of vulnerable people, communities, businesses and organisations. The council's community safety and public protection role, delivered within an integrated partnership model is critical to ensuring child and adult protection. The 2016/17 audit plan includes:

- a review of the procedures for trading standards;
- a review of the arrangements in place for undertaking employee disclosure checks.

### (4) Asset Management

If the council's significant assets are not of the right complement or fit for purpose there is a risk around the safety and effectiveness of council services and efficiency of resources. The council has a duty to ensure its assets are safe and fit for purposes for employees and service users. The 2018/19 audit plan includes:

- roads inspection and monitoring arrangements;
- arrangements for cloud services.

### (5) Serious Organised Crime, Insider Threat and Corporate Fraud

The council has strengthened its resilience to the threats posed by serious and organised crime, corruption and fraud. The 2017/18 audit plan includes time for:

- corporate systems access;
- participation in the council's integrity group;
- co-ordination of the National Fraud Initiative;
- revision of counter fraud and corruption policies and procedures.

## 3. Allocation of Resources

- 3.1 In addition to the internal audit assurance function the Chief Auditor has managerial responsibility for risk management, insurance and counter fraud which are excluded from the calculation of available operational audit resources.
- 3.2 Operational and non-operational time has been calculated in accordance with CIPFA benchmarking criteria. The calculation of operational staff time has been based on 6.25 full time equivalent employees plus 60 days to be provided from other service providers. The internal audit team is appropriately resourced with 4.25 qualified and 2 non-qualified staff. Non-operational time includes provision for training, performance management and service development.
- 3.3 Resources from any unfilled elements of posts and other available audit resource will be used flexibly to ensure that the audit plan commitments are met, through the engagement of temporary staff and other audit service providers where appropriate. Where engagements are undertaken by the other audit service providers, these can provide an opportunity for benchmarking and training and development. Sufficient resources are available to engage specialist contractors where necessary to address the additional risks faced by the council.
- 3.4 The total available resource is 1330 days; the operational audit time available for 2018/19 has been identified as 1046 days (79%). The remaining 284 (21%) days relates to training, service development, administration and management. Resources are assessed as being sufficient to provide an evidenced based opinion.
- 3.5 The following paragraphs provide an overview of how audit time has been allocated to audit categories. A summary of the operational time by audit category is detailed in table 1 below. The analysis of non-operational audit activity is detailed in the table 2 below. The planned operational/non-operational time for 2017/18 is given for comparative purposes.

	2017/18		2018/19	
Category of audit	Planned Days	% of Operational Time	Planned Days	% of Operational Time
GOVERNANCE	113	11%	163	16%
ASSURANCE	431	44%	421	40%
CONTINGENCY <sup>note 1</sup>	337	34%	351	33%
AUDIT PLANNING / REPORTING	112	11%	111	11%
<b>TOTAL OPERATIONAL TIME</b>	<b>993</b>	<b>100%</b>	<b>1046</b>	<b>100%</b>

**Table 1**

**Notes**

1. This category includes time for the finalisation of the previous year's audits, corporate exercises and groups, investigations, significant project consultancy activities and emerging priorities.

	2017/18		2018/19	
Activity	Planned Days	% of Non - operational Time	Planned Days	% of Non - operational Time
TRAINING	95	33%	89	31%
STRATEGIC MANAGEMENT	28	10%	28	10%
TEAM ADMINISTRATION	97	33%	97	34%
DEVELOPMENT <sup>note 1</sup>	70	24%	70	25%
<b>TOTAL NON-OPERATIONAL TIME</b>	<b>290</b>	<b>100%</b>	<b>284</b>	<b>100%</b>

**Table 2**

**Notes**

1. This category includes time allocated to development activities to support continuous improvement activities.

#### **4. Governance (16% of operational time)**

- 4.1 Internal Audit must evaluate the risk exposures relating to the council's and associate bodies governance arrangements including the arrangements for the prevention and detection of fraud and corruption. The engagements within this category form the basis for the Chief Auditor's annual audit opinions and support the annual governance statements.
- 4.2 The results of the risk assessment are detailed at Appendix 1 and 2, Part A in respect of the current year, with a total of 163 days being allocated to these engagements for 2018/19.

#### **5. Assurance (40% of operational time)**

- 5.1 A risk based assessment has been undertaken of all auditable areas taking into account the risk management framework and the expectation of senior management and the Audit, Risk and Scrutiny Board. The engagements within this category also form the basis for the Chief Auditor's annual opinions and support the annual governance statements. For each engagement internal audit will consider whether there are any available external sources of assurance can be relied upon to deliver the plan. Time is also allocated to following up on the implementation of prior year audit recommendations.



- 5.2 The results of the risk assessment are detailed at Appendix 1 and 2, Part B in respect of the current year, with a total of 421 days being allocated to these engagements for 2018/19.

## **6. Contingency (33% of operational time)**

- 6.1 This category includes time allocations for finalisation of the 2017/18 audit plan, undertaking reactive investigations of theft, fraud or other malpractice and provides for post-report work which includes attending disciplinary or appeal hearings, employment tribunals and court, as required.
- 6.2 The council is also undergoing a significant period of change and although these changes represent significant priorities and risks for the council, the arrangements may not be sufficiently well established to be suitable for evidence based audit reviews. In recognition of this, the 2018/19 audit plan includes provision for the on-going and anticipated involvement in significant project consultancy activities, including the better council change programme, implementation of the Business World product, City Deal and counter corruption work in conjunction with the Integrity Group, as well as smaller scale internal control reassessment by services.
- 6.3 The allocation of time for this category is an estimate based on prior experience and available resources. However, this will be monitored during the course of the year to ensure that internal audit continue to be in a position to respond to other priority areas which emerge during the course of the year, and, if necessary, revise the audit plan accordingly. Appendix 1 and 2, Part C details the indicative time of 351 days allocated across the contingency heading.

## **7. Audit Planning / Reporting 11% of operational time)**

- 7.1 This category includes annual planning activity and reporting arrangements to the Audit Panel and the Audit, Risk and Scrutiny Board, the Integration Joint Board Audit Committee and the Boards of the other bodies we provide internal audit services to under a service level agreement. Appendix 1 and 2, Part D details the time of 111 days allocated to planning and reporting activities.

## **8. Analysis of Plan by Service**

- 8.1 Appendix 3 shows the amount of operational audit time allocated to individual services in 2018/19 and compares it to the planned days for 2017/18.
- 8.2 The planned days allocated to all services relates to work which is cross-cutting rather than service specific as well as time which is allocated out to services as the year progresses, such as contingency and investigations.
- 8.3 The high level of coverage in Finance and Resources compared to other services continues to reflect the expected reliance placed on transactional finance processes by Audit Scotland and that time has been allocated to the ICT service.

## **9. Conclusion**

- 9.1 The annual internal audit plan for 2018/19, based on the strategic risk assessment reflects the current priorities and challenges for the council, and demonstrates that the internal audit service continues to deliver added value while continuing to improve the service in line with best practice.
- 9.2 The allocation of internal audit resources is sufficient to allow for flexibility to deal with emerging priorities and provide adequate coverage of governance, risk management and internal control to inform the annual assurance statement.



- 9.3 The plan may be subject to amendment during the course of the year due to the emergence of issues of greater priority, or other unforeseen circumstances. The Chief Auditor will report changes to the Audit Panel and the Audit, Risk and Scrutiny Board.

**Chief Auditor**  
**March 2018**

**Council Internal Audit Annual Plan 2018/19**

Entity	Engagement Title	Service	Council Plan Theme <sup>1</sup>	Days Allocated	Strategic & Corp Risk
<b>Part A – Governance</b>				<b>140</b>	
Corporate Governance	Corporate Governance Framework	Corporate - All Services	5	25	No
Prevention and Detection of Fraud and Corruption	Prevention and Detection of Fraud and Corruption	Corporate - All Services	2	45	Yes
Information Governance	GDPR Compliance	Corporate - All Services	5	20	Yes
Corporate Risk Management	Risk Management Arrangements	FAR	5	20	No
Information Governance	Educational Establishments - Information Security	Childrens Services	2	20	Yes
Performance Measurement Framework	City Deal	D&HS	1	10	Yes
<b>Part B – Assurance</b>				<b>360</b>	
Follow Up	Follow Up	Corporate - All Services	5	40	No
Administration of grants	Award of grants	Corporate - All Services	2	20	No
Supporting Attendance - All Services	Absence Management	Corporate - All Services	5	20	No
Disclosure Checks - All Services	Disclosure Checks - Review Arrangements	Corporate - All Services	2	20	Yes
Procurement - Service Controls	Procurement Cards & Stock control	E & C	5	25	No
Trading Standards	Trading Standards procedures	E & C	2	20	Yes
Roads Operations	Roads Inspection & Monitoring	E & C	1	20	Yes
Review of Internal Controls and Compliance	Key Financial Controls	FAR	5	25	Yes
Payroll	Payroll	FAR	5	20	No
ICT Delivery and Support	Cloud Services	FAR	5	20	Yes
Non Domestic Rates	Non Domestic Rates	FAR	5	15	No
Members Payroll and Expenses	Members expenses	FAR	5	20	No

<sup>1</sup> 1: Reshaping our place,our economy and our future, 2: Building strong, safe and resilient Communities, 3:Tackling equality, ensuring opportunities for all, 4:Creating a sustainable Renfrewshire for all to enjoy, 5:Working together to improve outcomes.

Entity	Engagement Title	Service	Council Plan Theme <sup>1</sup>	Days Allocated	Strategic & Corp Risk
Energy Management	Energy Management	FAR	4	20	Yes
ICT Delivery & Support	Corporate System Access	FAR	5	20	Yes
Home care	Contract Management	Adult Services	2	20	Yes
External Funding Arrangements	Leader/SPTE etc	D&HS	1	15	No
Homelessness Service	Homelessness procedures	D&HS	2	20	No
<b>Part C – Contingency</b>				<b>335</b>	
Contingency	Contingency	Corporate - All Services	N/A	140	N/A
Contingency	Corporate Groups	Corporate - All Services	N/A	65	N/A
Contingency	Investigations	Corporate - All Services	N/A	130	N/A
<b>Part D – Planning &amp; Reporting</b>				<b>100</b>	
Planning & Reporting	Planning & Reporting	Corporate - All Services	N/A	100	N/A

Appendix 2

Other Bodies Internal Audit Annual Plan 2018/19

Entity	Engagement Title	Service	Days Allocated
<b>Part A – Governance</b>			<b>23</b>
Corporate Governance	Corporate Governance Framework	IJB	23
<b>Part B – Assurance</b>			<b>61</b>
SE - Contracts	Contract Management Arrangements	Associate Bodies - SE	20
RVJB - Valuation System	RVJB - Valuation System - Non Domestic Rates	Associate Bodies - RVJB	18
RLL - other systems audits	Employee Resourcing	Culture Trust	23
<b>Part C – Contingency</b>			<b>16</b>
Contingency	Contingency	Associate Bodies	16
<b>Part D – Planning &amp; Reporting</b>			<b>11</b>
Planning & Reporting	Planning & Reporting	Associate Bodies	11

## Appendix 3

### Analysis by Service

Service	2017/18		2018/19	
	Planned Days	% of Operational Time	Planned Days	% of Operational Time
All Services <sup>note 1</sup>	640	64%	625	60%
Chief Executive's Service	0	0%	0	0%
Finance & Resources	118	12%	160	15%
Children's Services	20	2%	20	2%
Adult Services	25	2%	20	2%
Environment & Communities	25	3%	65	6%
Development & Housing Services	35	4%	45	4%
<b>COUNCIL TOTAL</b>	<b>863</b>	<b>87%</b>	<b>935</b>	<b>89%</b>
Scotland Excel	23	2%	23	2%
Clyde Muirshiel Park Authority	18	2%	3	0%
GCVJSPA	3	0%	3	0%
Renfrewshire Valuation Joint Board	23	2%	21	2%
Renfrewshire Health & Social Care Integration Joint Board (Appendix 4)	35	4%	35	4%
Cultural Trust	26	3%	26	3%
<b>TOTAL</b>	<b>993</b>	<b>100%</b>	<b>1046</b>	<b>100%</b>

#### Notes

- 1 Planned time includes Follow up Audit, Contingency, Planning and Reporting and an element of Cross cutting Assurance and Governance Audits and is allocated against services during the course of the year

## Appendix 4

### Annual Audit Plan 2018/19 – Integration Joint Board

Audit Category	Engagement Title	No. of days	Detailed work
Assurance	Governance	23	<ul style="list-style-type: none"><li>• Governance Arrangements</li><li>• Review of adequacy and compliance with the Local Code of Corporate Governance</li></ul>
Planning & Reporting	Annual Plan, Annual Report and Audit Committee reporting & Training	6	The Chief Internal Auditor is required to prepare an annual plan and annual report for the Audit Committee, summarising the work undertaken by Internal Audit during the year and using this to form an opinion on the adequacy of the control environment of the IJB.
Contingency	Ad-hoc advice and Consultancy	6	Any relevant issues raised by NHSGGC and Renfrewshire Council in relation to the operational delivery of services.




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**To: Audit, Risk and Scrutiny Board**

**On: 19 March 2018**

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**Report by: Chief Executive**

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**Heading: Local Government Benchmarking Framework Indicator Profile 2016/17**

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**1. Summary**

- 1.1 In Scotland, local authorities have a statutory duty to achieve Best Value, the key to which is ensuring “sound governance, good management, public reporting on performance and a focus on improvement”.
- 1.2 The Council has a robust performance management framework in place, which ensures that performance is monitored rigorously by corporate and service level management teams and scrutinised by elected members through appropriate governance mechanisms. Public performance reporting is also undertaken to ensure local citizens, businesses and partner organisations are able to track Council performance levels over time.
- 1.3 The performance of council services, based on considerations such as quality, cost and satisfaction of service users is monitored through a number of mechanisms including:
- external validation of services through for example inspections of schools, pre 5 establishments and registered care services;
  - 6 monthly reporting to the Leadership Board on progress relating to the implementation of the Council Plan;
  - quarterly performance reports scrutinised by the Corporate Management Team;
  - 6 monthly reports to relevant policy boards in relation to Service Improvement Plans and related performance scorecards;

- detailed consideration of aspects of performance such as complaints handling by the relevant policy board or Audit, Risk and Scrutiny Board; and
- operational performance reporting at a service level, including business plans monitored by policy boards.

- 1.4 Comprehensive scrutiny of performance is also undertaken through the Local Government Benchmarking Framework (LGBF). This framework brings together performance indicators covering information about a wide range of key services such as education, housing and adult social care.
- 1.5 The main purpose of the framework is to allow councils to work and learn together to improve services based on their comparative service information. As with all benchmarking exercises of this kind, there are differing views on the appropriateness of the indicators used within the LGBF across professional groups and local authorities. Some of the indicators are drawn from national surveys where the local sample size is small, and discussions are undertaken regularly across Councils on the methods for calculating each of the performance indicators.
- 1.6 It is the view of officers that the LGBF represents a very positive opportunity for the Council to compare performance across a broad range of service areas, acting as a catalyst for conversations about service improvement and innovation. The LGBF is seen as a valuable supplement to the more detailed and focused performance monitoring which takes place at a corporate and service level, with appropriate levels of scrutiny by elected members undertaken on a regular basis. This allows performance to be monitored and any required improvements to service delivery can be expedited by services.
- 1.7 The validated Local Government Benchmarking Framework data for 2016/17 was formally published by the Improvement Service on 6<sup>th</sup> February 2018. The national summary report produced on the LGBF by the Improvement Service summarises the overall performance of Scottish local authorities as follows:

***"Across the seven-year period for which we present data, total current spending by Scottish councils has reduced by 14.4% in real terms from £17.6 billion to £15.08 billion. Education spending has been relatively protected, and child protection and social care spending have grown substantially. As these account for over 50% of the benchmarked expenditure within the LGBF, other services have taken much more substantial reductions. Expenditure on roads has fallen by 20% in real terms, on planning by 33% and on culture and leisure services by 17%.***

***During this time councils have achieved substantial improvements in efficiency, innovation and productivity while service output and outcomes have been largely maintained and improved. It should be recognised that use of reserves and a public-sector wage cap are key contributors to this trend, therefore it will be harder to reproduce the efficiency and productivity gains of the last five years again."***



In addition, the report highlighted that despite real reductions in the education budgets nationally, the number of pre-school and primary places in Scotland has increased by over 30,000, and measures of educational outcomes continue to show positive progress, particularly for children from the most deprived areas.

Another positive national shift indicated was around culture and leisure services. Despite a real spend reduction of 17% since 2010/11, visitor rates have substantially improved. Since 2010/11, sports usage has increased 19.1%, libraries by 47.4% and museums by 33.1%.

1.8 Key messages for Renfrewshire from the 2016/17 Indicator Profile are as follows:

- There are 75 indicators within the LGBF suite of performance indicators. Of the 64 national indicators (where current data is available) in the Local Government Benchmarking Framework:
  - 44 indicators have improved since last year or have remained relatively unchanged (39 improved, 5 remained the same);
  - 20 indicators have declined in performance; and
  - 11 indicators have no data available yet.
- The Council is in the top quartile (ranked 1st to 8th) for 16 of the 64 indicators (for which there are data), with consistent performance relating to education cost indicators and also in relation to percentage of roads to be considered for maintenance treatment.
- In relation to street cleaning, the Council has delivered efficiency savings whilst maintaining street cleanliness scores, in contrast to the national trend which reflects reduced spending and reduced performance in terms of cleanliness.
- The Council is also performing at a level above the national trend for several customer satisfaction levels, with increases in customer satisfaction with libraries, refuse collection and leisure facilities compared to reductions in satisfaction across Scotland
- Performance in relation to attainment indicators has improved this year, with increases in tariff score indicators across all quintiles which reflects the work being done on raising attainment which is a key strategic priority for the Council.
- There are ten indicators in the LGBF where Renfrewshire is ranked in the bottom quartile (25th to 32nd of all authorities). These are outlined in more detail in section 4.6.

1.9 Appendix 1 provides a summary of benchmarking information against each of the 64 indicators where data is currently available in the LGBF. The appendix provides detailed information relating to the performance of similar councils who have been placed into a "family group" with Renfrewshire Council, and also provides further context on performance across the broad service areas for elected member scrutiny.

- 1.10 Renfrewshire Council publishes its statutory public performance reporting document on the Council's website in March each year. Relevant performance information gathered through the LGBF is included as part of the report. All national and council level information relating to the LGBF is reported on the Improvement Service's website, which is linked to the Council's own website.
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## 2. **Recommendations**

- 2.1 It is recommended that the Audit, Risk and Scrutiny Board notes the information contained within this report.
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## 3. **Background**

- 3.1 All Scottish councils have a duty to deliver best value, a critical element of which is reviewing performance of council services and the impact of service delivery, and reporting this performance to citizens and stakeholders.
- 3.2 During the year, the Council publishes local corporate management and service performance information in board reports, key publications and on our website to demonstrate the delivery of Best Value in our service arrangements.
- 3.3 All Scottish local authorities participate in comprehensive performance scrutiny through the Local Government Benchmarking Framework (LGBF). This framework brings together performance indicators covering information about a wide range of key services, such as education, housing and social care.
- 3.4 The LGBF data is collated, verified and published for all Scottish Councils by the Improvement Service. The final data for 2016/17 was published on 6 February 2018. A link to the Improvement Service reporting tool is available on the performance section of the Council website.
- 3.5 The national LGBF report in summarising the performance of Councils across Scotland recognises that:
- "Given the scale of the challenge facing councils, the sustainability of some services will be increasingly dependent on the ability of councils and their partners to address the underlying demand for them. If spending reductions continue for the foreseeable future, a much more fundamental and transformative change will be necessary and that will require local and national government to work together."*
- 3.6 This message was reflected in the report by the Director of Finance to the Leadership Board on 30 January 2018 on the Better Council Change Programme. The report highlighted the need for the Council to appropriately plan to sustainably address significant anticipated budget gaps that are expected to emerge over the

medium term. In this context, the importance of the Council continuing to proactively progress the Better Council Change Programme has been reinforced as a key strategic challenge to support the delivery of sustainable changes in service delivery and associated savings.

- 3.7 The Accounts Commission report “Local Government in Scotland Financial Overview 2016/17” published in November 2017, highlighted that the financial outlook for councils’ continues to be challenging, with the need to deliver savings being increasingly critical to their financial sustainability. As such, robust medium-term financial strategies and effective leadership to deliver them are of increasing importance.
- 3.8 This is useful context against which the assessment of performance comparatively across all Councils should be made.

#### **4. Overview of Renfrewshire’s Performance**

- 4.1 Renfrewshire Council has participated in the development of the LGBF since its inception in 2010. For 2016/17 there was an increase in the number of indicators from 68 to 75. The new indicators all relate to Children’s Services and include: children meeting developmental milestones, grading of funded early years provisions, school attendance rates, school exclusion rates, participation rates for 16-19 year olds, child protection re-registrations within 18 months, and Looked After Children with more than one placement within a year. At the time of writing the 2016/17 figures are not yet available for most of these new measures.

The framework reports on this suite of 75 indicators which cover the majority of council services under eight service categories:

1. Children’s Services
2. Corporate Services
3. Adult Social Care
4. Culture and Leisure Services
5. Environmental Services
6. Housing Services
7. Corporate Asset Management
8. Economic Development

The framework reports on service costs, customer satisfaction and service effectiveness.

- 4.2 Customer satisfaction data is drawn from the Scottish Household Survey and the Health and Care Experience Survey. While this data is robust at Scotland level, there are limitations at local authority level in relation to the very small sample sizes and low confidence levels. To boost sample sizes, 3 year rolled averages have been used in this year’s release of the information.

4.3 The LGBF dataset enables councils to review their own performance over time, compare performance against peer authorities and identify areas for improvement. An overview of the 64 indicators where data is available for Renfrewshire's 2016/17 dataset shows:

- 39 indicators have improved since last year;
- 20 indicators have declined in performance; and
- 5 indicators have remained relatively unchanged;

4.4 The Council is in the top quartile for sixteen indicators and in the bottom quartile for ten. We have significantly improved our ranking for average total tariff score SIMD Quintile 2 (21 to 8) which is now in the top quartile.

#### **Analysis of top quartile**

4.5 The Council was ranked in the top quartile (1<sup>st</sup> to 8<sup>th</sup>) of Scottish councils for sixteen of the framework indicators:

- Percentage of pupils gaining 5+ awards at Level 5 (National 5) – rank 8
- Percentage of adults satisfied with local schools – rank 6
- Average total tariff SIMD Quintile 2 (20% to 40% most deprived areas)– rank 8
- Cost per primary school pupil – rank 5
- Cost per secondary school pupil – rank 1
- Cost per pre-school education registration – rank 7
- Percentage of Looked after Children with more than one placement in the last year – rank 6
- Percentage of the highest paid 5% of employees who are women – rank 6
- Percentage of invoices sampled that were paid within 30 days – rank 4
- Percentage of adults satisfied with leisure facilities – rank 5
- Net cost of street cleaning per 1,000 population – rank 4
- Cost of trading standards, money advice and citizens advice per 1,000 population – rank 1
- Cost of environmental health per 1,000 population – rank 1
- Gross rent arrears (all tenants) as at 31 March each year as a percentage of rent due for the reporting year – rank 8
- Proportion of operational buildings that are suitable for their current use – rank 1
- Percentage of unemployed people assisted into work from Council operated / funded Employability programmes - rank 1

#### **Analysis of bottom quartile and declining performance**

4.6 The Council ranked in the bottom quartile (25<sup>th</sup> to 32<sup>nd</sup>) of Scottish councils in ten of the framework indicators. Further information on why the indicators are in the

bottom quartile and planned actions to improve performance are provided in appendix one.

- Percentage of funded early years provision which is graded good / better – rank 28
- Cost per dwelling of collecting Council Tax – rank 25
- % of people aged 65 or over with intensive needs receiving care at home – rank 25
- Sickness absence days per employee – rank 26
- Cost of museums per visit – rank 28
- Cleanliness Score (% acceptable) – rank 26
- Cost of maintenance per kilometre of roads – rank 28
- Percentage of adults satisfied with street cleaning – rank 30
- Cost per planning application – rank 31
- Average time (weeks) per planning application – rank 25

- 4.7 The performance of the LGBF indicators will continue to be monitored and progressed through the service improvement planning process and through further benchmarking activities undertaken through the family groups to develop and share best practice. A report on the LGBF will continue to be submitted to the Audit, Risk and Scrutiny Board annually to review performance and monitor progress.

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## Implications of the Report

1. **Financial** - none

2. **HR & Organisational Development** - none

3. **Community/Council Planning –**

*We consider our services performance against a number of strategic outcomes to measure how we are delivering better outcomes for our local communities:*

- *Our Renfrewshire is thriving* - none
- *Our Renfrewshire is well* - none
- *Our Renfrewshire is fair* - none
- *Our Renfrewshire is safe* - none
- *Reshaping our place, our economy and our future* - none
- *Building strong, safe and resilient communities* - none
- *Tackling inequality, ensuring opportunities for all* - none
- *Creating a sustainable Renfrewshire for all to enjoy* - none
- *Working together to improve outcomes* - none

4. **Legal** - none.

5. **Property/Assets** - none
6. **Information Technology** - none.
7. **Equality & Human Rights** - The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report because it is for noting only. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** - none
9. **Procurement** - none
10. **Risk** - none
11. **Privacy Impact** - none
12. **Cosla Policy Position** – none

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**Author:** Gemma Wilson, Strategic Planning and Policy Development Officer, 5796

## Appendix 1

Family Groups were set up as a way for councils to compare and discuss performance with other similar councils. We are currently in the following two family groups:

- Family Group 1 for Children Services, Adult Social Care and Housing Services – Clackmannanshire, Dumfries & Galloway, Falkirk, Fife, Renfrewshire and West Lothian.
- Family Group 2 for Corporate Services, Culture and Leisure, Environmental Services, Corporate Assets and Economic Development – Angus, Clackmannanshire, East Renfrewshire, Inverclyde, Midlothian, Renfrewshire, South Lanarkshire and West Lothian.

### Children's Services

This year the suite of measures for Children's Services was expanded to include nine new indicators, taking the total number of indicators to 27. Data is currently not available through the LGBF for the following indicators: gross cost of 'children looked after' in residential based services; gross cost of 'children looked after' in a community based setting; balance of care for looked after children, % of children being looked after in the community; proportion of pupils entering positive destinations; % of children meeting developmental milestones; school attendance rates; school exclusion rates; and percentage of child protection re-registration within 18 months. A summary of our 2016/17 data, as well as the Scottish average and our family group position, has been provided below.

Indicator	Ranked Position		Data		Scottish Average	Family Group Position
	2015/16	2016/17	2015/16	2016/17		
CHN1 – Cost per primary school pupil	2	5	£4058.61	£4406.65	£4803.97	Family group ranges from £4184.96 (Falkirk) to £5597.71 (Dumfries & Galloway)
CHN2 – Cost per secondary school pupil	1	1	£5742.69	£5844.33	£6816.54	Family group ranges from £5844.33 (Renfrewshire) to £7937.60 (Clackmannanshire).
CHN3 – Cost per pre-school education registration	15	7	£3690.19	£3634.36	£4206.85	Family group ranges from £2885.23 (West Lothian) to £4998.24 (Falkirk)
CHN4 – Percentage of pupils gaining 5+ awards at Level 5	11	8	60%	64%	60%	Family group ranges from 52% (Clackmannanshire) to 67% (South Ayrshire).
CHN5 – Percentage of pupils gaining 5+ awards at Level 6	14	11	32%	35%	34%	Family group ranges from 22% (Clackmannanshire) to 38% (West Lothian).

Indicator	Ranked Position		Data		Scottish Average	Family Group Position
	2015/16	2016/17	2015/16	2016/17		
CHN6 – Percentage of pupils from deprived areas gaining 5+ awards at level 5 (SIMD)	10	14	40%	42%	41%	Family group ranges from 32% (Clackmannanshire) to 48% (South Ayrshire).
CHN7 – Percentage of pupils from deprived areas gaining 5+ awards at level 6 (SIMD)	13	12	14%	15%	16%	Family group ranges from 10% (Clackmannanshire) to 23% (West Lothian).
CHN10 – Percentage of adults satisfied with local schools	10	6	84.67%	85.67%	75.33%	Family group ranges from 71% (Fife) to 86% (Clackmannanshire).
CHN12a – Overall average tariff score	22	14	840.44	903.64	886.17	Family group ranges from 742.70 (Clackmannanshire) to 970.63 (South Ayrshire)
CHN12b – Average total tariff SIMD Quintile 1	13	16	577	614	624	Family group ranges from 491 (Clackmannanshire) to 689 (West Lothian).
CHN12c – Average total tariff SIMD Quintile 2	21	8	714	827	750	Family group ranges from 652 (Fife) to 853 (South Ayrshire).
CHN12d – Average total tariff SIMD Quintile 3	16	13	883	922	880	Family group ranges from 778 (Clackmannanshire) to 994 (South Ayrshire).
CHN12e – Average total tariff SIMD Quintile 4	8	11	1055	1067	999	Family group ranges from 880 (Clackmannanshire) to 1112 (South Ayrshire).
CHN12f – Average total tariff SIMD Quintile 5	14	11	1162	1223	1207	Family group ranges from 1006 (Clackmannanshire) to 1297 (South Ayrshire).
CHN18 – Percentage of funded early years provision which is graded good / better – new measure	28	28	88.1%	85.7%	91.7%	Family group ranges from 83.7% (Dumfries & Galloway) to 100% (Clackmannanshire).
CHN19a – School attendance rates	18	19	93.60	93.30	93.30	Family group ranges from 92.90 (Clackmannanshire) to 94.20 (Dumfries & Galloway).



Indicator	Ranked Position		Data		Scottish Average	Family Group Position
	2015/16	2016/17	2015/16	2016/17		
CHN21 – Participation rate for 16-19 year olds (per 100) – new measure	16	17	90.7	91.4	90.4	Family group ranges from 88.2 (Clackmannanshire) to 90.9 (South Ayrshire).
CHN23 – Percentage LAC with more than 1 placement in the last year (Aug-July)	6	6	18.77%	17.46%	20.68%	Family group ranges from 17.19% (South Ayrshire) to 67.57% (Falkirk).

*Indicator in the bottom quartile*

**Percentage of funded early years provision which is graded good / better** - This indicator reduced slightly from 88.1% (2015/16) to 85.6% (2016/17), and includes both local authority and private / voluntary provided services. 95% of the local authority provision is graded good or better. In the independent and voluntary sector 78% are graded good or better. The Early Years team are actively working on improvement plans with those services which are not graded good or better to drive improvement where required.

### **Corporate Services**

The Corporate Services category consists of 8 indicators, covering unit cost and performance data. A summary of our 2016/17 data, as well as the Scottish average and our family group position, has been provided below.

Indicator	Ranked Position		Data		Scottish Average	Family Group Position
	2015/16	2016/17	2015/16	2016/17		
CORP 1 – Support services as a percentage of total gross expenditure	23	11	6.04	4.19	4.92	Family group ranges from 3.12 (Inverclyde) to 7.12 (Clackmannanshire)
CORP 3b – The percentage of the highest paid 5% of employees who are women	5	6	55.15%	55.71%	52%	Family group ranges from 46.67% (South Lanarkshire) to 55.71% (Renfrewshire).
CORP 3c – The gender pay gap	15	19	2.93	4.88	4.14	Family group ranges from -1.28 (West Lothian) to 9.30 (Inverclyde).
CORP 4 – The cost per dwelling of collecting Council Tax	23	25	£11.38	£11.85	£8.98	Family group ranges from £6.05 (Clackmannanshire) to £12.60 (Inverclyde).

Indicator	Ranked Position		Data		Scottish Average	Family Group Position
	2015/16	2016/17	2015/16	2016/17		
CORP 6a – Sickness absence days per teacher	18	10	6.39	5.36	6.06	Family group ranges from 4.10 (East Renfrewshire) to 9.77 (Clackmannanshire).
CORP 6b – Sickness absence days per employee	15	26	10.37	11.68	10.92	Family group ranges from 9.64 (Midlothian) to 16.50 (Clackmannanshire).
CORP 7 – Percentage of income due from Council Tax received by the end of the year	14	16	96%	95.96%	95.80%	Family group ranges from 94.55% (Midlothian) to 97.89% (Angus).
CORP 8 – Percentage of invoices sampled that were paid within 30 days	3	4	96.91%	97.01%	93.06%	Family group ranges from 71% (East Renfrewshire) to 97.01% (Renfrewshire)

*Indicator in the bottom quartile*

**The cost per dwelling of collecting Council Tax** – The cost of collecting council tax has increased slightly compared to the previous year. This can be attributed to factors associated with staff pay. Focus on delivering an increase in the level of council tax collected aligned to affordable administration, on-line services for council tax (MyAccount) have been introduced to provide customers with easy access to services while reducing contact costs for the Council.

**Sickness absence days per employee** – The two main types of illness classification across the time period were Musculoskeletal and Joint Disorders and Psychological (non work related). To address Psychological (non work related) absences the Council has a range of support services that employees can be referred to at an early stage for assistance, including the Time for Talking counselling service and the Occupational Health Service which also provides access to Cognitive Behavioural Therapy. There are also Council policies, guidance and training to assist managers and employees that are specific to stress related issues

In addition, a revised mental health first aid course was delivered to project managers and representatives from HR and OD as well as procurement. This will equip the officers with the skills to identify the early stages of someone who may be suffering from mental health issues and also provide them with support mechanisms in the workplace. In relation to addressing musculoskeletal and joint disorders the Council offers physiotherapy service through the Council's Occupational Health Provider, this service can be accessed by all employees.

As part of the Council's Health and Safety Management system, occupations which include manual handling activities as part of the role, the task risk assessments have been

reviewed and as part of their ongoing training a number of courses and interventions to ensure that safe working practices are maintained.

A CMT performance spotlight session on Absence has been planned to look at sickness absence in more detail.

### **Adult Social Care**

The Adult Social Care category consists of 6 indicators (only 4 of which has data at the moment), covering unit cost, satisfaction and performance data. A summary of our 2016/17 data, as well as the Scottish average and our family group position, has been provided below.

Indicator	Ranked Position		Data		Scottish Average	Family Group position
	2015/16	2016/17	2015/16	2016/17		
SW1 – Home care costs per hour for people aged 65 or over	5	19	£15.47	£23.56	£22.54	Family group ranges from £15.74 (Dumfries & Galloway) to £28.73 (West Lothian).
SW2 – SDS spend on adults 18+ as a percentage of total social work spend on adults 18+	25	16	2.29%	3.68%	5.87%	Family group ranges from 0.17% (Clackmannanshire) to 6.22% (Dumfries & Galloway).
SW3 - % of people aged 65 or over with intensive needs receiving care at home	19	25	33.35%	27.16%	35.27%	Family group ranges from 27.16% (Renfrewshire) to 45.47% (Dumfries & Galloway).
SW5 – Residential cost per week per resident for people aged 65 or over	18	23	£388.73	£417.93	£375.06	Family group ranges from £185.62 (Dumfries & Galloway) to £417.93 (Renfrewshire).

*Indicator in the bottom quartile*

**Percentage of people aged 65 or over with intensive needs receiving care at home –** Renfrewshire Health and Social Care Partnership ensures that the right level of support is provided to the most vulnerable people and uses the resources available efficiently. During 2016/17, the Care at Home service focused on increasing the number of clients whose care packages have been through the Self Directed Support (SDS) process, whilst undertaking 3,412 assessments and reviewing 3,777 existing packages to ensure that clients are receiving the right level of support.

The service has invested resources in the reablement process which ensures active early intervention to support clients to improve personal outcomes and reduce dependency on

statutory services. The Community Meals service ensures meals are delivered twice daily to service users. This service ensures service users receive nutritious meals and enables Care at Home service to direct Home Care Worker time previously spent on food preparation to delivering personal care services. Service users receiving community meals are not included in the figures used to calculate service users receiving intensive supports, which places Renfrewshire at a disadvantage when comparing to other HSCPs.

### **Culture and Leisure Services**

The Culture and Leisure category consists of 8 indicators, covering unit cost and satisfaction data. A summary of our 2016/17 data, as well as the Scottish average and our family group position, has been provided below.

Indicator	Ranked Position		Data		Scottish Average	Family Group Position
	2015/16	2016/17	2015/16	2016/17		
C&L1 – Cost per attendance at sports facilities	10	11	£2.01	£2.05	£2.90	Family group ranges from £1.70 (Clackmannanshire) to £3.85 (East Renfrewshire).
C&L2 – Cost per library attendance	28	20	£4.38	£3.04	£1.98	Family group ranges from £1.06 (Midlothian) to £3.67 (South Lanarkshire).
C&L3 – Cost per museums per visit	29	29	£18.95	£48.91	£3.19	Family group ranges from £0.56 (West Lothian) to £48.91 (Renfrewshire).
C&L4 – Costs of parks and open spaces per 1,000 population	18	19	£21,041	£21,241	£21,581	Family group ranges from £8,159 (Midlothian) to £29,057 (South Lanarkshire).
C&L5a – Percentage of adults satisfied with libraries	22	15	76.33%	77%	74.67%	Family group ranges from 66.67% (Midlothian) to 82.67% (Clackmannanshire).
C&L5b – Percentage of adults satisfied with parks and open spaces	23	22	83.33%	85%	86%	Family group ranges from 78.33% (Midlothian) to 91.67% (West Lothian).
C&L5c – Percentage of adults satisfied with museums and galleries	10	10	79%	76.67%	72%	Family group ranges from 55% (East Renfrewshire) to 79.67% (Inverclyde).
C&L5d – Percentage of adults satisfied with leisure facilities	10	5	81%	82.67%	74%	Family group ranges from 66% (East Renfrewshire) to 89.67% (Inverclyde).

### Cost of museums per visit –

During 2016/17, the Council commenced work on the new museum store located on the High Street in Paisley. The refurbishment work and decant of the collection was completed in late 2017 in readiness for opening to the public. Over the next few years, the Council will continue to make significant investment in its cultural assets including the £42 million investment in Paisley museum. Additional costs have and will continue to be incurred whilst these projects are underway which will be reflected in this indicator.

### Environmental Services

The Environmental Services category consists of 14 indicators, five of which are statutory, and cover unit cost, satisfaction and performance data. It is an area of significant spend and includes waste management, street cleansing, roads services, trading standards and environmental health. A summary of our 2016/17 data, as well as the Scottish average and our family group position has been provided below.

Indicator	Ranked Position		Data		Scottish Average	Family Group Position
	2015/16	2016/17	2015/16	2016/17		
ENV1a – Net cost per waste collection per premise	9	12	£54.85	£55.90	£64.46	Family group ranges from £39 (Inverclyde) to £80.29 (Midlothian).
ENV2a – Net cost of waste disposal per premise	18	24	£98.51	£113.04	£98.84	Family group ranges from £75.18 (Angus) to £116.73 (Renfrewshire).
ENV3a – Net cost of street cleaning per 1,000 population	6	4	£10,013.75	£8,116.86	£14,726.45	Family group ranges from £8,116.86 (Renfrewshire) to £17,470.94 (Inverclyde).
ENV3c – Cleanliness Score (% acceptable)	29	26	87.90%	91.33%	93.9%	Family group ranges from 91.33% (Renfrewshire) to 98.7% (Midlothian).
ENV4a – Cost of maintenance per kilometre of roads	20	29	£12,481.64	£19,280.47	£10,456.21	Family group ranges from £6,779.19 (Midlothian) to £21,783.04 (Inverclyde).
ENV4b – Percentage of A class roads that should be considered for maintenance treatment	16	12	26.33%	22.39%	29.54%	Family group ranges from 16.26% (East Renfrewshire) to 29.63% (Inverclyde).
ENV4c – Percentage of B	16	12	31.6%	27.49%	34.76%	Family group ranges from 24.10% (South Lanarkshire)

Indicator	Ranked Position		Data		Scottish Average	Family Group Position
	2015/16	2016/17	2015/16	2016/17		
class roads that should be considered for maintenance treatment						to 37.58% (Inverclyde).
ENV4d – Percentage of C class roads that should be considered for maintenance treatment	21	18	38.78%	36.89%	34.57%	Family group ranges from 27.7% (Angus) to 43.42% (Inverclyde).
ENV4e – Percentage of unclassified roads that should be considered for maintenance treatment	17	17	37.18%	36.59%	39.5%	Family group ranges from 30.1% (West Lothian) to 44.82% (East Renfrewshire).
ENV5a – Cost of trading standards, money advice and citizens advice per 1,000 population	2	1	£2497.71	£1466.49	£5438.54	Family group ranges from £1,466.49 (Renfrewshire) to £9,098.98 (West Lothian).
ENV5b – Cost of environmental health per 1,000 population	4	1	£10,300.18	£6,377.54	£16,117.25	Family group ranges from £6,377.54 (Renfrewshire) to £20,540.68 (Inverclyde).
ENV6 – The percentage of total waste arising that is recycled	20	19	43.85%	48.47%	45.2%	Family group ranges from 48.47% (Renfrewshire) to 60.79% (East Renfrewshire).
ENV7a – Percentage of adults satisfied with refuse collection	17	13	85.33%	85.67%	81.67%	Family group ranges from 74.33% (East Renfrewshire) to 91.33% (Inverclyde).
ENV7b – Percentage of adults satisfied with street cleaning	30	30	65.67%	62.67%	72.33%	Family group ranges from 62.67% (Renfrewshire) to 80.33% (West Lothian)

*Indicators in the bottom quartile*

**Cleanliness score (% acceptable)** – Overview: Renfrewshire's Cleanliness Score improved by 3.4% from 87.9% in 2015/16 to 91.3% and 2016/17. The rank position in 2016/17 was 26th and was an improvement on the 2015/16 position of 29th. In 2016/17 the Scottish average was 93.9% which was marginally up by 0.5% from the 2015/16 average.

In the three years prior to 2016/17 Renfrewshire's average score was 88%. This indicator is based on 3 inspections per year – 2 carried out by internal teams and one by an external assessor. In 2016/17 the performance improvement results from a significantly higher external assessment score than previously. It is unclear whether this score is a 'one off' due to the area chosen for inspection or environmental conditions on the day or representative of a sustainable performance improvement that will be sustained in future years. Service changes were made during 2016, to refocus resources, improve early season preparations and deliver closer monitoring of the overall service. However it was expected that these would maintain performance rather than increase it significantly.

Analysis of the 2016/17 performance by Keep Scotland Beautiful indicated that there has been a marked improvement in the core street cleansing services of litter, weed growth and detritus compared to the previous year and these elements can be impacted on significantly within a day, e.g. when a bin is blown over.

In the summer of 2017, as part of the Team Up to Clean Up initiative, the service introduced an enhanced resource to supply communities with additional litter pickers and an increased road sweeping service to remove litter and detritus from roadside gullies. The enhanced litter picking resources in hard areas (street/pavements etc.) has increased the service from every 32 days to every 16 days. The road sweeping service has increased frequencies from twice per year to six times per year.

**Percentage of adults satisfied with street cleaning** – A programme of support and community engagement through Team Up to Clean Up is being introduced to provide advice, guidance, equipment, and support for communities to become involved in local environmental improvements. An enforcement and educational approach is also being targeted in key areas to address litter and dog fouling across Renfrewshire. Early indications are that the enhanced services are having a positive impact on litter removal and environmental improvements and are being recognised in local satisfaction with street cleaning and should reflect positively on the 2017/18 performance of this indicator.

It should be noted that while this data is proportionate at the Scottish level, it is acknowledged by the Improvement Service that there are limitations at council level in relation to the very small sample sizes (600 in Renfrewshire in the 2016 survey) and low confidence levels. The Improvement Service continues to explore opportunities to develop alternative measures of customer / resident satisfaction which is comparable at local authority level.

**Cost of maintenance per kilometre of roads** - the cost of Renfrewshire's roads maintenance has increased from £12,481.64 in 2015/16 to £19,280.47 in 2016/17 and is above the Scottish average of £10,503.39. The increase in the costs between 2015/16 and 2016/17 reflects the capital allocation for Renfrewshire's Street Lighting Investment Strategy to convert all of Renfrewshire's street lighting from sodium lanterns to LED lanterns. An investment that will deliver significant capital savings in revenue expenditure in future years

This indicator reflects expenditure on Roads and includes Revenue Expenditure on Road and winter maintenance plus total expenditure to be met from Capital Resources including street lighting. In future years the significant capital allocation to roads improvements is expected to lead to ongoing performance of above average spend reflecting the current focus on investment in the roads infrastructure.

### **Housing Services**

The Housing Services category consists of 5 indicators. A summary of our 2016/17 data, as well as the Scottish average and our family group position, has been provided below.

Indicator	Ranked Position		Data		Scottish Average	Family Group Position
	2015/16	2016/17	2015/16	2016/17		
HSN1b – Gross rent arrears (all tenants) as at 31 March each year as a percentage of rent due for the reporting year	11	8	6.01%	5.35%	6.49%	Family group ranges from 3.11% (South Ayrshire) to 8.39% (Clackmannanshire).
HSN2 – Percentage of rent due in the year that was lost due to voids	25	24	1.86%	1.53%	0.93%	Family group ranges from 0.44% (South Lanarkshire) to 1.53% (Renfrewshire).
HSN3 – Percentage of dwellings meeting SHQS	24	23	85.57%	91.39%	93.63%	Family group ranges from 91.39% (Renfrewshire) to 99.65% (West Lothian).
HSN4b – Average time taken to complete non-emergency repairs	9	9	8.40	7.41	8.72	Family group ranges from 7.11 (Clackmannanshire) to 13.41 (South Lanarkshire).
HSN5 – Percentage of council dwellings that are energy efficient	12	15	98.52%	98.03%	96.62%	Family group ranges from 98.03% (Renfrewshire) to 100% (Clackmannanshire & West Lothian).

*No Indicators in bottom quartile*

### **Corporate Assets**

The Corporate Asset category consists of 2 statutory indicators. A summary of our 2016/17 data, as well as the Scottish average and our family group position, has been provided.



Indicator	Ranked Position		Data		Scottish Average	Family Group Position
	2015/16	2016/17	2015/16	2016/17		
CORP-ASSET 1 – Proportion of operational buildings that are suitable for their current use	1	1	100%	100%	79.80	Family group ranges from 80.7% (East Renfrewshire) to 100% (Renfrewshire).
CORP-ASSET 2 – Proportion of internal floor area of operational buildings in satisfactory positions	12	13	89.5%	89.7%	84.48%	Family group ranges from 75.87% (Midlothian) to 97.57% (Clackmannanshire)

### **Economic Development**

The Economic Development category consists of 5 indicators. A summary of our 2016/17 data, as well as the Scottish average and our family group position, has been provided.

Indicator	Ranked Position		Data		Scottish Average	Family Group Position
	2015/16	2016/17	2015/16	2016/17		
ECON1 – Percentage of unemployed people assisted into work from Council operated / funded Employability programmes	2	1	27.5%	27.1%	13.96%	Family group ranges from 9.53% (Clackmannanshire) to 27.1% (Renfrewshire).
ECON2 – Cost per planning application	31	31	£9534.30	£8506.40	£4635.61	Family group ranges from £2674.42 (Fife) to £9532.76 (West Lothian).
ECON3 – Average time (weeks) per planning application	16	25	9.16	11.14	9.31	Family group ranges from 6.48 (Inverclyde) to 11.14 (Renfrewshire).
ECON4 – Percentage of procurement spent on local small / medium enterprises	24	19	17.18%	19.41%	20.25%%	Family group ranges from 8.97% (Clackmannanshire) to 25.11% (Inverclyde).
ECON5 – Number of	18	15	17.6	18.5	16.6	Family group ranges from 12.8 (Inverclyde) to 22.5

Indicator	Ranked Position		Data		Scottish Average	Family Group Position
	2015/16	2016/17	2015/16	2016/17		
business gateway start-ups per 10,000 population						(West Lothian).

*Indicator in the bottom quartile*

**Cost per planning application** – The cost has reduced from £9534.30 to £8506.40; however the indicator remains in the bottom quartile. We continue to have dialogue with the Improvement Service on this indicator as the current LFR total being used includes other areas of activity not relevant to planning applications. We have calculated this as follows for 2016/17:

Direct staff costs	£344k
Indirect costs	£326k
Total costs	£670k
No. of applications	553
Cost per planning application	£1211.57

**Average time (weeks) per planning application** – The time taken increased from 9.16 weeks to 11.14 weeks, with the ranking changing to 25 and putting it in the bottom quartile. Some applications took longer to process, as a result of delays in the applicants responding to requests for information. In order to ensure statutory timescales are met, more staff are currently being recruited to this section.




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**To: Audit, Risk and Scrutiny Board**

**On: 19 March 2018**

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**Report by: Chief Executive**

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**Heading: Annual Complaints Report 2016/17**

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## **1. Summary and Key Messages**

- 1.1. Renfrewshire Council's complaint handling procedure (CHP) ensures that the Council knows how well it is delivering its services and shows its commitment to using the issues raised in complaints to improve services.
- 1.2. Introduced in 2013, the procedure complies with the Scottish Public Services Ombudsman's (SPSO) guidance and model complaints handling procedure, and aims to help 'get it right first time'. The aim is to have quicker, simpler and more streamlined complaints handling with local, early resolution by capable, well-trained staff. As part of the procedure, all complaints resolved at the frontline are also now recorded and monitored.
- 1.3. This report provides information on the external complaints Renfrewshire Council received in 2016/17 from members of the public and shows how this information has been used to ensure that the Council delivers high quality, efficient and responsive services to meet people's needs.
- 1.4. The key messages highlighted in the report are as follows:
  - 6,364 complaints were received in 2016/17, which is a reduction from 6,860 in 2015/16.
  - The number of complaints received in relation to the size of the local population is also small, with 6.75 complaints received per 1000 population; this has decreased since 2015/16 from 7 per 1000 population.

- 97% (6,184) of complaints were handled at the frontline stage demonstrating that the Council is highly responsive to initial reports of dissatisfaction from customers.
- Overall, 76.7% of frontline complaints were closed within target timescales. The average time taken to respond to frontline complaints received was 5.2 days, this is an increase from 2015/16 where it was 3.9 days and is slightly above the SPSO target of 5 days.
- Overall 92.8% (168) of investigation complaints were completed within target timescales. The average time taken to respond to an investigation complaint received was 13.2 days, which is slightly higher than in 2015/16 when it was 12.6 days. However, it is still well within the target set by the SPSO of 20 working days.
- 36% of complaints received at the investigation were upheld, compared to 25% in 2015/16
- Only a very small number of complaints received are escalated to the Scottish Public Services Ombudsman for investigation. In 2016/17, 49 complaints were received by the SPSO in relation to Renfrewshire, out of a total of 5586 nationally. Of these 49, five were investigated, with three being fully upheld, one partially upheld and one not upheld. The SPSO indicates that a low uphold rate suggests a robustness in the authority's handling of complaints.
- The breakdown of complaints received by services is broadly reflective of the nature and volume of service provided. For example, a significant proportion of complaints are handled by Environment & Communities. Over 11 million waste and recycling collections are made by the service each year, however complaints about this service delivery account for only 0.1% of the service delivered reflecting very high levels of general satisfaction.
- As it has been five years since the CHP was introduced, a review of complaints will take place in 2018 which will continue to drive improvement in practice and complaints performance. It will specifically consider the level of complaints received and response times for complaints.

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## **2. Recommendations**

2.1 It is recommended that members of the Audit, Risk and Scrutiny Board:

- Note the content of this report and that a review of the complaints process will be lead by the Chief Executive's Service during 2018.

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## **3. Background**

- 3.1. Renfrewshire Council's complaint handling procedure was implemented in 2013, and complies with the model Complaints Handling procedure for local authorities introduced by the Scottish Public Services Ombudsman (SPSO) at that time.
- 3.2. The Complaints Handling Procedure (CHP) reflects Renfrewshire Council's ongoing commitment to the provision of high quality complaints handling. The CHP operates to ensure that complaints are processed and responded to consistently within targeted timescales, with a particular focus on working to resolve customer dissatisfaction as close as possible to the point of contact or service delivery.
- 3.3. Services record, analyse and monitor complaints performance and use the information gathered through the CHP to improve service delivery wherever possible.
- 3.4. In April 2017, a new complaints handling procedure for Social Work complaints was brought into effect. It brings social work complaints largely in line with the complaints handling arrangements in place across the wider public sector. However the main difference relates to timescales, the extension for frontline complaints for Social Work complaints is 15 days, whereas for the model CHP it is only 10 days. Therefore, the complaints handling performance information detailed within this report does not include social work complaints which are covered separately within Section 8 of this report.
- 3.5. In line with the model SPSO complaints handling procedure, Renfrewshire Council's CHP uses a two stage process: Frontline Resolution and Investigation stage. These are outlined below:

#### **Stage 1: Frontline Resolution**

The frontline resolution stage aims to quickly resolve straightforward customer complaints that require little or no investigation. Any member of staff may deal with complaints at this stage.

The main principle is to seek early resolution, resolving complaints at the earliest opportunity and as close to the point of service delivery as possible. This may mean a face-to-face discussion with the customer, or asking an appropriate member of staff to deal directly with the complaint. **The Council has 5 days to respond to these complaints.**

**An example of a complaint which may be addressed at the frontline resolution stage is where a tenant has been waiting in for an appointment and the workmen failed to turn up. When this is reported the service would apologise and arrange a new suitable appointment.**

#### **Stage 2: Investigation**

Not all complaints are suitable for frontline resolution and not all complaints will be satisfactorily resolved at this stage. Complaints handled at the Investigation stage of the complaints handling procedure are typically complex or require a detailed examination before the Council can state its position. These complaints may already have been considered at the frontline resolution stage, or they may have been identified from the start as needing immediate investigation.

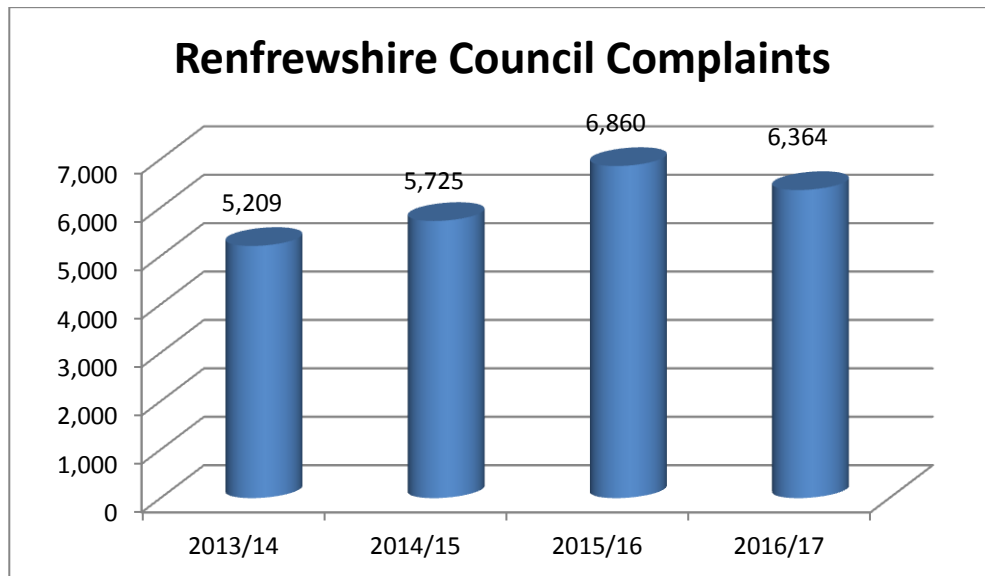
An investigation aims to establish all the facts relevant to the points made in the complaint and to give the customer a full, objective and proportionate response that represents the final position. **The Council has 20 days to respond to these complaints.**

**An example of an investigation may relate to the standard or nature of a repair within a council property which requires an inspection or visit to investigate.**

- 3.6. Following the implementation of the CHP in 2013, the organisation has put into place a range of mechanisms to promote awareness of the CHP amongst both customers and employees. During 2017, a correspondence review and internal audit review were carried out, the learning from these will be implemented this year and involve a refresh of current complaints training and current service working arrangements to ensure a consistent approach to complaints across the council. A review of complaints will therefore take place in 2018 to continue to drive improvement in practice and complaints performance.

#### **4. Complaints handling performance**

- 4.1. Councils are required to report their complaints handling performance against a range of high-level performance indicators related to the SPSO complaints handling procedure. Appendix 1 details Renfrewshire Council's complaints performance for 2016/17 against these key SPSO performance indicators.
- 4.2. Renfrewshire Council has experienced a decline in the number of complaints received this year, from 6,860 to 6,364.



- 4.3. Officers within the organisation are active in national benchmarking groups and review internal complaints handling performance levels against comparator organisations.
- 4.4. The number of complaints received in relation to the size of the local population is also small, with 6.75 complaints received per 1000 population; this has decreased since 2015/16 from 7 per 1000 population.
- 4.5. Complaints handling performance remains strong in Renfrewshire Council. 77% of frontline complaints and 93% of investigation complaints received were completed within target timescales.
- 4.6. In addition, the average time to respond to a frontline complaint was 5.2 days, which is higher than the 2015/16 figure where it was 3.9 days. The average time to respond to an investigation complaint was 13.2 days, which is within the SPSO target of 20 days.
- 4.7. In January 2018, the Audit, Risk and Scrutiny Board considered a report relating to the SPSO annual report for 2016/17. The SPSO will not generally consider a complaint in relation to a local authority unless the complainer has gone through the Council's complaints procedure. During the period of the report the SPSO determined 49 complaints relative to Renfrewshire Council (out of a total of 5586 received) compared with 52 in 2015/16 and 62 in 2014/15. Of the 49 complaints determined by the SPSO during 2016/17, five were investigated, three were fully upheld, one was partly upheld and one was not upheld. The SPSO indicates that a low uphold rate suggests a robustness in the authority's handling of complaints.

## 5. Analysis of complaints

5.1. As outlined in Section 3 above, complaints relating to Social Work services are not included within the SPSO model CHP, and SPSO performance indicators relating to complaints do not include complaints about these services.

5.2. Analysis of all complaints received indicates that the proportion of complaints received by each service area is broadly reflective of the nature and volume of service provided by each service. For example, as is illustrated in the table below, Environment & Communities responded to 82% of complaints received, in relation to service areas such as:

- Refuse bin collections;
- Special uplift services;
- Repairs not completed within timescales; and
- Street lighting.

Table 2 – Proportion of complaints received by the Council broken down by service

Service	Proportion of complaints received in 2016/17	Proportion of Frontline Complaints received	Proportion of Investigation Complaints received
Chief Executives	0.1%	-	0.1%
Children's Services	0.1%	0.1%	-
Development & Housing	5.6%	5.8%	5.4%
Environment & Communities	82.1%	84.2%	9.4%
Finance & Resources	12.1%	9.9%	85.1%

5.3. Environment & Communities delivers the highest volume of frontline council services. These include: refuse collection, roads maintenance, streetscene and land services, parks and cemeteries, street lighting, housing repairs and community safety wardens. It is to be expected therefore that Environment & Communities will receive the highest level of customer feedback which is often resolved at the frontline stage. When put into context the number of complaints received in relation to the level of service provided continues to be low. For example, the number of complaints about missed waste collections is less than 0.1% of the total number of collections made.

5.4. Finance and Resources respond to 85% of all Investigation complaints. This is due to the fact that the complaints this service receive are more complex in nature, such as Benefits and Legal & Licensing complaints.



## **6. Using complaints handling data to improve service delivery**

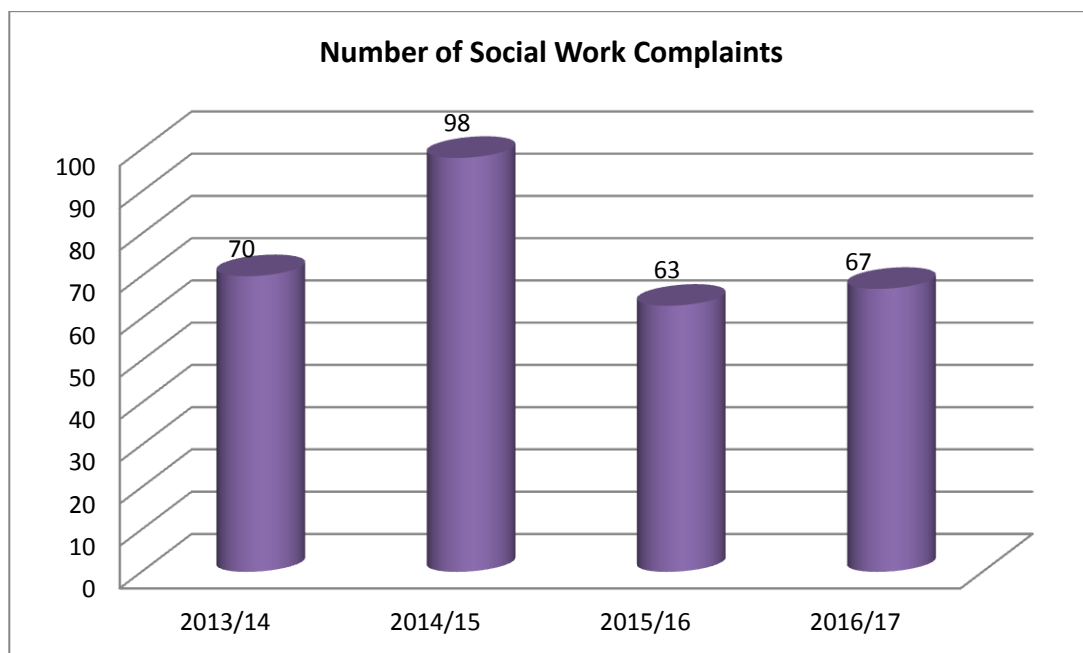
- 6.1. In response to feedback from complaints relating to the special uplift service, work is being undertaken to introduce a new system for Special Uplifts which will enhance existing processes and aim to improve response times and customer satisfaction.
- 6.2. The Charging and Payments Team within Finance and Resources recognised a trend from complaints regarding the delay in care charges contributions being calculated for people being admitted to care establishments. Financial assessments are required to be carried out when a resident is admitted to a care home and this process involves having to gather financial information for the resident in order to calculate their contributions towards the service of care they receive. To offset these delays, additional resource has been placed into this process in order to keep track of outstanding assessments and outstanding information to be chased up ensuring there are no unnecessary delays in notifying the client of contributions to be paid.
- 6.3. The Charging and Payments Team also identified trend in complaints regarding delays in processing contribution reassessments. Where a resident of a care home has savings above £26,500, they are classed as a Self-Funder. However, when their savings fall below this level, a reassessment should be carried out in order to recalculate their client contributions and also the contributions due by the Council. Due to the high volume and complexity of these complaints, further resource and greater management tools have been introduced to track when these changes may occur and report on the time taken to process the changes to eliminate the delays and reduce complaints.

## **7. Continuous improvement of the complaints handling process**

- 7.1. In September 2016, the Strategic Planning and Policy section undertook an audit of complaints correspondence to ensure employees were skilled and equipped to differentiate between enquiries and complaints and follow the CHP effectively. This audit identified a number of valuable findings and lessons to be learned, which will be addressed in a planned refresh and relaunch of the CHP to all staff.
- 7.2. To take these lessons forward, a cross service working group will be established. This group will ensure that as a Council we continue to build on good practice and ensure continuous improvement and learning in the approach to correspondence and complaints from customers.

## **8. Social Work Complaints**

- 8.1. Complaints related to Social Work services are handled through a separate but complementary process to the Council's complaints handling procedure. Social Work endeavours to acknowledge complaints within 3 working days, process complaints and reply to complaints within 20 working days or within 28 days with agreement of the client and in line with the current legislation for more complex complaints. Anyone who is still unhappy with the complaint can appeal to the Chief Social Work Officer (CSWO) or the Chief Executive if the CSWO has already been involved in the complaint. If they are still unhappy they may have their complaint reviewed by the Social Work Complaints Review Committee (CRC). Finally after the Social Work complaints process has been exhausted the complaint can be referred to the Scottish Public Services Ombudsman (SPSO). The SPSO's remit is limited in scope to looking at maladministration.
- 8.2. In March 2016, the Scottish Parliament approved the Public Service Reform (Social Work Complaints Procedure) (Scotland) Order 2016, which saw the removal of provisions for Social Work complaints in Scotland Act 1968 referred to in 8.1. In essence, SPSO produced a model Complaints Handling Procedure (CHP), bringing their functions for social work into closer alignment with those both of health and local authority complaints handling. It also saw the amendment of the Scottish Public Services Act 2002, extending the remit of the SPSO to enable them to consider complaints relating to the professional judgement in social work staff as opposed to their previous obligation that solely considered maladministration. This in effect removes completely the role of CRC's from the social work complaints procedure. New procedures have been developed in line with the handling of complaints for other public sector services and were fully implemented in Renfrewshire from 1 April 2017. All complaints received prior to 1 April 2017 will follow the historical social work complaints handling process, including the ones reported in this section.
- 8.3. Although the implementation of the new social work CHP will be challenging, it represents an opportunity to reconfigure how complaints are handled, improve the knowledge of staff at all levels on dealing with complaints and using complaints to drive continuous improvement
- 8.4. All 2016/17 Social Work complaints were handled under the previous system. The graph below shows the number of complaints received by social work in the last four years. The number of complaints received in 2016/17 increased slightly from last year, from 63 to 67. The 2016/17 figure is lower than the average number of complaints (75) over the past four years.



- 8.5. In order to align to the Council complaints handling process all complaints were measured against the 20 day timescale, rather than the discretionary 28 day limit prescribed in legislation. Social Work services received a total of 67 complaints in 2016/17, of these 54 complaints (81%) were processed on time. The 67 complaints across the social work services can be broken down between services provided by Children's Services and the Health and Social Care Partnership (HSCP). Social work's Children's Services received 33 complaints and processed 29 on time (88%). The HSCP received 34 complaints and 25 (74%) were completed on time.
- 8.6. The Complaints Review Committee (CRC) process for handling the final internal stage of Social Work complaints, as outlined in 8.1, consists of a panel of independent lay people. The CRC hear from the complainant in person and/or by a written submission as well as hearing evidence from Social Work staff. They then consider the decision made by the service and can overrule the decisions made by Social Work. In 2016/17, a total of 2 complaints were investigated by the CRC. One complaint related to child care and the other to adult services. In both cases the CRC did not overturn the original decision made by the service. However it was agreed that for one of the complaints (relating to adult services) one part of four issues scrutinised by the CRC was upheld and this related to miscommunication with clients.

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### Implications of the Report

1. **Financial** – none
2. **HR & Organisational Development** - none

3. **Community/Council Planning –**  
*We consider our services performance against a number of strategic outcomes to measure how we are delivering better outcomes for our local communities:*
  - *Our Renfrewshire is thriving - none*
  - *Our Renfrewshire is well - none*
  - *Our Renfrewshire is fair - none*
  - *Our Renfrewshire is safe - none*
  - *Reshaping our place, our economy and our future - none*
  - *Building strong, safe and resilient communities - none*
  - *Tackling inequality, ensuring opportunities for all - none*
  - *Creating a sustainable Renfrewshire for all to enjoy - none*
  - *Working together to improve outcomes - none*
4. **Legal - none.**
5. **Property/Assets - none**
6. **Information Technology - none.**
7. **Equality & Human Rights** - The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report because it is for noting only. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety – none**
9. **Procurement – none**
10. **Risk – none**
11. **Privacy Impact – none**
12. **Cosla Policy Position – none**

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**Author:** Gemma Wilson, Strategic Planning and Policy Development Officer, 5796

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## Appendix 1

### Renfrewshire Council Annual Complaints Report SPSO Indicators 2016/17





#### Priority 01 - The total number of complaints received per thousand population










Short Name	Long Term Trend Arrow	2014/15	2015/16	2016/17
		Value	Value	Value
Total number of complaints received	↓	5,725	6,860	6,364
Total number of complaints received per 1000 population	↓	7.25	7	6.75

#### Priority 02 – Complaints closed at stage 1 and stage 2 as a percentage of all complaints closed

Short Name	Long Term Trend Arrow	2014/15	2015/16	2016/17
		Value	Value	Value
Number of complaints closed at stage 1 as a percentage of all complaints	↓	97.2%	96.62%	97.16%
Number of complaints closed at stage 1	↓	5,441	5,077	6,184
Number of complaints closed at stage 2	↑	198	178	179
Number of complaints closed at stage 2 after escalation	▬	5	5	1

Number of complaints closed at stage 2 as a percentage of all complaints		3.5%	3.4%	2.84%
Number of complaints closed at stage 2 after escalation as a percentage of all complaints		0.1%	0.1%	0.02%

**Priority 03** – The number of complaints upheld/partially upheld/not upheld at each stage as a percentage of complaints closed at each stage

Short Name	Long Term Trend Arrow	2014/15	2015/16	2016/17
		Value	Value	Value
Number of complaints upheld at stage 1 as a percentage of all complaints closed at stage 1		74.3%	85.46%	91.24%
Number of complaints not upheld at stage 1 as percentage of all complaints closed at stage 1		17.5%	8.99%	4.95%
Number of complaints partially upheld at stage 1 as percentage of all complaints closed at stage1		8.3%	5.55%	3.82%
Number of complaints upheld at stage 2 as percentage of all complaints closed at stage 2		36.9%	24.84%	35.91%
Number of complaints not upheld at stage 2 as percentage of all complaints closed at stage 2		51.5%	61.08%	54.14%
Number of complaints partially upheld at stage 2 as percentage of all complaints closed at stage 2		11.6%	14.07%	9.94%
Number of escalated complaints upheld at stage 2 as percentage of all complaints at stage 2		2.17%	0.93%	0.52%
Number of escalated complaints not upheld at stage 2 as percentage of all complaints closed at stage 2		6.82%	1.05%	0%
Number of escalated complaints partially upheld at stage 2 as percentage of all complaints closed at stage 2		0%	0.65%	0%

**Priority 04** – The average time in working days for a full response to complaints at each stage

Short Name	Long Term Trend Arrow	2014/15	2015/16	2016/17
		Value	Value	Value
Average time in working days to respond to complaints at stage 1	↑	5.7	3.9	5.2
Average time in working days to respond to complaints at stage 2	↑	13.2	12.6	13.28
Average time in working days to respond to complaints after escalation	↑	10.8	1.9	18

**Priority 05** – The number and percentage of complaints at each stage which were responded to in full within the set timescales of 5 and 20 working days

Short Name	Long Term Trend Arrow	2014/15	2015/16	2016/17
		Value	Value	Value
Number of complaints closed at stage one within 5 working days as a percentage of the total number of stage one complaints	↑	73.83%	81.5%	76.71%
Number of complaints closed at stage 2 within 20 working days as a percentage of total number of stage 2 complaints	↑	89.37%	93.85%	92.82%
Number of escalated complaints closed within 20 working days as a percentage of total number of stage 2 complaints	↓	0.5%	1.98%	0.55%

**Priority 06** – The number and percentage of complaints at each stage where an extension to the 5 or 20 working days timeline has been authorised

Short Name	Long Term Trend Arrow	2014/15	2015/16	2016/17
		Value	Value	Value
Number of complaints closed at stage 1 where extension was authorised, as a percentage of all complaints at stage 1	▬	1.23%	0.13%	0.06%
Number of complaints closed at stage 2 where extension was authorised, as a percentage of all complaints closed at stage 2	↓	0%	1.18%	0.55%






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**To:** Audit, Risk and Scrutiny Board

**On:** 19 March 2018

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**Report by:** Director of Finance and Resource Services

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**Heading:** Annual Review of Compliance with the Local Code of Corporate Governance

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## 1. **Summary**

- 1.1 Corporate governance is the name given to the system by which Councils direct and control their functions. It is about ensuring that councils do the right things, in the right way, for the right people, in a timely, inclusive, open, honest and accountable manner.
  - 1.2 This report reviews the Council's Local Code of Corporate Governance and provides evidence of how the Council complies with the code. *Delivering Good Governance in Local Government: Framework*, published by CIPFA in association with Solace in 2007, set the standard for local authority governance in the UK. CIPFA and Solace reviewed the Framework in 2015 to ensure it remains 'fit for purpose' and published a revised edition in spring 2016. The new code places greater emphasis on relationships and behaviours between elected members and senior management; performance reporting; and council and service level plans.
  - 1.3 The code reflects the increased importance placed by the Council on self-assessment and activities involving greater scrutiny of services. It also links to the Best Value criteria where governance and accountability are key elements against which the Council is assessed.
  - 1.4 The evidence presented in Appendix 1 demonstrates that strong governance arrangements are in place within the Council and that Councillors and Officers are working together to lead and manage the Council in order to provide vital public services.
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## 2. **Recommendations**

- 2.1 The Audit, Risk and Scrutiny Board is asked to:
  - note the Council's compliance with the Local Code of Corporate Governance which is set out in Appendix 1 of this report; and

- note that the Local Code of Corporate Governance will be reviewed again in Spring 2019.

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### 3. Background

- 3.1 CIPFA published the *Delivering Good Governance in Local Government: Framework* in 2007 to set the standard for local authority governance in the UK. It reviewed and published a revised edition in 2016 to ensure it remained 'fit for purpose'. The new code places greater emphasis on relationships and behaviours between elected members and senior management; performance reporting; and council and service level plans. The Council reviews its Local Code of Corporate Governance annually, and last reviewed and approved its code and the supporting evidence of compliance, in September 2017.
- 3.2 The Council's Local Code of Corporate Governance covers the seven core principles which bring together the main elements of Council business. These are:
1. Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law
  2. Ensuring openness and comprehensive stakeholder engagement
  3. Defining outcomes in terms of sustainable economic, social, and environmental benefits
  4. Determining the interventions necessary to optimise the achievement of the intended outcomes
  5. Developing the entity's capacity, including the capability of its leadership and the individuals within it
  6. Managing risks and performance through robust internal control and strong public financial management
  7. Implementing good practices in transparency, reporting, and audit to deliver effective accountability
- 3.3 Evidence of how the Council complies with the updated Local Code of Corporate Governance including examples of the systems, processes and documents in place, is detailed under each of the seven core principles in Appendix 1 of this report.
- 3.4 The framework is reviewed by Internal Audit, who will decide if they are satisfied with the adequacy and effectiveness of the code and the extent to which the Council has complied with it, and will report their findings to the Audit, Risk and Scrutiny Board in March 2018.
- 3.5 The Council was one of six councils to undergo a Best Value Audit Review (BVAR) in 2017, as part of a new five year audit programme. Governance and accountability are part of the Best Value duty for all local authorities and following the publication of the council's BVAR, an Action Plan to address recommendations within the report was agreed by Council on 28 September 2017. The review of the council's code of corporate governance reflects these Best Value improvements and the changes to governance arrangements after the local government elections in May 2017.

**Director of Finance and Resources**

**March 2018**

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## Implications of the Report

1. **Financial** – none
2. **HR & Organisational Development** -
3. **Community Planning** – none
4. **Legal** - none
5. **Property/Assets** – none
6. **Information Technology** - none
7. **Equality & Human Rights** -
  - (a) The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** - none
9. **Procurement** – none
10. **Risk** - The Council must comply with CiPFAs Local Code of Corporate Governance.
11. **Privacy Impact** - none
12. **CoSLA Policy Position** – none

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## List of Background Papers

- (a) none

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x.7184

## Appendix 1

### PRINCIPLE 1: Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law.

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
<b>1.1 Behaving with integrity</b>			
1.1.1	Ensuring members and officers behave with integrity and lead a culture where acting in the public interest is visibly and consistently demonstrated thereby protecting the reputation of the organisation.	Code of conduct for employees and Councillor's Code of Conduct	The Finance, Resources and Customer Services Board revised the code of conduct for its employees in late 2017. The Councillors' Code, which was introduced by the Ethical Standards in Public Life etc. (Scotland) Act 2000, sets out a protocol for relations between councillors and employees. All elected members, following their election in May 2017, have signed their declaration of acceptance of office whereby they undertook to meet the requirements of the councillors' code issued under the Ethical Standards in Public Life etc. (Scotland) Act 2000 in the performance of their functions as a councillor.
		Protocol for Relationships between Political Groups, Elected Members and Officers	The Council's elected member and inter-party protocols and protocol for member / officer relations were reviewed and combined into one composite protocol which was approved by the Finance and Resources Policy Board on 12 <sup>th</sup> November 2014. Members are offered refresher briefings on code of conduct issues twice annually, most recently in relation to the application of the Code in terms of Article 10 of the European Convention on Human Rights which relates to Freedom of expression, the fundamental right of Democracy.
		Code of corporate governance	The Council complies with this requirement through the agreement of the Code of Corporate Governance which details the organisation's governance arrangements. This is in line with

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
			national guidance and is updated on an annual basis.
		Scheme of delegation	<p>The Council's scheme of delegation ensures that decisions are made at the lowest or most local level consistent with the nature of the issues involved, with the exception of those powers which cannot be delegated or have been reserved to the Council. These functions have been delegated to Boards and committees, the Chief Executive, Directors and Heads of Service and other officers, including through statutory appointments of officers.</p> <p>The scheme is regularly reviewed and a full review was carried out in 2015 which resulted in a revised scheme being approved by Council on 25 September 2015. This addressed changes arising from a number of major initiatives including: the expansion of Renfrewshire Leisure Limited to include cultural and other related services and facilities; the creation of an Integration Joint Board as part of the implementation of health and social care integration; the merger of the Education Service with those elements of the Social Work service relating to children and families and criminal justice that are remaining within the Council; and the Council's involvement in the Glasgow City Region City Deal. A further review took place at the statutory meeting of the Council following the local elections in 2017, which resulted in a change to the Council's decision making structure and a reduction from six to four Policy Boards.</p>

	<b>Requirements of corporate governance</b>	<b>Evidence of meeting requirement</b>	<b>Demonstration of annual compliance</b>
1.1.2	Ensuring members take the lead in establishing specific standard operating principles or values for the organisation and its staff and that they are communicated and understood. These should build on the Seven Principles of Public Life (the Nolan Principles)	Code of Conduct for Councillors Code of Conduct for employees	The Council currently complies with the requirement through its Code of Conduct for employees and the Councillors' Code, which sets out a protocol for relations between councillors and employees which has been issued to all elected members. Declarations of interest are recorded in the minutes of meetings. Briefings for members on the Councillors' code of conduct are held twice annually.
		Protocol for relationships between Political Groups, Elected Members and Officers	The Council's elected member and inter-party protocols and protocol for member/officer relations were combined into one composite protocol which was approved at the Finance and Resources Policy Board on 12 <sup>th</sup> November 2014.
1.1.3	Leading by example and using these standard operating principles or values as a framework for decision making and other actions.	Codes of conduct	The various codes of conduct determine how officers and members work within partnerships, and the shared values that they will demonstrate.
		Council Plan and Local Outcome Improvement Plan (LOIP)	The Council complies with this requirement through the Council Plan and Local Outcome Improvement Plan (LOIP) which were refreshed during 2017 and approved by Council in September 2017. The plans highlight the key role that the Council will play in terms of delivering on the key targets and outcomes that it is committed to progressing with its partners.
1.1.4	Demonstrating, communicating and embedding the standard operating principles or values through appropriate policies and processes which are reviewed on a regular basis to ensure that they are operating effectively.	Register of Interests for Senior Officers	The Council has a register of interests for Senior Officers. Information contained on the register is subject to Freedom of Information. The register was last refreshed in July 2017. Officers are contacted on a 6-monthly basis to update the register.

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
			Information from the register of senior officers' interests was published from 28 October 2016 on the Council's website. Renfrewshire was the first Council in Scotland to publish information on the interests of its senior officers online.
		Whistle blowing policy	The Council has a whistle blowing policy which is part of the employees' code of conduct.
		Complaints Policy	<p>The Council implemented a new two stage complaints handling procedure in April 2013 as per new guidance from the Scottish Public Service Ombudsman. The time taken to respond to complaints is monitored by services. A report is submitted to the Audit, Risk and Scrutiny Board on our annual complaints data. The Complaints Policy is currently under review to ensure that it is still fit for purpose and reflects new Social Work legislation.</p> <p>A new complaints handling procedure for Social Work complaints was finalised during 2017. This new process was implemented to bring social work complaints in line with the public sector complaints handling arrangements, following a change to associated legislation.</p>
		Codes of conduct	The various codes of conduct determine how officers and members work within partnerships and the shared values that they will demonstrate.

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
		Register of interests	In relation to declarations of interest, members are formally asked to regularly update their register of interests every six months. Members are advised that Minutes should include a brief explanation of the individual nature of the interest and to assist members, the agenda item reminds them to provide such an explanation on every occasion the interest is declared. Declarations of interest are minuted and are available for public view on each members online profile page on the website.
<b>1.2 Demonstrating strong commitment to ethical values</b>			
1.2.1	Seeking to establish, monitor and maintain the organisation's ethical standards and performance.	Protocol for Relationships between Political Groups, Elected Members and Officers Councillors' Code of Conduct	Any alleged contraventions of the Ethical Standards in Public Life etc (Scotland) Act 2000 would be referred for investigation to the Commissioner for Ethical Standards in Public Life, and thereafter for consideration by the Standards Commission appointed by Scottish Ministers. Where a hearing involving members of Renfrewshire Council has taken place, the outcome of this is reported to the Council. Since August 2009 all Council and Board agendas include an item in relation to declarations of interest.
		Councillors' Register of Interests	Councillors hold public office under the law and must observe the rules of conduct stemming from the law, the Code of Conduct for Councillors and any guidance from the Standards Commission and the rules, standing orders and regulations of the Council. In addition, the Council has developed an inter party protocol which highlights that Political



	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
			<p>Groups have the responsibility not to require individual Councillors to vote on party lines in respect of decisions where group decision-making would be unlawful, contrary to the Councillors' Code of Conduct or against any Council approved guidance; in particular on planning applications, specific regulatory matters, employment issues affecting individuals, all matters coming before the Audit, Risk and Scrutiny Board or any matter which requires to be determined on the basis of evidence given to or the findings of a forum on which Councillors serve.</p> <p>Members are required to register their interests in terms of the Code of Conduct for Councillors' and declare these interests at meetings. Declarations of interest are minuted and are available for public view on each members online profile page on the website.</p>
		Register of interests for Senior Officers	<p>The Council has a register of interests for Senior Officers. Information contained on the register is subject to Freedom of Information. The register was refreshed during Winter 2017. Officers are contacted on a 6-monthly basis to update the register.</p> <p>Information from the register of Senior Officers' interests has been published from 28 October 2016 on the Council's website. Renfrewshire was the first Council in Scotland to publish information on the interests of its senior officers online.</p>

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
1.2.2	Underpinning personal behaviour with ethical values and ensuring they permeate all aspects of the organisation's culture and operation.	Provision of ethical awareness training/code of conduct	<p>A People, Performance and Talent Policy, Guidance and Competency Frameworks for all levels across the Council will replace the current frameworks of MTIPD and MDP and will, following Finance, Resources and Customer Services Policy Board Approval be implemented from April 2018. The competency framework will be designed to align with the Council's values and behaviours. This will enable services and individuals to identify areas for development and engage in effective workforce capability building and job ready activities to foster the organisations performance culture.</p> <p>The Council implemented a new Code of Conduct for Employees in late 2017.</p> <p>In addition, briefings for elected members on their responsibilities under the Code of Conduct for Councillors are held regularly every year, conducted by the Head of Corporate Governance.</p> <p>Councillors are advised of and can attend road shows delivered by the Standards Commission on the implementation of the Code of Conduct for Councillors. Guidance notes issued by the Standards Commission are provided to councillors, most recently in relation to the application of Article 10 of the Human Rights Act. An annual register of training delivered for Councillors is available online.</p>

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
		Members Induction	A welcome and induction package of events was delivered for newly-elected and returning Councillors following the local government election in May 2017. Notice of further development events and opportunities is issued to Councillors each month. Planning for a focussed development week is underway to be held in April 2018 with proposals to hold this type of week twice a year.
1.2.3	Developing and maintaining robust policies and procedures which place emphasis on agreed ethical values.	Appraisal processes take account of values and ethical behaviour	A People, Performance and Talent Policy, Guidance and Competency Frameworks for all levels across the Council will replace the current frameworks of MTIPD and MDP and will, following approval from the Finance, resources and Customer Services Policy Board be implemented from April 2018. The competency framework will be designed to align with the Council's values and behaviours. This will enable services and individuals to identify areas for development and engage in effective workforce capability building and job ready activities to foster the organisations performance culture.
		Staff appointments policy	The Council has robust recruitment procedures in place to ensure the fair selection of candidates. There is an appointment panel for Chief Officer level appointments. Our recruitment and selection processes are designed in accordance with best practice principles, legislation and COSLA recruitment and selection guidance. A Recruitment and Selection Policy, guidance and revised training is anticipated to be implemented in the summer of 2018.

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
		Standing Orders relating to contracts	The Council has a statutory obligation to have standing orders in place relating to contracts, the main purpose of which is to provide open and transparent procedures for tenderers; to achieve value for money for the Council; and to provide guidelines for officers. These standing orders are reviewed regularly as a matter of good practice.
1.2.4	Ensuring that external providers of services on behalf of the organisation are required to act with integrity and in compliance with high ethical standards expected by the organisation.	Strategic Partnership Agreements	Two Strategic Partnership agreements were agreed in 2016 with the University of the West of Scotland and West College Scotland, which set out how key joint priorities which will be progressed in partnership.
		Local Outcome Improvement Plan (LOIP)	The Local Outcome Improvement Plan was approved in September 2017 by Council. It sets out a clear vision for Renfrewshire and its people, as well as the key areas of priority and actions to be targeted by community planning partners.
		Data processing agreement	The Council has a written agreement with any data processor that they will keep personal data secure and the data processor agreement specifies security requirements as data processors.
1.3 Respecting the rule of law			
1.3.1	Ensuring members and staff demonstrate a strong commitment to rule of the law as well as adhering to relevant laws and regulations.	Scheme of delegation Standing Orders Procedural Standing Orders Financial Regulations Policy Board Reports Statutory Officers Role	The Council complies with this requirement in terms of its scheme of delegated functions, standing orders relating to contracts, financial regulations and procedural standing orders which are kept under review and updated as appropriate. In addition, each of the Council Boards has a dedicated solicitor who reviews

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
			reports in order that the vires of proposed actions can be checked. Each report has a section on legal implications. The frontispieces to reports require that community planning partners are consulted in the preparation of reports where appropriate and reports must outline community / council plan implications. The Council has appointed a Data Protection Officer in terms of the General Data Protection Regulation.
1.3.2	Creating the conditions to ensure that the statutory officers, other key post holders and members are able to fulfil their responsibilities in accordance with legislative and regulatory requirements.	Scheme of delegation Standing Orders Procedural Standing Orders Financial Regulations Board Reports	<p>The Council complies with this requirement in terms of its scheme of delegated functions, standing orders relating to contracts, financial regulations and procedural standing orders which are kept under review and updated as appropriate. In addition, each of the Council's Boards has a dedicated solicitor who reviews reports in order that the vires of proposed actions can be checked.</p> <p>Each report has a section on legal implications. In addition, the Council has a programme of development for elected members in place.</p> <p>Members who sit on the Licensing Board must undertake and pass a mandatory training course.</p> <p>The members' development programme provides members with briefings as soon as practicable when new legislation is introduced, eg the General Data Protection Regulation.</p> <p>Members who are involved in taking quasi judicial decisions, e.g. planning, licensing, are briefed regularly on their responsibilities.</p>

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
1.3.3	Striving to optimise the use of the full powers available for the benefit of citizens, communities and other stakeholders.	Record of legal advice provided by officers/ Community Empowerment Act Council Approval.	<p>The Council has approved reports on its arrangements for dealing with community empowerment as the various parts of the Community Empowerment (Scotland) 2015 Act have been enacted. In relation to asset transfer, the Council has an approved Community Asset Transfer Policy that sets out the legal and policy framework for asset transfer.</p> <p>The Council has promoted awareness of the powers and potential use of the Community Empowerment Act through engagement with statutory and non statutory community organisations and with third sector partners.</p> <p>In addition, Renfrewshire Council approved the following papers in terms of the Act: Review of Community Planning Arrangements (December 2016) Asset Transfer Policy (February 2017), and Participation Requests (April 2017)</p> <p>Renfrewshire Council is reviewing its Corporate Asset Strategy during 2018, taking account of the requirements of the Community Empowerment (Scotland) Act 2015. Officers from the Chief Executive's Service are currently reviewing the arrangements for providing support to community organisations.</p>
1.3.4	Dealing with breaches of legal and regulatory provisions effectively.	Monitoring Officer	The Head of Corporate Governance acts as Monitoring Officer in terms of the Local Government and Housing Act 1989 and as detailed in his job description. He is responsible for advising the Council on the legality of its decisions

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
			and providing guidance to councillors and officers on the Council's powers.
		Scheme of delegation Standing orders Procedural standing orders Financial regulations Board reports	The Council complies with this requirement in terms of its scheme of delegated functions, standing orders relating to contracts, financial regulations and procedural standing orders which are kept under review and updated as appropriate. In addition, each of the Council Boards has a dedicated solicitor who reviews reports in order that the vires of proposed actions can be checked, with each report having a section on legal implications.
		Internal Audit Charter	The Council's Internal Audit Charter sets out the authority, responsibility independence and reporting lines for internal audit activities.
1.3.5	Ensuring corruption and misuse of power are dealt with effectively.	Strategy for the prevention and detection of fraud and corruption Whistleblowing policy Internal Audit Arrangements Corporate counter fraud arrangements Integrity Group Anti -Money Laundering Policy	A strategy for the prevention and detection of fraud and corruption and whistleblowing policy are in place. An Anti-Money Laundering Policy has also been introduced. The Council's Integrity Group has been established to strengthen the council's internal resilience to corruption and has developed an action plan which includes review and update of council policies which will strengthen the arrangements currently in place.  Any matters coming to light would be investigated by Internal Audit or Counter Fraud.

## PRINCIPLE 2: Ensuring openness and comprehensive stakeholder engagement

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
<b>2.1 Openness</b>			
2.1.1	Ensuring an open culture through demonstrating, documenting and communicating the organisation's commitment to openness.	Council Plan and Local Outcome Improvement Plan (LOIP)	<p>The Council Plan and LOIP confirm to our employees and to local communities, what the council is trying to achieve with its partners for Renfrewshire. We communicate progress on this through the Annual Report on the Community Plan, through the Local Area Committees and community planning conference events.</p> <p>Progress on delivering on the priorities in the Council Plan is and will continue to be reported to the Leadership Board on a regular basis. The Plan highlights the key priorities, targets and success measures that the Council has committed to deliver on. In December 2017, the Leadership Board approved the performance framework and agreed to six monthly reporting.</p>
		Minutes and agendas available online	The Council ensures the minutes and agendas of all Board and Council meetings are available to the public, and by ensuring that key documents are also available through its publication scheme. Board and Council meetings are open to the public and meetings of the Council are webcast live and are also able to be viewed in archive.
		Public Performance Reporting	The Council publishes an annual report on its performance. The reports are accessible, easy to read and focus on key indicators which the public want to know about. These reports are uploaded onto the Council website in an accessible format.



	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
2.1.2	Making decisions that are open about actions, plans, resource use, forecasts, outputs and outcomes. The presumption is for openness. If that is not the case, a justification for the reasoning for keeping a decision confidential should be provided.	Minutes and agendas	<p>Meetings of the Council and its Boards are open to members of the public and they are entitled to a copy of the agenda and reports prepared by officers which deal with items on the agenda unless items are to be discussed which contain exempt or confidential information.</p> <p>Minutes of meetings record decisions which have been taken.</p> <p>The agenda, minutes and board papers are published on line for ease of access.</p>
		Meetings held in public	All meetings of the Council and its Boards are held in public unless in terms of the Local Government (Scotland) Act 1973, the meeting takes a decision to exclude the press and public. Where it is recommended that a matter be held in private, the reason for this is identified on the agenda for the meeting and in the minutes.
		Scheme of delegation	The Council's scheme of delegation ensures that decisions are made at the lowest or most local level consistent with the nature of the issues involved. With the exception of those powers which cannot be delegated to Boards and committees, the Chief Executive, Directors, Heads of Service and other officers, including statutory appointments of officers.
		Elected members' information bulletin	To reduce the reporting of routine operational matters to policy boards and to allow Boards to focus on policy issues, a range of matters including the exercise of delegated authority by officers are reported to members by means of a

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
			regular bulletin rather than a formal report to a Policy Board.
		Live webcasting of Council meetings	All meetings of the full Council are webcast live. The webcast is also available in archive.
2.1.3	Providing clear reasoning and evidence for decisions in both public records and explanations to stakeholders and being explicit about the criteria, rationale and considerations used. In due course, ensuring that the impact and consequences of those decisions are clear.	Board reports Minutes and agendas	Reports to the Council and all Board meetings provide members with sufficient information on which they are able to take reasoned decisions and provide clear recommendations. Minutes of meetings record decisions made. Report templates are reviewed regularly, most recently in November 2017, and aligned to community planning themes and also have required sections on where equality, human rights and privacy impact implications are noted.
2.1.4	Using formal and informal consultation and engagement to determine the most appropriate and effective interventions / courses of action.	Consultation and engagement mechanisms	Council services engage and consult with communities in a number of ways including: Public Services Panel, Focus Groups, Tenants and Residents Forums, service user groups, Community Planning process, Complaints procedure and Community Councils. Members of the public are also able to contact the Council through the website and are able to take part in consultations or complete complaints forms.
		Community Planning structure – Renfrewshire Forum for Empowering Communities Review of Community Planning Partners was approved by full Council in December 2016	Renfrewshire Forum for Empowering Communities is taking a lead role in giving local communities a voice in Renfrewshire. It provides meaningful, sustained and effective engagement with communities and citizens. It values the knowledge, skills, capacity and potential that our communities have and seeks to build on the commitment and

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
			confidence evident in local groups and organisations. The aim is to localise decision making and accountability as far as possible and work co-operatively with communities. The Empowering Communities Board is led by Engage Renfrewshire, our 3 <sup>rd</sup> sector interface organisation. The forum acts as a sounding board of the Community Planning Partnership in the development of community capacity building, consultation and communication. At community planning conferences, community planning partners engage with individuals and representatives from local community and voluntary sector organisations. Our recent thematic conferences included over 330 participants.
		Public Services Panel	The Public Services Panel consists of 2,100 Renfrewshire residents and is used as a mechanism for gaining the views of our residents on a number of issues / topics. This is currently under review.
<b>2.2 Engaging comprehensively with institutional stakeholders</b>			
2.2.1	Effectively engaging with institutional stakeholders to ensure that the purpose, objectives and intended outcomes for each stakeholder relationship are clear so that outcomes are achieved successfully and sustainably.	Communication Strategy	An internal communications strategy was developed and was approved by the Corporate Management Team in 2017. The strategy outlines a number of methods to improve internal communications across the Council. Effective communications will help to make the vision and outcomes a reality by supporting council services, encouraging behavioural change and developing new levels of stakeholder engagement.

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
		Communications channels	<p>The Council communicates with members of the community and its stakeholders (and vice versa) through a number of mechanisms including:</p> <ul style="list-style-type: none"> <li>• Renfrewshire Magazine – which is now online</li> <li>• Tenant Forums</li> <li>• Community Planning Groups</li> <li>• Community Councils</li> <li>• Local Area Committees</li> <li>• Council Website</li> <li>• Complaints procedure</li> <li>• Public Performance reports</li> <li>• Customer Service Channels</li> </ul>
2.2.2	Developing formal and informal partnerships to allow for resources to be used more efficiently and outcomes achieved more effectively.	Strategic Partnership Agreements	Two Strategic Partnership agreements were agreed in 2016 with the University of the West of Scotland and West College Scotland, which set out how key joint priorities will be progressed in partnership.
		Community Plan & Local Outcome Improvement Plan	While the Council has not developed a set of agreed values with its partners, it has agreed to work with other organisations in the spirit of partnership to achieve a number of outcomes in Renfrewshire. Our new Community Plan was agreed in September 2017.
2.2.3	<p>Ensuring that partnerships are based on:</p> <ul style="list-style-type: none"> <li>– trust</li> <li>– a shared commitment to change</li> <li>– a culture that promotes and accepts challenge among partners</li> </ul> <p>and that the added value of partnership working is explicit.</p>	Strategic Partnership Agreements	The Strategic Partnership Agreements set out the shared commitment to achieving priorities and objectives for Renfrewshire. The Local Area Committees (LACs) are currently under review to strengthen existing approach.

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
<b>2.3 Engaging stakeholders effectively, including individual citizens and service users.</b>			
2.3.1	Establishing a clear policy on the type of issues that the organisation will meaningfully consult with or involve individual citizens, service users and other stakeholders to ensure that service (or other) provision is contributing towards the achievements of intended outcomes.	Consultation Strategy	Council services engage and consult with communities in a number of ways including: Public Services Panel, Focus Groups, Tenants and Residents Forums, service user groups, Community Planning process, Complaints procedure and Community Councils.
		Petitions Board	The Petitions Board provides an opportunity for individual members of the public to raise issues of concern with the Council, either as individuals or on behalf of an organisation.
2.3.2	Ensuring that communication methods are effective and that members and officers are clear about their roles with regard to community engagement.	Communications Strategy	An internal communications strategy was approved by CMT in February 2016. Communications play a major part in delivering the new plans by promoting its key messages. Effective communications will help to make the vision and outcomes a reality by supporting council services, encouraging behavioural change and developing new levels of stakeholder engagement. Service specific strategies and plans have also been developed and informed through the Community Planning process and through wider consultation mechanisms such as the Public Services Panel, community planning conferences and online consultation.
		Communications Channels	The Council communicates with members of the community and its stakeholders (and vice versa) through a number of mechanisms including:

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
			<ul style="list-style-type: none"> <li>• Renfrewshire Magazine – issued to all households across Renfrewshire</li> <li>• Tenant Forums</li> <li>• Community Planning Groups</li> <li>• Community Councils</li> <li>• Local Area Committees</li> <li>• Council Website</li> <li>• Complaints procedure</li> <li>• Public Performance report</li> <li>• Customer Service Centre Channels</li> </ul>
2.3.3	Encouraging, collecting and evaluating the views and experience of communities, citizens, service users and organisations of different backgrounds including reference to future needs.	Consultation and engagement mechanisms	Council services engage and consult with communities in a number of ways including: Public Services Panel, Focus Groups, Tenants and Residents Forums, Public meetings on specific issues, service user groups, Community Planning process, Complaints Procedure, Community Councils and local area committees. Members of the public are also able to contact the Council through the website and are able to take part in consultations or complete complaints forms.

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
		Community planning structure – Renfrewshire Forum for Empowering Communities Review of Community Planning Partners was approved by full Council in December 2016	Renfrewshire Forum for Empowering Communities is taking a lead role in giving local communities a voice in Renfrewshire. It provides meaningful, sustained and effective engagement with communities and citizens. It values the knowledge, skills, capacity and potential that our communities have and seeks to build on the commitment and confidence evident in local groups and organisations. The aim is to localise decision-making and accountability as far as possible and work co-operatively with communities. The Empowering Communities Board is led by Engage Renfrewshire, our 3 <sup>rd</sup> sector interface. The forum acts as a sounding board of the Community Planning Partnership in the development of community capacity building, consultation and communication. At community planning conferences, community planning partners engage with individuals and representatives from local community and voluntary sector organisations.
		Local area committees	Decentralisation and the 5 local area committees provide an opportunity for the Council and its partners to engage with residents on a localised basis. A review of Local Area Committees was undertaken in 2017 and proposals were discussed at a Cross Party Sounding Board and approved by full Council in December 2017 and are currently out to public consultation as at March 2018.
2.3.4	Implementing effective feedback mechanisms in order to demonstrate how their views have been taken into account.	Results from consultations published	The Public Services Panel section of the website provides results from the last survey alongside details of how we are using the feedback.

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
2.3.5	Balancing feedback from more active stakeholder groups with other stakeholder groups to ensure inclusivity.	Processes for dealing with competing demands within the community/CPP process	<p>Renfrewshire Council is currently undertaking a review of Community Level Governance arrangements. The first phase of consultation took place during 2017 and a report on this was submitted to Council on 21 December 2017.</p> <p>Following this, a set of nine proposals for change has been developed, which is out for consultation between January and April 2018. After the conclusion of the consultation, detailed proposals of the new community governance model will be brought back to Council for approval and implementation during 2018.</p> <p>The Council is now using the Place Standard, the national engagement tool developed by NHS and Architecture and Design Scotland, to assess and record the differing demands of individuals and communities. Over 600 residents used the Place Standard tool during 2017. The online version of the tool in particular was successful in capturing the views of a different demographic than would normally attend face to face consultation events.</p> <p>The role, remit and action plan of Diversity Equality Alliance Renfrewshire (DEAR) Group was reviewed and agreed in January 2018. The purpose of this work is to ensure that equality-focused organisations have ownership of activity to have a greater voice in shaping public services in Renfrewshire.</p> <p>Renfrewshire Council is the first Council in the UK to undertake a second All Children Wellbeing Survey, giving Renfrewshire a comprehensive</p>



	<b>Requirements of corporate governance</b>	<b>Evidence of meeting requirement</b>	<b>Demonstration of annual compliance</b>
			picture of the issues facing school-age young people, with information made available from November/December 2017.
2.3.6	Taking account of the interests of future generations of tax payers and service users.	Strategic Needs Assessment	As part of the development of the Local Outcome Improvement Plan and Council Plan, a strategic needs assessment was carried out between January and March 2017 with Renfrewshire communities. A regular 'deep dive' of the relevance of our information is supported as part of the planning and development of services.

### PRINCIPLE 3: Defining outcomes in terms of sustainable economic, social and environmental benefits

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
<b>3.1 Defining outcomes</b>			
3.1.1.	Having a clear vision which is an agreed formal statement of the organisation's purpose and intended outcomes containing appropriate performance indicators, which provides the basis for the organisation's overall strategy, planning and other decisions.	Council Plan	<p>The new Council Plan, 2017-2021, approved in September 2017 sets out the overarching strategic vision and objectives of the Council.</p> <p>The Plan sets out five strategic outcomes on how we will invest in a better future for all of Renfrewshire and create a better council that will work with customers and partners to deliver that future. The implementation of the Plan is driven and managed throughout the organisation through Service plans and operational plans.</p>
		Service Planning Guidance / Service Improvement plans	<p>Revised service planning guidance was issued in November 2017, which links to the priorities of the new Council Plan. The guidelines are outcome focused and flexible, supporting Services to take an individual approach to how they respond to the Community and Council Plans. The aim of the Service Improvement Plans are to:</p> <ul style="list-style-type: none"> <li>• Explain in a structured way, how each Service is going to deliver their element of the Council Plan priorities and Community Plan outcomes;</li> <li>• Sets out each service's actions on how they are going to achieve the outcomes for each communities and the performance indicators to monitor if progress and improvement is being achieved.</li> </ul>
3.1.2	Specifying the intended impact on, or changes for, stakeholders including citizens and service users. It could be	Council Plan	The Council Plan refresh was approved by Council on 28 September 2017 and sets out the overarching strategic vision and objectives of the

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
	immediately or over the course of a year or longer.		Council. The accompanying performance framework, which sets out a six monthly monitoring process was approved by Leadership Board in December 2017.
		Community Plan and Local Outcome Improvement Plan (LOIP)	The new Community Plan (LOIP) was agreed by Council on 28 September 2017. A strategic needs assessment and extensive community consultation was undertaken to identify priorities and challenges.
		Service Planning guidance / Service Improvement Plans	Revised service planning guidance was issued in November 2017, which links to the five strategic outcomes of the Council Plan. The guidelines are outcome focused and flexible, supporting Services to take an individual approach to how they respond to the Community and Council Plans. The aim of the Service Plans are to: <ul style="list-style-type: none"> <li>• Explain in a structured way, how each Service is going to deliver their element of the Council Plan priorities and Community Plan outcomes; and</li> <li>• Set out each Service's actions on how they are going to achieve the outcomes for our communities and the performance indicators to monitor if progress and improvement is being achieved.</li> </ul>
3.1.3	Delivering defined outcomes on a sustainable basis within the resources that will be available.	Council Plan Monitoring Report	Reports on the performance of the Council Plan actions and performance indicators are taken to the Leadership Board on a 6 monthly-basis.
		Service Improvement Plan – monitoring reports	Each service takes a 6 month monitoring report to the relevant board in October/November. This

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
			provides an update on the progress of the service improvement plan against actions and performance indicators and priorities of the Council Plan.
3.1.4	Identifying and managing risks to the achievement of outcomes.	"Risk Matters" – the council's Risk Management Policy and Strategy	<p>The council has a well-established risk management strategy which is subject to routine monitoring and review. Risk Matters is formally reviewed by the Audit, Risk and Scrutiny Board at periodic intervals of not more than 2 years and annually (interim review) by the Corporate Risk Management Group (CRMG) to ensure it reflects the rapidly changing environment in local government.</p> <p>The council maintains, monitors and reviews its corporate and strategic risk register and service risk management plans in accordance with Risk Matters.</p>
3.1.5	Managing service users' expectations effectively with regard to determining priorities and making the best use of the resources available.	Service Improvement Plans	<p>Service Improvement Plans are linked to the Council Plan priorities. The guidelines are outcome focussed, supporting Services to set out how they respond to the Community and Council Plans. The aim of the Service Improvement Plans are to:</p> <ul style="list-style-type: none"> <li>• Explain in a structured way how each Service is going to deliver their element of the Council Plan priorities and Community Plan outcomes; and</li> <li>• Set out each Service's actions on how they are going to achieve the outcomes for our communities and the performance indicators to monitor if progress and</li> </ul>

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
			improvement is being achieved.
<b>3.2 Sustainable economic, social and environmental benefits</b>			
3.2.1	Considering and balancing the combined economic, social and environmental impact of policies, plans and decisions when taking decisions about service provision.	Capital Programme Capital Investment Strategy	The council capital spending plans are policy led and therefore reflect the main strategic intent of the council and comply with the Prudential Framework for Capital Investment. Full Council approves the three year rolling programme as part of setting the annual revenue and capital budget process each year. Updates on the progress of the investment strategy are reported on a routine basis to each individual Policy Board.
3.2.2	Taking a longer-term view with regard to decision making, taking account of risk and acting transparently where there are potential conflicts between the organisation's intended outcomes and short-term factors such as the political cycle or financial constraints.	Reports to Council / boards	Reports to the Council and all Board meetings provide members with sufficient information on which they are able to take decisions, including personnel, legal, risk, financial and other implications relating to the key Council Plan / Community Plan themes, and provide recommendations.  Pre-agenda meetings are held with Convenors and Depute Convenors which any issues can be addressed prior to the finalised agenda being issued.
3.2.3	Determining the wider public interest associated with balancing conflicting interests between achieving the various economic, social and environmental benefits, through consultation where possible, in order to ensure appropriate trade-offs.	Minutes and Agendas	Minutes of board meetings record the decisions which have been taken by elected members. Revised report templates were issued in December 2017 and are aligned to the Community Planning themes, whilst also including sections on equality, human rights and privacy impact implications.

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
			Agenda, minutes and papers are published on our website for ease of access.
		Consultation and engagement mechanisms	Council services engage and consult with communities in a number of ways including: Public Services Panel, Focus Groups, Tenants and Residents Forums, service user groups, Community Planning process, Complaints Procedure, local area committees and Community Councils. Members of the public are also able to contact the Council through the website and are able to take part in consultations or complete complaints forms.
3.2.4	Ensuring fair access to services.	Protocols ensure fair access and statutory guidance is followed	Members of the public can access services via a number of methods for example, online through the MyAccount online customer portal, telephone the Customer Service Unit, and email via the council website.

#### **PRINCIPLE 4: Determining the interventions necessary to optimise the achievement of the intended outcomes**

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
<b>4.1 Determining interventions</b>			
4.1.1	Ensuring decision makers receive objective and rigorous analysis of a variety of options indicating how intended outcomes would be achieved and including the risks associated with those options. Therefore ensuring best value is achieved however services are provided.	Reports to Council / Boards	Reports to the Council and all Board meetings provide members with sufficient information on which they are able to take decisions, including personnel, legal, risk, financial and other implications relating to the key Council Plan / Community Plan themes, and provide recommendations.

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
			<p>All reports have a 'frontispiece' which details consultation undertaken by the author of the report in relation to financial and legal implications. Reports are in a standard format in which legal and financial implications (if any) require to be detailed.</p> <p>Pre-agenda meetings are held with Convenors and Depute Convenors at which any issues can be addressed prior to the finalised agenda being issued.</p>
		Annual timetable of board meetings	<p>A timetable covering the various board cycles is approved by the Council and is updated on the Council website. Dates of pre-agenda meetings are provided to relevant officers and members. The most recent timetable has been approved until June 2019.</p> <p>A spreadsheet is issued quarterly to services advising of last lodging dates for reports.</p>
4.1.2	Considering feedback from citizens and service users when making decisions about service improvements or where services are no longer required in order to prioritise competing demands within limited resources available including people, skills, land and assets and bearing in mind future impacts.	Public Consultation	The Council has a track record of engaging with services on new developments or wide scale changes to services such as the public consultation on City Deal. In addition, the Community Planning events and Public Services Panel capture opinions of citizens on what matters to them most in terms of Council priorities or service provision.

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
		Local Area Committees	<p>One of the key ways in which the Council has encouraged local people to participate in local decision making is through the creation of five local area committees. The committees give local people and groups more input into the delivery of services within their own area, including the right to review and monitor performance and to be consulted at a local level wherever possible.</p> <p>Decentralisation and the 5 local area committees provide an opportunity for the Council and its partners to engage with residents on a localised basis. A review of Local Area Committees was undertaken in 2017 and proposals were discussed at a Cross Party Sounding Board and approved by full Council in December 2017 and are currently out to public consultation as at March 2018.</p>
		Petitions function	<p>The Council introduced a public petitions procedure in 2007 which strengthens the connection between the Council and the community to raise issues of concern in relation to services provided by the Council or other bodies such as the police and health board, recognising that the Council has limited influence over other bodies. Details of petitions received and their outcomes are included in the annual report to the Board and on the Council's website.</p> <p>Petitions previously were considered by the Audit, Scrutiny and Petitions Board but as of June 2017, a separate Petitions Board has been established to consider petitions only.</p>
4.2 Planning interventions			



	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
4.2.1	Establishing and implementing robust planning and control cycles that cover strategic and operational plans, priorities and targets.	Annual timetable of board meetings	<p>A timetable covering the various board cycles is approved by the Council and is published online, together. Dates of pre-agenda meetings are provided to relevant officers and members. The Council has approved its timetable of meetings until June 2019.</p> <p>A spreadsheet is issued quarterly to services advising of the last lodging dates for reports.</p>
4.2.2	Engaging with internal and external stakeholders in determining how services and other courses of action should be planned and delivered.	Communications channels	<p>The Council communicates with members of the community and its stakeholders (and vice versa) through a number of mechanisms including:</p> <ul style="list-style-type: none"> <li>• Renfrewshire magazine – issued to all households across Renfrewshire</li> <li>• Tenant Forums</li> <li>• Community Planning Groups</li> <li>• Community Councils</li> <li>• Local Area Committees</li> <li>• Council Website</li> <li>• Complaints procedure</li> <li>• Public Performance reports</li> <li>• Customer Service Centre Channels</li> </ul>
		Internal Communications Strategy	<p>An internal communications strategy has been developed on the approach the Council will use to engage with staff. Various channels have been refreshed to be used for internal communications:</p> <ul style="list-style-type: none"> <li>• New quarterly staff magazine</li> <li>• Chief Executive's Blog</li> <li>• Team Briefs for managers to inform and update staff on key issues</li> <li>• A3 poster sites across the Council.</li> </ul>

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
		Community Planning structure – Renfrewshire Forum for Empowering Communities Review of Community Planning Partnership governance was approved by full Council in December 2016	Renfrewshire Forum for Empowering Communities is taking a lead role in giving local communities a voice in Renfrewshire. It provides meaningful, sustained and effective engagement with communities and citizens. It values the knowledge, skills, capacity and potential that our communities have and seeks to build on the commitment and confidence evident in local groups and organisations. The aim is to localise decision making and accountability as far as possible and work co-operatively with communities.
4.2.3	Considering and monitoring risks facing each partner when working collaboratively including shared risks.	Strategic Partnership Agreements	Strategic Partnership Agreements set out the shared commitment to achieving priorities and objectives for Renfrewshire.
		Minutes of Agreement	Minutes of Agreement set out the rights, duties, powers, liabilities and obligations of parties to the Agreement e.g. the Council and partner organisations. Appointments of members to outside bodies are not taken up until the Director of Finance and Resources confirms that the organisation has appropriate insurance policies in place.
4.2.4	Ensuring arrangements are flexible and agile so that the mechanisms for delivering outputs can be adapted to changing circumstances.	Council Plan Refresh	The new five year Council Plan was approved in September 2017. The plan is flexible to accommodate the ever changing political, legal and economic climate of local government. There is an accompanying performance framework which sits alongside the Council Plan and sets out the six monthly monitoring cycle.

	<b>Requirements of corporate governance</b>	<b>Evidence of meeting requirement</b>	<b>Demonstration of annual compliance</b>
4.2.5	Establishing appropriate key performance indicators (KPIs) as part of the planning process in order to identify how the performance of services and projects is to be measured.	Service Improvement Plans and key performance indicators Council Plan Performance Framework CMT Performance Scorecard Quarterly monitoring	<p>Each year, every service is required to produce a rolling 3 year service improvement plan which outlines how the service will contribute to the Council Plan and Community Plan priorities, and details how its actions and plans will achieve improved outcomes for customers/communities in the future.</p> <p>Services are required to select a range of key performance indicators to create a scorecard to measure how well they are contributing to these priorities. It is monitored at a mid-year point and at the end of that service improvement plan year. The last Service Improvement Plan Monitoring Reports were presented to boards in August 2017. Information including commentary on performance is collected and analysed using the Covalent performance management system.</p>
4.2.6	Ensuring capacity exists to generate the information required to review service quality regularly.	Performance Scrutiny Framework for SIPs CMT Scorecard Annual Complaints Report	<p>The Council has a comprehensive performance scrutiny framework in place for service improvement plans. These cover:</p> <p>(i) Spring – review progress of Service Plan implementation and report the new Service Improvement Plan covering the next three years to Board. A report on the Annual Complaints performance is also taken to Board.</p> <p>(ii) Autumn – report to Board the mid-year point progress to allow elected members to scrutinise performance against targets and due dates. In addition, there are internal meetings with the Chief Executive and the Corporate Management Team to monitor and scrutinise performance at Council</p>

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
			and service level.  (iii) Quarterly – a quarterly performance scorecard is discussed at the Corporate Management Team meetings reporting on the performance of services during the previous quarter.
		Performance reviewed each year by Audit, Risk and Scrutiny Board	The Council's performance in terms of Local Government Benchmarking Framework indicators is reported to and reviewed by the Audit, Risk and Scrutiny Board each year. This includes information on service levels, service costs and customer satisfaction. The report also sets out the actions which will be taken to improve performance for the indicators in the bottom quartile (ranked 25 <sup>th</sup> to 32 <sup>nd</sup> ).
4.2.7	Preparing budgets in accordance with organisational objectives, strategies and the medium-term financial plan.	Annual financial statements, annual accounts and annual audit review Budget guidance and protocols Medium-term financial planning Corporate plans	The Council complies with this requirement through the publication of its Annual Accounts, through the regular submission of budget reports to Policy Boards, the submission of the annual audit review and other audit reports to the Council and/or Audit, Risk and Scrutiny Board as appropriate and by publishing performance information on our website.  The Council's financial outlook for the medium term is presented to Leadership Board in December each year. The report sets out the current financial position and the significant financial challenges to be faced in the forthcoming years, together with likely indications of grant and borrowing levels. Overall the Council's immediate financial position takes into consideration all known influencing factors.

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
4.2.8	Informing medium and long-term resource planning by drawing up realistic estimates of revenue and capital expenditure aimed at developing a sustainable funding strategy.	Budget guidance and protocols Medium-term financial planning Corporate plans	The Council's financial outlook for the medium term is presented to Leadership Board in December each year. The report sets out the current financial position and the significant financial challenges to be faced in the forthcoming years, together with likely indications of grant and borrowing levels. Overall the Council's immediate financial position takes into consideration all known influencing factors.
<b>4.3 Optimising achievement of intended outcomes</b>			
4.3.1	Ensuring the medium term financial strategy integrates and balances service priorities, affordability and other resource constraints.	Service Improvement Plans	Each service improvement plan includes a section on finance and resources and includes information on gross revenue estimates for the coming year, and identifies resource pressures.

	<b>Requirements of corporate governance</b>	<b>Evidence of meeting requirement</b>	<b>Demonstration of annual compliance</b>
		Financial outlook	The Council's financial outlook for the medium term is presented each year. The report sets out the current financial position and the significant financial challenges to be faced in the forthcoming years, together with likely indications of grant and borrowing levels. Overall the Council's immediate financial position takes into consideration all known influencing factors.
4.3.2	Ensuring the budgeting process is all-inclusive, taking into account the full cost of operations over the medium and longer term.	Budgeting guidance and protocols	A revised programme of financial management training for budget holders is currently being implemented as part of the Aspire programme. This will act as a refresher and update for operational staff. Financial reports detailing revenue expenditure and income are made to policy boards throughout the year and are based on the total cost of the main divisions of service and the total cost based on the key expenditure headings such as employee costs etc. Capital expenditure and income reports also follow this same process with each capital project showing the previous year's cumulative spend (full cost)
4.3.3	Ensuring the medium term financial strategy sets the context for ongoing decisions on significant delivery issues or responses to changes in the external environment that may arise during the budgetary period in order for outcomes to be achieved while optimising resource usage.	Financial Outlook 2017/18 – 2019/20	The Council's financial outlook for the medium term is presented each year. The report sets out the current financial position and the significant financial challenges to be faced in the forthcoming years, together with likely indications of grant and borrowing levels. Overall the Council's immediate financial position takes into consideration all known influencing factors.
4.3.4	Ensuring the achievement of 'social value' through service planning and commissioning.	Service Improvement Plans	Services are required to demonstrate through the service improvement plans how they contribute to the Council Plan and Community Plan objectives

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
			for Renfrewshire. They also demonstrate the achievements of the various outcomes and targets agreed by the Council and its partners.
		Community Benefits	<p>A Community Benefits Strategy was developed and approved by the Procurement Sub Committee in June 2014.</p> <p>A suite of guidance documents have been produced to provide procurement staff with the tools to effectively manage Community Benefits</p> <p>The outcomes and impact of Community Benefits to Renfrewshire will be monitored by CPU Compliance Team and be integral to the Supplier Management process.</p>

**PRINCIPLE 5: Developing the entity's capacity, including the capability of its leadership and the individuals within it.**

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
<b>5.1 Developing the entity's capacity</b>			
5.1.1	Reviewing operations, performance and use of assets on a regular basis to ensure their continuing effectiveness.	Audit, Risk and Scrutiny Board	The Audit, Risk and Scrutiny Board prepare an annual programme, including areas for specific review. Members suggesting an area for review must identify the purpose and objectives of the review and the intended outcome. The Board takes a common sense approach to reviewing decisions and policies and the process provides the opportunity for elected members to examine the various functions of the Council, to ask questions on how decisions have been made, to consider whether service improvements can be

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
			put in place and makes recommendations as appropriate. For each review, the Chief Executive appoints a lead officer to assist members of the Board to identify potential issues and questions to be asked of witnesses. Following each review, a report is prepared by the lead officers on behalf of the Board for approval by the Board and thereafter the Council. If appropriate, minority of dissenting views are recorded in the minutes of the meeting.
		Covalent and Corporate Management Team / Council Plan scorecard	Performance information from across services is monitored by the Chief Executive and the Corporate Management Team using the Council's performance management system, Covalent. The system is used to monitor strategic PIs, statutory indicators and operational indicators.
		Council Plan and LOIP reports Council Plan Performance Framework Local Government Benchmarking Framework (LGBF)	The Council provides regular updates covering performance in terms of delivering on the Council Plan, and in conjunction with partners, on the Community Plan / Local Outcome Improvement Plan.
		Service Improvement Plan – 6 monthly outturn report	Each service also produces an outturn report annually, which summarises performance achieved against its service improvement plan. These updates are reported to the relevant policy board for the service in spring each year and are available online.
5.1.2	Improving resource use through appropriate application of techniques such as benchmarking and other options in order to determine how the authority's resources are allocated so that outcomes	Benchmarking / peer review	Services across the Council are involved in both formal and informal benchmarking arrangements through for example, the Association for Public Service Excellence and Scottish Community Care Benchmarking Network. Development and



	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
	are achieved effectively and efficiently.		Housing Services participate in the Scottish Housing Best Value Network (SHBVN) annual benchmarking process. The Council has also been heavily involved in the development of the Local Government Benchmarking Framework and the subsequent benchmarking groups. This provides national benchmarking information on a range of indicators covering service delivery, cost and customer satisfaction.
5.1.3	Recognising the benefits of partnerships and collaborative working where added value can be achieved.	Community Plan and Local Outcome Improvement Plan	<p>The Council currently complies with this requirement through its Community Plan and Local Outcome Improvement Plan (LOIP), which set out a clear vision for partnerships and for Renfrewshire and its people, as well as the key areas of priority and actions to be undertaken.</p> <p>The new Community Plan, which was agreed by Council on 28 September 2017, was based upon extensive research and community consultation which identified the key issues facing Renfrewshire.</p>
		Strategic Partnership Agreements	Two Strategic Partnership agreements were agreed in 2016 with the University of the West of Scotland and West College Scotland, which set out how key joint priorities which will be progressed in partnership.
5.1.4	Developing and maintaining an effective workforce plan to enhance the strategic allocation of resources.	Workforce Plan	A Council workforce plan was approved by the Finance, Resources and Customer Services Board in August 2017, with each service having an individual workforce plans also. All plans are designed around the six step methodology of workforce planning and incorporates 5 strategic themes:

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
			<ul style="list-style-type: none"> <li>– A modernised and flexible workforce;</li> <li>– A developing workforce;</li> <li>– A resilient workforce;</li> <li>– A skilled workforce; and</li> <li>– A partnering workforce.</li> </ul> <p>The themes are aligned to the Council Plan which will enable the Council to address future working challenges, supporting organisational change. Workforce planning priorities under the five key themes will be integrated and driven through the Service Improvement Plan process. This will ensure robust monitoring of progress and that workforce planning is not seen as a standalone activity.</p>
<b>5.2 Developing the capability of the entity's leadership and other individuals</b>			
5.2.1	Developing protocols to ensure that elected and appointed leaders negotiate with each other regarding their respective roles early on in the relationship and that a shared understanding of roles and objectives is maintained.	Protocol for relationships between Political Groups, Elected Members and Officers Member Development Programme	The Council's elected members and inter-party protocols and protocol for members/officers relations were reviewed in 2014 and combined into one composite protocol which was approved at the Finance and Resources Policy Board on 12 <sup>th</sup> November 2014
		Councillors' Code of Conduct, Code of Conduct for Employees	The Council complies with this requirement through the Councillors' Code of Conduct and the Code of Conduct for Employees. The Council's protocol for relationships between political groups, elected members and officers sets out the rights and responsibilities of Councillors and political groups in the course of conducting council business; good practice guidelines in relation to the multi-member ward issues. Members were provided with a briefing on the

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
			respective roles and responsibilities of officers and members as part of their induction following the local government elections in 2017.
		Meetings between Chief Executive and Leader	The Chief Executive holds weekly meetings with the Leader.
		Cross Party Sounding Board	The Council at its statutory meeting held in May 2017 established as part of its decision-making structure a Cross Party Sounding Board the remit of which is to act as a sounding board and discussion forum, with no decision making powers: to provide an opportunity to discuss matters of common interest or of council wide relevance. Members include 2 administration and 4 opposition members.
5.2.2	Publishing a statement that specifies the types of decisions that are delegated and those reserved for the collective decisions making of the governing body.	Scheme of delegation	The Council's scheme of delegation ensures that decisions are made at the lowest or most local level consistent with the nature of the issues involved. With the exception of those powers which cannot be delegated or have been reserved to the Council, functions have been delegated to Boards and committees, the chief executive, directors and heads of service and other officers. The scheme also includes a section detailing, statutory officers. The Scheme is reviewed on a regular basis. A review of the Council's decision making structure was undertaken and agreed at the statutory meeting of the Council in May 2017 incorporating changes of the scheme of delegation to Boards.

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
5.2.3	Ensuring the leader and the chief executive have clearly defined and distinctive leadership roles within a structure, whereby the chief executive leads the authority in implementing the strategy and managing the delivery of services and other outputs set by members and each provides a check and a balance for each other's authority.	Conditions of Employment, scheme of delegation, statutory provisions and job descriptions/person specification	The Chief Executive has responsibility as head of the paid service for all aspects of operational management.
		Annual review	The Chief Executive is subject to a facilitated annual review by the leaders of the political groups at which objectives are agreed and reviewed.
5.2.4	<p>Developing the capabilities of members and senior management to achieve effective shared leadership and to enable the organisation to respond successfully to changing legal and policy demands as well as economic, political and environmental changes and risks by:</p> <ul style="list-style-type: none"> <li>– ensuring members and staff have access to appropriate induction tailored to their role and that ongoing training and development matching individual and organisational requirements is available and encouraged.</li> <li>– ensuring members and officers have the appropriate skills, knowledge, resources and support to fulfil their roles and responsibilities and ensuring that they are able to update their knowledge on a continuing basis.</li> <li>– ensuring personal, organisational and system-wide development through shared learning, including</li> </ul>	Members Induction	<p>A welcome and induction package of events was delivered for newly-elected and returning Councillors following the local government election in May 2017. Notice of further development events and opportunities is issued to Councillors each month.</p> <p>Councillors have access to the Improvement Service CPD framework to identify further induction and development requirements. Councillors are encouraged to use the CPD framework and are supported throughout the process. An annual register of training and development delivered for Councillors is published online. Preparations are underway for a focussed development week for members to take place in April 2018.</p>
		MTIPD/MDP2/360 reviews	The OD Strategy outlines a proposal to review existing approaches to people development. The transitional arrangements will continue to apply existing MTIPD/MDP performance review processes to ensure that all learning and development needs are identified and auctioned and that service improvement and career pathways are discussed and promoted.

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
	lessons learnt from both internal and external governance weaknesses.		Development of an evidence-based appraisal process, aligned to the Council Plan priorities and linked through a 'golden thread' approach to individual performance, is integral to the overall review of the Councils approach to workforce development. MTIPD/MDP2/260 reviews will be replaced by the new People, Performance and Talent Policy to be implemented in April 2018.
		I-Learn Training	A number of e-learning modules are available to employees to support their learning and development. This includes a comprehensive e-learning induction module for employees which covers terms and conditions and the statutory appointments of officers are detailed in the Council's scheme of delegation and this is reviewed on a regular basis.
		New Leadership Development Training Programmes Review of Employee Development	Two new Leadership Development Programmes were introduced in 2017, Leaders of the Future and ASPIRE. These programmes aim to develop leaders by focusing on enhancing skills, knowledge and competency in key leadership areas and strengthening capacity to lead and deliver change effectively. The CMI Level 3 Certificate in First Line Management was launched in 2017.  The above work is reflective of the BVAR recommendation by Audit Scotland in 2017 around workforce development
5.2.5	Ensuring that there are structures in place to encourage public participation.	Consultation and engagement mechanisms	Council services engage and consult with communities in a number of ways including: Public Services Panel, Focus Groups, Tenants and

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
			Residents Forum, service user groups, Community Planning process, Complaints procedure, local area committees and Community Councils.
		Consultation Strategy and stakeholder engagement framework	<p>The Consultation Strategy sets out the broad approach for engaging with stakeholders. It provides a framework within which services can develop consultation practices and procedures appropriate to the specific requirements of the services being delivered and users of those services. It is published on Renfo and was shared with partners.</p> <p>The Policy and Commissioning service is currently undertaking a review of existing consultation approaches to ascertain their effectiveness and to establish best practice which could be applied across the organisation. This is part of the development of a stakeholder engagement framework.</p>
		Local Area Committees	One of the key ways in which the Council has encouraged local people to participate in local decision making is through the creation of five local area committees. The committees give local people and groups more input into the delivery of services within their own area, including the right to review and monitor performance and to be consulted at a local level wherever possible. The Council's review of community-level governance arrangements is ongoing.
5.2.6	Taking steps to consider the leadership's own effectiveness and ensuring leaders are open to constructive feedback from	Improvement Service CPD framework for elected members.	Councillors are encouraged to assess their own performance and identify any development needs using the CPD framework.

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
	peer review and inspections.		
		Peer reviews	Using the IS CPD framework, Councillors can opt to undertake a 360° peer review of their performance as an elected member.
5.2.7	Holding staff to account through regular performance reviews which take account of training or development needs.	Pentana performance management system – Corporate Management Team / Council Plan scorecard	Performance information from across services is monitored by the Chief Executive and the Corporate Management Team using the Council's performance management system, Pentana. The system is used to monitor strategic PIs, statutory indicators and operational indicators.
		Audit, Risk and Scrutiny Board	The Audit, Risk and Scrutiny Board agree an annual programme of activities which includes areas for specific investigation. The Audit, Risk and Scrutiny Board also has a written intimation procedure in respect of which any member of the Board may request that a particular matter be considered by the Board. Each of the policy boards has a scrutiny function and the local area committees also perform this role.
		Improvement Service CPD framework for elected members.	The CPD framework for Councillors was developed by the Improvement Service and all members have access to it. Members are encouraged to assess their own development needs and develop a personal development plan.
		Appraisal Process	A People, Performance, and Talent Policy, Guidance and Competency Frameworks for all levels across the Council will replace the current frameworks of MTIPD and MDP and will be implemented in April 2018. PDR is a continuous

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
			<p>coaching and development cycle, which allows managers to identify the development needs of individuals or teams of employees. It also provides the opportunity for managers to give employees feedback on performance.</p> <p>The People, Performance and Talent Policy and Competency Framework will recognise good performance, support under performance at an early stage and promote the behaviours required by the Council. The process will involve a structured programme of 1 to 1 or team meetings and reviews throughout the year. This will allow a manager and their employee(s) to discuss and agree performance levels expected and set out objectives to be achieved throughout the year. Objectives will be agreed in line with the new Council new core competency framework.</p>
5.2.8	Ensuring arrangements are in place to maintain the health and wellbeing of the workforce and support individuals in maintaining their own physical and mental wellbeing.	OD Strategy – health and wellbeing Health and Safety Plans for each service	The health and safety team have a review programme in place, a number of guidance documents are currently being refreshed with input from services and trade unions, where appropriate. In addition, a new Health, Safety and Wellbeing Strategy is in the process of being developed with an anticipated implementation date of summer 2018.

## PRINCIPLE 6: Managing risks and performance through robust internal controls and strong public financial management



	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
<b>6.1 Managing risk</b>			
6.1.1	Recognising that risk management is an integral part of all activities and must be considered in all aspects of decision making.	"Risk Matters" – the Councils Risk Management Policy and Strategy	<p>The council has a well-established risk management strategy which is subject to routine monitoring and review. Risk Matters is formally reviewed by the Audit, Risk and Scrutiny Board at periodic intervals of not more than 2 years and annually (interim review) by the Corporate Risk Management Group (CRMG) to ensure it reflects current standards and best practice and fully reflects the rapidly changing environment in local government.</p> <p>Risk Matters is explicit regarding the council's risk management philosophy and regarding members' and managers' responsibility for risk management.</p>
		Strategic Risk Management Development Plan (SRMDP)	<p>The Strategic Risk Management Plan underpins Risk Matters. It reflects the development work required to fulfil the Strategic Risk Management Objectives outlined in Risk Matters. Progress on the SRMDP is monitored by the CRMG on a quarterly basis.</p> <p>The Audit, Risk and Scrutiny Board was renamed to reflect the importance of considering risks in the decision making process.</p>
6.1.2	Implementing robust and integrated risk management arrangements and ensuring that they are working effectively.	<p>Strategic and Corporate Risk Register</p> <ul style="list-style-type: none"> <li>• Submission report to Board</li> <li>• Quarterly reports to CRMG</li> <li>• Midyear report to Board</li> </ul> <p>Service Risk Management Plans</p> <ul style="list-style-type: none"> <li>• Submission reports to Boards</li> <li>• Regular reports to SMTs/DMTs</li> </ul>	The Council maintains, routinely monitors and reviews the corporate risk register and service risk management plans in accordance with Risk Matters.

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
		<ul style="list-style-type: none"> <li>Midyear report to Boards</li> </ul>	
		Risk Management Annual Report	A report on the effectiveness of the council's risk management framework is provided to the Audit, Risk and Scrutiny Board on an annual basis.
6.1.3	Ensuring that responsibilities for managing individual risks are clearly allocated.	Corporate Risk Management Group	The Corporate Risk Management Group oversees the council's risk management framework on behalf of the Corporate Management Team. The Group oversees the ongoing development, monitoring and review of the corporate risk register and facilitates an escalation process whereby risk can be moved between corporate or service level.
<b>6.2 Managing performance</b>			
6.2.1	Monitoring service delivery effectively including planning, specification, execution and independent post-implementation review.	Service Improvement plans and key performance indicators	<p>Each year, every service is required to produce a rolling 3 year service improvement plan which outlines how the service will contribute to the Council Plan and Community Plan priorities, and details how its actions and plans will achieve improved outcomes for customers/communities in the future. Services are required to select a range of key performance indicators to create a scorecard to measure how well they are contributing to these priorities. It is monitored at a mid-year point and at the end of that service improvement plan year.</p> <p>Information including commentary on performance is collected and analysed using the Covalent</p>

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
			performance management system.
6.2.2	Making decisions based on relevant, clear objective analysis and advice pointing out the implications and risks inherent in the organisation's financial, social and environmental position and outlook.	Reports to Council / boards	Reports to the Council and all Board meetings provide members with sufficient information on which they are able to take decisions, including personnel, legal, risk, financial and other implications relating to the key Council Plan / Community Plan themes, and provide recommendations.
		Annual timetable of board meetings	A timetable covering the various board cycles is approved by the Council and is available online dates of pre-agenda meetings are available to relevant officers and members. A spreadsheet is issued quarterly to services advising of last lodging dates for reports. The Council has approved its timetable of meetings until June 2019.
6.2.3	<p>Ensuring an effective scrutiny or oversight function is in place which encourages constructive challenge and debate on policies and objectives before, during and after decisions are made thereby enhancing the organisation's performance and that of any organisation for which it is responsible.</p> <p>(OR, for a committee system) Encouraging effective and constructive challenge and debate on policies and objectives to support balanced and effective decision making.</p>	Audit, Risk and Scrutiny Board	<p>The Audit, Risk and Scrutiny Board's remit includes audit scrutiny, monitoring and review of service delivery, performance, policies and practice, community leadership through monitoring of other public bodies, and standards and ethics.</p> <p>The Board conducts an annual programme of reviews which have addressed a number of areas, most recently the terms and conditions of a Council house lease.</p> <p>The remit of the Board was revised at the statutory meeting on the 18<sup>th</sup> of May to meet Best Value Assurance requirements and to include wider oversight of risk and risk management in the Council the Board was renamed as the Audit, Risk and Scrutiny Board. The Petitions function was</p>

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
			removed to the Petitions Board and the Convenor was changed from being a member of the Administration group to a member of the Opposition. Now the Convenor and the Depute Convenor are both from the Opposition groups.
6.2.4	Providing members and senior management with regular reports on service delivery plans and on progress towards outcome achievement.	Service Improvement Plans and key performance indicators Council Plan Performance Framework	Each year, every service is required to produce a rolling 3 year service improvement plan which outlines how the service will contribute to the Council Plan and Community Plan priorities, and details how its actions and plans will achieve improved outcomes for customers/communities in the future. Services are required to select a range of key performance indicators to create a scorecard to measure how well they are contributing to these priorities. It is monitored at a mid-year point and at the end of that service improvement plan year by the relevant Policy Boards.  The Plans are also reviewed at a service level by the relevant Senior Management Team.
		Corporate Management Team scorecard / spotlight meetings	For 2016/17 the Corporate Management Team now hold quarterly spotlight meetings on thematic areas of performance that are of strategic importance and relate to the Council Plan priorities.

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
		Performance reviewed each year by Audit, Risk and Scrutiny Board Annual Complaints Report	<p>The Council's performance in terms of Local Government Benchmarking Framework Indicators is also reported to and reviewed by the Audit, Risk and Scrutiny Board each year. This includes information on service levels, service costs and customer satisfaction.</p> <p>In addition, the Annual Complaints Report is presented to Board In March each year. This includes a breakdown on number of complaints, how timeously we have responded to complainants and the service improvements made as a consequence.</p>
6.2.5	Ensuring there is consistency between specification stages (such as budgets) and post-implementation reporting (eg financial statements).	Financial regulations and financial codes	The Council has in place financial regulations which set out the responsibilities of the Director of Finance and Resources, who has been appointed as the 'proper officer', along with the responsibilities of the Chief Executive, Directors and other authorised people for the financial affairs of the Council. These regulations also set out the responsibilities of the Leadership Board, the Audit, Risk and Scrutiny Board and the various policy boards for our financial affairs. These are currently being reviewed.
<b>6.3 Robust internal control</b>			
6.3.1	Aligning the risk management strategy and policies on internal control with achieving objectives.	"Risk Matters" – the council's Risk Management Policy and Strategy	The council has a well-established risk management strategy which is subject to routine monitoring and review. Risk Matters is formally reviewed by the Audit, Risk and Scrutiny Board at periodic intervals of not more than 2 years and

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
			annually (interim review) by the Corporate Risk Management Group (CRMG) to ensure it reflects current standards and best practice and fully reflects the rapidly changing environment in local government.
		Audit reports and Audit, Risk and Scrutiny Board	<p>In terms of the Public Sector Internal Audit Standards, the Council's Chief Auditor submits an annual report to the Audit, Risk and Scrutiny Board on the activities of internal audit to demonstrate performance and containing a view on the overall adequacy and effectiveness of the council's framework of governance, risk management and control. Again, in terms of the above standards, regular reports are submitted to the Audit, Risk and Scrutiny Board in relation to the findings of the Council's internal and external auditors which detail the main issues arising.</p> <p>Annual Internal Audit risk based plan is approved by the Board.</p>
6.3.2	Evaluating and monitoring risk management and internal control on a regular basis.	Risk Management Annual Report	A report on the effectiveness of the council's risk management framework is provided to the Audit, Risk and Scrutiny Board on an annual basis.
		Financial Regulations and codes	The Audit, Risk and Scrutiny Board will approve the annual risk management plan and strategy.
6.3.3	Ensuring effective counter fraud and anti-corruption arrangements are in place.	<p>Strategy for the prevention and detection of fraud and corruption</p> <p>Internal Audit arrangements</p> <p>Corporate counter fraud arrangements</p> <p>Integrity Group</p> <p>Anti-Money Laundering policy</p>	<p>A strategy for the prevention and detection of fraud and corruption is in place. The Council's Integrity Group has been established to strengthen the council's internal resilience to corruption.</p> <p>Effective counter fraud arrangements are in place</p>

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
			having established a counter-fraud team. The Chief Auditor has also been appointed as the Money Laundering Reporting Officer.
6.3.4	Ensuring additional assurance on the overall adequacy and effectiveness of the framework of governance, risk management and control is provided by the internal auditor.	Code of Corporate Governance Guidance Annual Governance Statement Internal Audit Annual report	The Council complies with this requirement through its Code of Corporate Governance Guidance which details the organisation's governance arrangements. This is in line with national guidance and is updated on an annual basis.
6.3.5	Ensuring an audit committee or equivalent group or function which is independent of the executive and accountable to the governing body: <ul style="list-style-type: none"> <li>– provides a further source of effective assurance regarding arrangements for managing risk and maintaining an effective control environment.</li> <li>– that its recommendations are listened to and acted upon.</li> </ul>	Audit, Risk and Scrutiny Board	The Audit, Risk and Scrutiny Board functions as the Council's audit committee and has an overview of the internal audit role to ensure that resources are being targeted effectively. The Board reviews the Council's internal control mechanisms, approves action where appropriate, considers reports by external auditors and submits recommendations to the Council where this is considered appropriate.
		Training programme for Audit, Risk and Scrutiny Board	The Chief Auditor provides a regular briefing programme for members of the Board, prepared in consultation with them, to assist them in fulfilling their audit committee role. Issues covered by the training programme include the role of the Audit committee and CyberSecurity. This programme is approved annually by the Board.
		Training and development programme for officers	The council continues to optimise learning and development through the continuation of MDP, MTIPD and 360 degree performance reviews and by encouraging employees to be involved in activities and projects to prepare them for future roles and to enhance their current skills. As the council reshapes and re-sizes through the Better

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
			Council Change Programme these programmes will be reviewed to ensure fitness for purpose.
<b>6.4 Managing data</b>			
6.4.1	Ensuring effective arrangements are in place for the safe collection, storage, use and sharing of data, including processes to safeguard personal data	Information Governance Strategy and Framework Information Governance Team Data protection policies and procedures Information Governance Learning & Development Strategy General Data Protection Regulations (GDPR)	The Council is subject to routine external audit by the Information Commissioners' Office (ICO) and also by internal audit. The Managing Solicitor reports monitoring figures, agreed with the ICO during the 2012 ICO audit, to the Senior Information Risk Owner (SIRO) on a monthly basis and to the CMT on at least a six monthly basis.  Work is underway to prepare for the introduction of the General Data Protection Regulations (GDPR) in May 2018.
6.4.2	Ensuring effective arrangements are in place and operating effectively when sharing data with other bodies.	Data sharing agreements Data processing agreements Central repository of data sharing and data processing agreements Cyber Security	Data sharing and data processing agreements are in place as appropriate. There is a central repository of signed agreements. The Council Data Sharing Code, based on the ICO code, was approved by the Finance, Resources and Customer Services Board.  Cyber security transfer and sharing requirements are included with the legal documents.



	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
6.4.3	Reviewing and auditing regularly the quality and accuracy of data used in decision making and performance monitoring.	Service Improvement Plans and key performance indicators	Each year, every service is required to produce a rolling 3 year service improvement plan which outlines how the service will contribute to the Council Plan and Community Plan priorities, and details how its actions and plans will achieve improved outcomes for customers/communities in the future. Services are required to select a range of key performance indicators to create a scorecard to measure how well they are contributing to these priorities. It is monitored at a mid-year point and at the end of that service improvement plan year. The last Service Improvement Plan 'Monitoring Reports' (mid-point) were presented to boards in autumn 2016. Information including commentary on performance is collected and analysed using the Covalent performance management system.
		Performance reviewed annually by Audit, Risk and Scrutiny Board	The Council's performance in terms of Local Government Benchmarking Framework Indicators is also reported to and reviewed by the Audit, Risk and Scrutiny Board each year. This includes information on service levels, service costs and customer satisfaction.
		SPI Direction	The SPI Direction sets out the requirements of and delivery of performance indicators. Internal Audit undertakes an annual review of a sample of statutory performance indicators.
<b>6.5 Strong public financial management</b>			
6.5.1	Ensuring financial management supports both long-term achievement of outcomes and short-term financial and operational performance.	Financial strategy and financial monitoring reports	Regular financial monitoring reports detailing the current financial position together with the projected outturns for each main service area (and its appropriate divisions) are reported on a routine

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
			basis to Policy Boards. These reports also advise members of any management action that is being taken or is planned for the future to alleviate any current or projected deviations from the initial financial plan.
6.5.2	Ensuring well-developed financial management is integrated at all levels of planning and control, including management of financial risks and controls.	Budget management training	A revised programme of financial management training for budget holders is currently being implemented as part of the Aspire programme. This will act as a refresher and update for operational staff to assist them in undertaking financial responsibilities.

#### **PRINCIPLE 7: Implementing good practices in transparency, reporting and audit to deliver effective accountability**

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
<b>7.1 Implementing good practice in transparency</b>			
7.1.1	Writing and communicating reports for the public and other stakeholders in an understandable style appropriate to the intended audience and ensuring that they are easy to access and interrogate.	Renfrewshire Performs	The annual statutory performance indicator public performance report is published, has been uploaded onto the Council's website in an accessible format. The new website will feature more accessible and easier to find performance pages.
7.1.2	Striking a balance between providing the right amount of information to satisfy transparency demand and enhance public scrutiny while not being too onerous to provide and for users to understand.	Public Performance Report – "It's all about you"	The Council publishes an annual report "It's all about you". This provides information to the public on performance of services and the council in an easy to read format.
<b>7.2 Implementing good practices in reporting</b>			

	<b>Requirements of corporate governance</b>	<b>Evidence of meeting requirement</b>	<b>Demonstration of annual compliance</b>
7.2.1	Reporting at least annually on performance, value for money and the stewardship of its resources.	Annual financial statements, annual accounts and annual audit review	The Council publishes its Annual Accounts, through the regular submission of budget reports to Policy Boards, the submission of the annual audit review and other audit reports to the Council and/or Audit, Risk and Scrutiny Board as appropriate and by publishing performance information on our website.
		Public Performance Report – “It’s all about you”	The Council publishes an annual report “It’s all about you”. This provides information to the public on performance of services and the council in an easy to read format.
		Efficiency Statement	The Council produces and publishes an Annual Efficiency Statement which reports on its efficiency projects and activities and seeks to quantify the level of efficiency gains achieved by the Council over the period.
7.2.2	Ensuring members and senior management own the results.	Performance papers to Boards	Elected Members receive a number of performance reports at Policy Boards, including reports on the performance of the Council Plan, Community Plan, Service Improvement Plans, Complaints and Local Government Benchmarking Framework (LGBF).
7.2.3	Ensuring robust arrangements for assessing the extent to which the principles contained in the Framework have been applied and publishing the results on this assessment including an action plan for improvement and evidence to demonstrate good governance (annual governance statement)	Annual Governance statement	The Council complies with this requirement through its Annual Governance statement which details the organisation’s governance arrangements. This is in line with national guidance and is updated on an annual basis. The statement is submitted to the Audit, Risk and Scrutiny Board.

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
7.2.3	Ensuring that the Framework is applied to jointly managed or shared service organisations as appropriate.	Annual governance statement	The Council complies with this requirement through its Annual Governance statement which details the organisation's governance arrangements. This is in line with national guidance and is updated on an annual basis. The statement is submitted to the Audit, Risk and Scrutiny Board.
7.2.4	Ensuring the performance information that accompanies the financial statements is prepared on a consistent and timely basis and the statements allow for comparison with other similar organisations.	Annual financial statements, annual accounts and annual audit review	The Council publishes its Annual Accounts, through the regular submission of budget reports to Policy Boards, the submission of the annual audit review and other audit reports to the Council and/or Audit, Risk and Scrutiny Board as appropriate and by publishing performance information on our website.
<b>7.3 Assurance and effective accountability</b>			
7.3.1	Ensuring that recommendations for corrective action made by external audit are acted upon.	Audit, Risk and Scrutiny Board reports	Recommendations made by external audit, together with management's response to the action plans are reported on to the Audit, Risk and Scrutiny Board.
7.3.2	Ensuring an effective internal audit service with direct access to members is in place which provides assurance with regard to governance arrangements and recommendations are acted upon.	Audit, Risk and Scrutiny Board report Annual Internal Audit Charter	In terms of the Public Sector Internal Audit Standards, the Council's Chief Auditor submits quarterly reports on internal audit performance and an annual report to the Audit, Risk and Scrutiny Board on the activities of internal audit to demonstrate performance and containing a view on the overall adequacy and effectiveness of the council's framework of governance, risk management and control. Again, in terms of the above standards, regular reports are submitted to the Audit, Risk and Scrutiny Board in relation to

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
			the findings of the Council's internal and external auditors which details the main issues arising.
7.3.3	Welcoming peer challenge, reviews and inspections from regulatory bodies and implementing recommendations.	Benchmarking / peer review	Services across the Council are involved in both formal and informal benchmarking arrangements through for example, the Association for Public Sector Excellence. Development and Housing Services participate in the Scottish Housing Best Value Network (SHBVN) annual benchmarking process. The Council has also been heavily involved in the development of the Local Government Benchmarking Framework and the subsequent benchmarking groups. This provides national benchmarking information on a range of indicators covering service delivery, cost and customer satisfaction.
		Best Value Audit	The Council took part in the Best Value Assurance Audit process from January to June 2017. An action plan to respond to recommendations contained within the BVAR report was approved at the full Council meeting on 28 <sup>th</sup> September 2017.
		Independent Inspection and Audit	The Council is independently evaluated by bodies such as the Care Inspectorate, Education Scotland, Audit Scotland and the Scottish Public Services Ombudsman (who considers complaints against the Council).
7.3.4	Gaining assurance on risks associated with delivering services through third parties and that this is evidenced in the annual governance statement.	Annual governance statement Self Assessment Checklists	Any key risks identified through the annual self assessment process which is undertaken by the Directors of each Service would be reflected in the governance statement.
7.3.5	Ensuring that when working in	Community Planning Boards	Arrangements are in place between Renfrewshire

	Requirements of corporate governance	Evidence of meeting requirement	Demonstration of annual compliance
	partnership, arrangements for accountability are clear and that the need for wider public accountability has been recognised and met.	Integrated Joint Boards / Health and Social Care Partnerships Renfrewshire Leisure	<p>Council and its Community Planning partners, the IJB and Renfrewshire Leisure.</p> <p>Governance arrangements, such as systems for managing, monitoring and scrutinising the IJB's business and finances have been developed.</p> <p>Effective arrangements are in place for sharing information between partners that can lead to improving how services are provided, such as the Community Safety Partnership.</p> <p>The Head of Policy and Commissioning is the Monitoring Officer undertakes quarterly meetings to review performance of Renfrewshire Leisure. Six-monthly updates and an Annual Business Plan is reported to, and agreed by Leadership Board.</p>

**Renfrewshire Council**

**To: Audit, Risk and Scrutiny Board**

**On: 19 March 2018**

**Report  
By  
Chief Auditor**

**Compliance with the Code of Corporate Governance****1. Summary**

- 1.1. Corporate governance is the name given to the system by which Councils direct and control their functions. It is about ensuring that councils do the right things, in the right way, for the right people, in a timely, inclusive, open, honest and accountable manner.
- 1.2. The Director of Finance and Resources has responsibility for reporting annually to the Audit, Risk and Scrutiny Board on compliance with the Code and any changes to the Code that may be necessary to maintain it and ensure its effectiveness in practice. In addition, the Council's Chief Auditor has responsibility to review independently and report to the Audit, Risk and Scrutiny Board annually, to provide assurance on the adequacy and effectiveness of the Code and the extent of compliance with it.
- 1.3. Internal Audit has reviewed the adequacy and effectiveness of the revised Code which was presented to the Audit, Risk and Scrutiny Board on 19 March 2018. Based on our sample check of the evidence used to demonstrate compliance, we would confirm that the Council complies with the requirements of the Local Code of Corporate Governance. In addition, it is evident that the Local Code has been subject to review and updating in line with developments in best practice and any revised Council Policies.
- 1.4. The Director of Finance and Resources endorses the Chief Auditor's recommendation that the Local Code should continue to be subject to an annual review to ensure that it continues to reflect developments in best practice in governance.

**2. Recommendations**

- 2.1. Members are invited to note the contents of this report.

**3. Background**

- 3.1. *Delivering Good Governance in Local Government: Framework*, published by CIPFA in association with Solace in 2007, set the standard for local authority governance in the UK. CIPFA and Solace reviewed the Framework in 2015 to ensure it remains 'fit for purpose' and published a revised edition in spring 2016. The new code places greater emphasis on relationship and behaviours between elected members and senior management; performance reporting; and council and service level plans.
- 3.2. The Council's Local Code of Corporate Governance has been reviewed and updated in line with this framework and also to reflect any updated Council policies.

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## Implications of this report

- 1      **Financial** – None.
- 2      **HR and Organisational Development** - None.
- 3      **Community Planning** – None.
- 4      **Legal** - None.
- 5      **Property/Assets** - None.
- 6      **Information Technology** - None.
- 7      **Equality & Human Rights** – None.
8.     **Health & Safety** – None.
9.     **Procurement** – None.
10.    **Risk** - None
11.    **Privacy Impact** – None
12.    **COSLA Implications**– None

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**Author:** Karen Campbell - 01416187016






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**To:            Audit, Risk and Scrutiny Board**

**On:            19 March 2018**

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**Report by:   Director of Finance and Resources**

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**Heading:    Absence Statistics – 2017/18 Quarter 3**

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## **1.      Summary**

- 1.1    The purpose of this report is to advise the Audit, Risk and Scrutiny Board of the absence statistics for the period 1<sup>st</sup> October 2017 to 31st December 2017. The report details the absence statistics by service and by category of staff.
  - 1.2    The report provides information in relation to absence targets and how services have performed against them. An analysis of the reasons for absence has also been compiled and details are included within the report. Information is also provided on supporting attendance activity and the costs of sick pay.
- 

## **2.      Recommendations**

- 2.1    It is recommended that the Board notes the content of this report and that this report reflects the absence statistics for the period 1<sup>st</sup> October 2017 to 31st December 2017.
- 

## **3.      Background**

- 3.1    The Scrutiny Board agreed that absence levels will be reported on a quarterly basis. It was agreed that the report will include the following information relating to supporting attendance:-
  - Absence statistics broken down by service and category of staff.
  - Reasons for absence broken down by service and category of staff.

- Progress made by services in relation to their supporting attendance action plans.

#### 4. Absence Statistics - Quarter Ending 31<sup>st</sup> December 2017

- 4.1 Service and Council overall absence performance for the quarters are detailed in the table below. In line with the reporting requirements for Scottish Councils, absence is expressed as a number of work days lost per full time equivalent (FTE) employee.

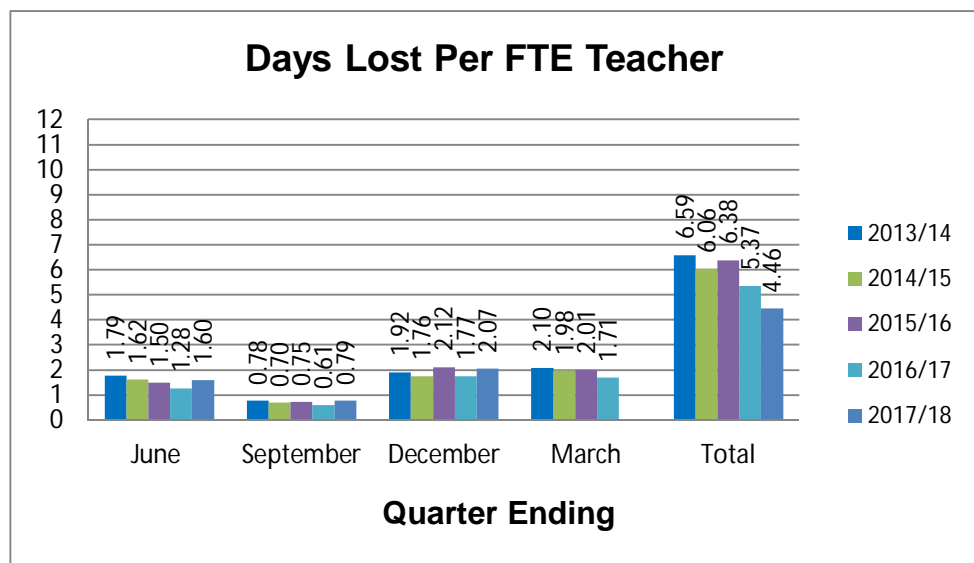
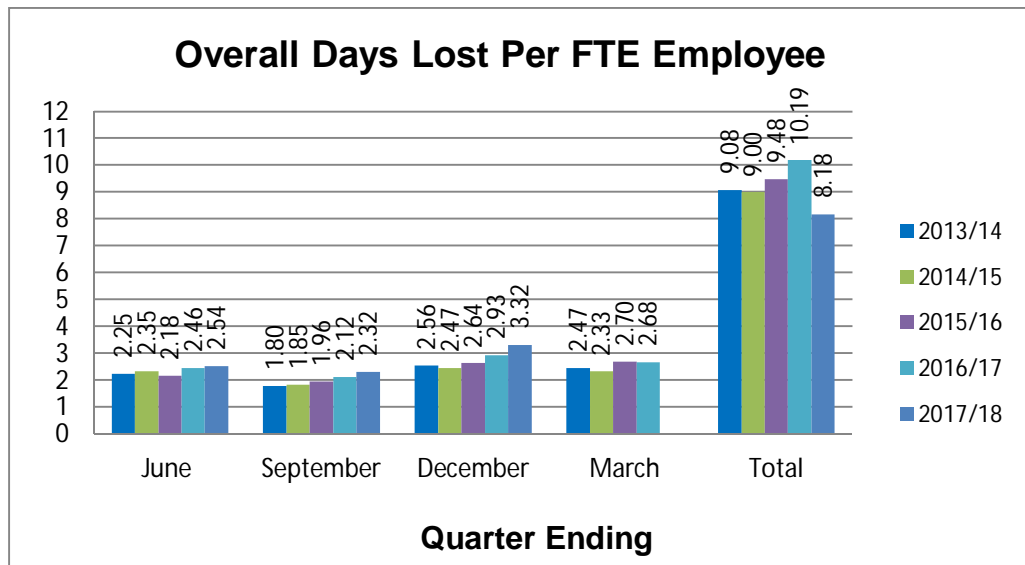
Service/Area	Quarter Ending December 2015	Quarter Ending 23 March 2016	Quarter Ending June 2016	Quarter Ending September 2016	Quarter Ending December 2016	Quarter Ending March 2017	Quarter Ending June 2017	Quarter Ending September 2017	Quarter Ending December 2017
Chief Executive's Services	0.67	0.77	1.17	1.82	1.72	3.41	1.78	2.90	2.16
Children's Services	2.20	2.50	1.85	1.16	2.29	2.17	2.07	1.35	2.35
Environment & Communities	2.88	2.79	2.96	2.49	3.75	3.34	3.67	3.28	4.33
Finance and Resources	2.69	2.73	2.02	2.29	2.59	2.37	2.29	2.16	2.20
Development and Housing Services	1.73	1.93	1.79	2.78	1.75	2.18	1.73	2.40	2.63
Health and Social Care Partnership	4.15	3.68	4.29	3.95	5.03	3.65	2.36	3.88	5.13
<b>Council Overall</b>	<b>2.64</b>	<b>2.70</b>	<b>2.46</b>	<b>2.12</b>	<b>2.93</b>	<b>2.68</b>	<b>2.54</b>	<b>2.32</b>	<b>3.32</b>
<b>Council Overall targets</b>	<b>2.69</b>	<b>2.69</b>	<b>1.79</b>	<b>1.79</b>	<b>2.69</b>	<b>2.69</b>	<b>1.79</b>	<b>1.79</b>	<b>2.69</b>

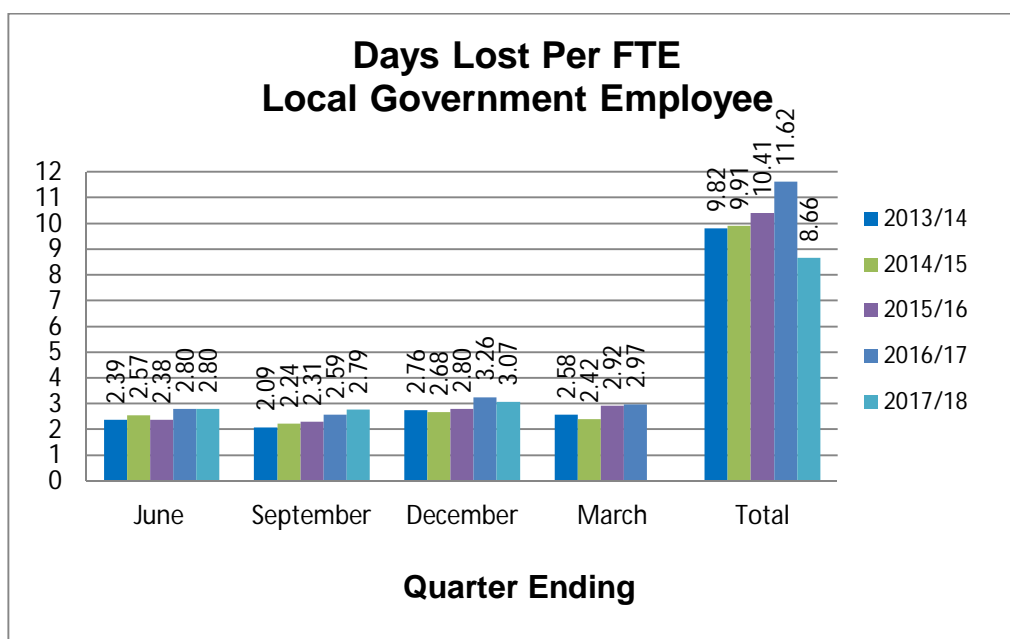
#### 5. Analysis and Trends - Quarters Ending 31<sup>st</sup> December 2015 to 31<sup>st</sup> December 2017

- 5.1 The number of days lost per FTE employee due to absence is as follows:-

Quarter ended	Days lost per FTE	Quarter ended	Days lost per FTE	Variance
December 2015	2.64	December 2016	2.93	+0.29
March 2016	2.70	March 2017	2.68	- 0.02
June 2016	2.46	June 2017	2.54	+0.08
September 2016	2.12	September 2017	2.32	+0.20
December 2016	2.93	December 2017	3.32	+0.39

- 5.2 The following tables detail the percentage absence levels by employee category for the quarter ending 3<sup>rd</sup> December 2017 namely: overall, teachers and local government employees.





## 6. Absence Targets Analysis: Quarter 2, ending 31<sup>st</sup> December 2017.

6.1 **Appendix A** details the absence performance of services, the Council overall and employee groups against the set absence targets for quarter ending 31<sup>st</sup> December 2017.

6.2 The Council has recorded an overall absence rate of 3.32 days lost per FTE employee, which is 0.63 days **above** the target figure of 2.69 days.

In addition the Teacher absence level of 2.07 days lost per FTE employee is 0.23 days below the target of 2.30 days.

The absence performance of Local Government employees at 3.70 days lost per FTE employee is 1.87 days **above** the target of 1.92 days.

## 7. Reasons for Absence overview

7.1 The illness categories with the highest level of absence, compared to the same quarter in the previous year are as follows:

Quarter Ending	Illness categories
December 2016	Musculoskeletal and Joint Disorders Psychological (non work related)
December 2017	Psychological (non work related) Musculoskeletal and Joint Disorders

7.2 To address Psychological (non work related) absences the Council continue to provide a range of support services that employees can be referred to at an early stage for assistance.

'timefortalking', the council's employee counselling service provider, continues to be utilised. The service operates a flexible approach to appointments offering telephone consultations in the early mornings or evenings as well as throughout the day and face to face sessions at their offices in Paisley. Some of the presenting issues to the service relating to Psychological (non work related) include;

- Loss/Bereavement
- Stress/anxiety/panic
- Depression/Self-worth
- Family Relationships

If an employee suggests to their manager that they are experiencing Psychological (non work related) issues then they should be provided with the timefortalking service information. The intention is to relaunch the service globally across the council to raise awareness amongst managers and employees that the service can be accessed, confidentially by telephone, 24 hours a day 365 days a year. We will do this by working in partnership with the communications team to ensure we can utilise all the mediums available, for example Renfo, Email, posters, payslips.

There are also Council policies, guidance and training to assist managers and employees that are specific to stress related issues.

HR and OD continue to investigate the possible options for further training and interventions available, which could be offered to employees as a proactive measure or for those who are currently experiencing non work related stress.

Areas which we have explored include, but not limited to;

- Using our current counselling provider to continue to deliver mindfulness courses;
- Working with RAMH and the Project Management Unit to deliver the Scottish Mental Health First Aider courses; and
- Working with the NHS Choose Life team to offer safeTalk and ASIST on suicide awareness and prevention.

HR and OD continue to work with our NHS colleagues to promote the "doing well" service which helps people with depression and low moods. Addiction Awareness Training will also be considered as part of the council's induction programme for managers.

7.3 In relation to addressing musculoskeletal and joint disorders the Council offers a physiotherapy service through the Council's Occupational Health Provider, and this service can be accessed by all employees.

As part of the Council's Health and Safety Management system, occupations which include manual handling activities as part of the role, the task risk assessments are reviewed on an ongoing basis to ensure that safe working practices are maintained.

## **8. Supporting Attendance Activity**

8.1 Recent and planned actions to improve absence performance include the following:-

- HR operational teams continue to work closely with service's management teams to identify areas that require greater support. This will result in strategies to support the employees in those areas to return to work.
- A review of the current supporting attendance policies covering all staff, including teachers continues. Meetings have taken place with the respective trades unions to ensure this is a fully collaborative process.
- HR operational teams continue to proactively contact and support managers who have absence cases of 2 to 4 weeks in duration, to monitor action taken to date and proposed next steps.
- Continued delivery of supporting attendance training at a corporate level for managers, with the provision of tailored training for managers and employees at a service level on request;
- Ongoing health promotion activities aimed at raising employee awareness of health issues continue.
- Ongoing work to improve the absence information available to managers and to streamline supporting attendance related processes to facilitate prompt absence reporting, recording and updating of relevant systems;
- Monthly meetings continue with Directors and their management teams to discuss their service's supporting attendance performance.

## **9. Costs of Sick Pay**

9.1 The costs associated with sick pay are provided to the Audit, Risk and Scrutiny Board. The table outlines the costs of sick pay by employee groups and overall:

Quarter/Year	Teachers (includes Supply Teachers)	All Other Employees	Overall
Quarter 1 of 2017/2018	£519,866	£1,323,694	£1,843,560
Quarter 2 of 2017/2018	£204,165	£1,128,009	£1,332,175
Quarter 3 of 2017/2018	£538,635	£1,470,938	£2,009,573
Year to date	£1,262,666	£3,922,641	£5,185,308

### Implications of this Report

- 1 **Financial Implications** - Improvement in attendance impacts on the financial costs of absence.
- 2 **HR and Organisational Development Implications** - HR and Organisational Development Practitioners will continue to work with service managers and consult with the Trade Unions, on the implementation of the Supporting Attendance at Work Policy and Guidance and initiatives detailed in this report.
- 3 **Community Planning**  
  
Children and Young People - none.  
  
Jobs and the Economy - none.  
  
Community care, health and wellbeing - provides for continuous improvement in health and attendance.  
  
Safer and Stronger - provides for improved service performance across the Council.  
  
Greener - none.  
  
Empowering our Communities - none.
- 4 **Legal Implications** - none.
- 5 **Property/Asset Implications** - none.
- 6 **Information Technology Implications** - none.
- 7 **Equality and Human Rights Implications** - none.
- 8 **Health and Safety Implications** - it is integral to the Council's aim of securing the health and well being of employees.

- 9      **Procurement Implications** - none.
- 10     **Risk Implications** - Without continued effective supporting attendance focus, there is a risk that sickness absence levels will adversely impact on the Council both financially and in terms of service delivery. Consequently supporting attendance activities are monitored via the Corporate Risk Register.
- 11     **Privacy Impact Implications** - none.
12.    **Cosla Policy Position** - none
- 

**List of Background Papers** - none.

The contact officer within the service is Steven Fanning, Principal HR and OD Adviser, telephone 0141 618 7284, e-mail [steven.fanning@renfrewshire.gov.uk](mailto:steven.fanning@renfrewshire.gov.uk)

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## **Index of Appendices**

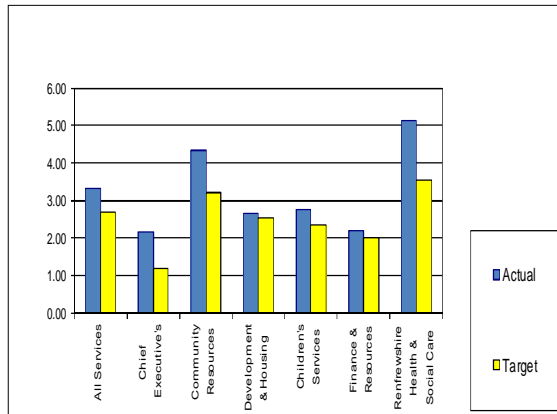
- |            |   |
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| Appendix A | Graphs detailing trends in service, Council overall and employee group absence levels against targets for 2017/18 |
|------------|---|





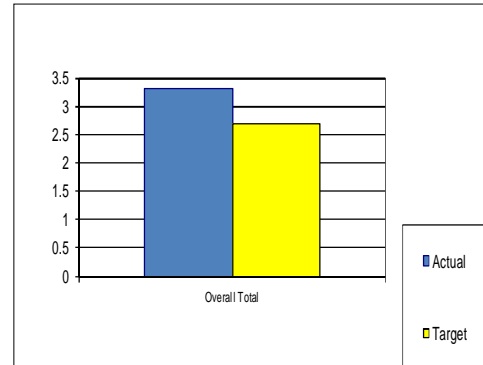
## PERFORMANCE V TARGETS 2017/2018

Quarter 3                      September 2017 - December 2017



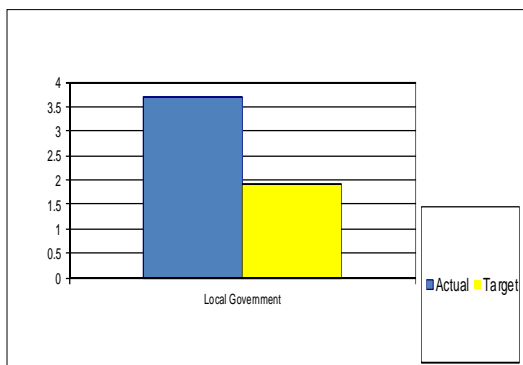
	Actual	Target	Difference
All Services	3.32	2.69	0.63
Chief Executive's	2.16	1.20	0.96
Community Resources	4.33	3.22	1.11
Development & Housing	2.63	2.53	0.10
Children's Services	2.74	2.35	0.39
Finance & Resources	2.20	2.00	0.20
Renfrewshire Health & Social Care	5.13	3.54	1.59

Quarter 3                      September 2017 - December 2017



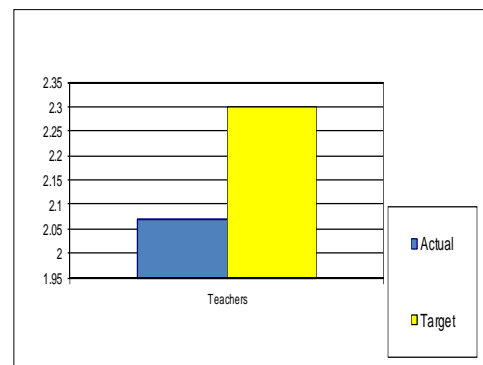
	Actual	Target	Difference
Overall Total	3.32	2.69	0.63

Quarter 3                      September 2017 - December 2017



	Actual	Target	Difference
Local Government	3.70	1.92	1.78

Quarter 3                      September 2017 - December 2017



	Actual	Target	Difference
Teachers	2.07	2.30	-0.23




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**To:            Audit, Risk and Scrutiny Board**

**On:            19 March 2018**

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**Report by:    Lead Officer**

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**Heading:    Fly tipping in the countryside and at known fly tipping spots**

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**1.            Summary**

- 1.1           This paper provides a report on progress made to date, covers matters arising from the previous report to the Board and introduces presentations from relevant Heads of Service and stakeholder input from representatives of the Williamsburgh Tenants & Residents Association (for Clarence Street).
- 

**2.            Recommendations**

- 2.1           The Board is asked to:
- note progress of the review and outcome of previous matters arising;
  - note presentations from the relevant Heads of service; and,
  - note input from Williamsburgh Tenants & Residents Association.
- 

**3.            Background and progress since previous meeting**

- 3.1           On 6 November 2017 the Board approved the scope of the review for fly tipping in Renfrewshire.
- 3.2           On 22 January 2018 the Board received a report which provided information on fly tipping in Scotland, fly tipping in Renfrewshire and causes of, and motivations toward fly tipping. At the meeting on 22 January a number of actions were agreed. Progress against each of these actions is set out in section 4 of this report 'Matters arising from the 22 January Board meeting.'
- 3.3           It was previously agreed that the Board should receive presentations from the relevant heads of service involved in the delivery of services to prevent, deter and detect fly tipping in Renfrewshire. Section 5 of this report introduces the joint presentation.

- 3.4 At the 22 January meeting, the Board requested that representatives from the residents and tenants association (covering Clarence Street), should be invited to the next meeting of the Board. Section 6 of this report sets out information provided by Diane Watt, Secretary for the Williamsburgh Tenants & Residents Association.
- 3.5 At a previous meeting of the Board it was requested that a representative from North Ayrshire Council be invited to attend the Board in order that the Board would understand how the council's practice in relation to fly tipping matters would compare with a neighbouring authority. The relevant Head of Service at North Ayrshire Council was invited to attend the 19 March meeting but was not in a position to do so. The Head of Service did however undertake to meet with the council's Head of Amenity Services and look at and share areas of best practice with each other.
4. Matters arising from the 22 January Board meeting
- 4.1 At the 22 January meeting it was agreed that:
- 4.1.1 a split of data be provided between rural and town complaints. Having enquired with the service responsible for collating the data, the Lead Reviewer learned that this would not be possible. The difficulty lies in the fact that data is obtained from two separate sources – the Lagan database and the Flare database. More specifically the Lagan dataset and spreadsheets do not contain columns with identified 'Eastings' and 'Northings,' required to map every incident onto the ArcGIS mapping system and subsequently identify which incidents would fall within each category i.e. urban or rural. The service department advised that although it would be possible to provide an idea of the relative urban/ rural split using only the Flare dataset, that dataset would only reflect approximately a third of all reported fly tipping complaints.
- 4.1.2 the Lead Officer would explore whether there was any data pertaining to fly tipping behind tenements. For the same reasons explained at 4.1.1 above, it is not possible to provide this data. There was added complexity as it was unclear which mapping 'layers' were available to assist in the identification of property types which would be required to identify tenement buildings.
- 4.1.3 the Lead Officer would provide data in an additional format in relation to the table outlined in paragraph 6.5 of the report to make it easier to note trends. The data had originally been presented as:

**Financial Yr. No. of fly tipping complaints received**

<b>2014/15</b>	Locus	Causeyside St, Paisley	Braehead Rd, Paisley	Clarence St, Paisley	Dunn St, Paisley	Candren Rd, Linwood
	No:	<b>21</b>	<b>16</b>	<b>16</b>	<b>14</b>	<b>13</b>
<b>2015/16</b>	Locus	Causeyside St, Paisley	Candren Rd, Linwood	Braehead Rd, Paisley	Moss Rd Linwood	Cartha Crsc, Paisley
	No:	<b>26</b>	<b>22</b>	<b>14</b>	<b>13</b>	<b>11</b>
<b>2016/17</b>	Locus	Wellmeadow St, Paisley	Moss Rd Linwood	Leitchland Rd, Paisley	Candren Rd Linwood	McKerrell St, Paisley
	No:	<b>34</b>	<b>33</b>	<b>18</b>	<b>16</b>	<b>15</b>

## Revised formats:

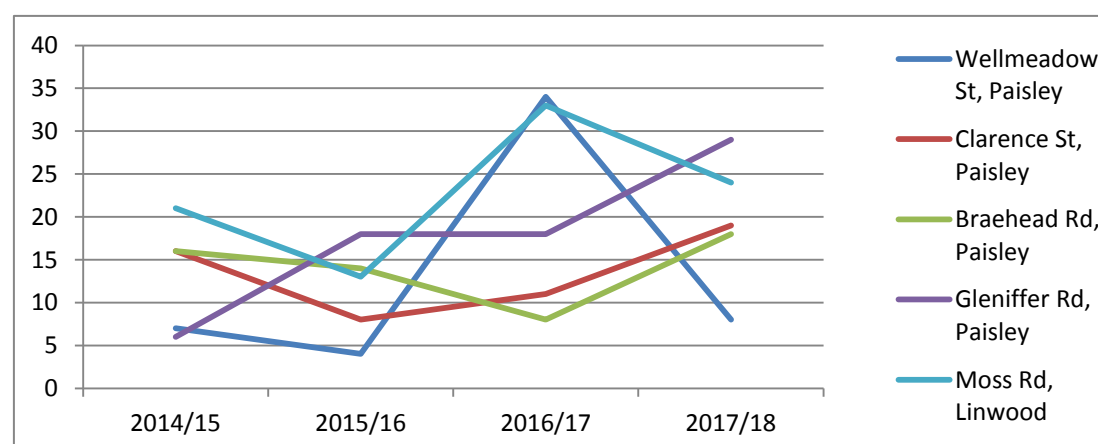
**Table 4.1.3a: All streets featuring in top five in the last 4 financial years**  
(to date)

Street	2014/15	2015/16	2016/17	2017/18
Braehead Road, Paisley	16	14	8	18
Candren Road, Linwood	13	22	16	8
Cartha Crescent, Paisley	6	11	4	0
Causeyside Street, Paisley	21	26	13	10
Clarence Street, Paisley	16	8	11	19
Dunn Street, Paisley	14	2	9	4
George Street, Paisley	10	8	12	16
Gleniffer Road, Paisley	6	18	18	29
Leitchland Road, Paisley,	11	11	18	7
McKerrell Street, Paisley	10	4	15	15
Moss Road, Linwood, Paisley	21	13	33	24
Wellmeadow Street, Paisley	7	4	34	8

**Table 4.1.3b: Movement across the financial years**  
(to date)

Street	2014/ 15	2015/ 16	2015/ 16	2016/ 17	2016/ 17	2017/ 18
Braehead Road, Paisley		-2		-6		+10
Candren Road, Linwood		+9		-6		-8
Cartha Crescent, Paisley		+5		-7		-4
Causeyside Street, Paisley		+5		-13		-3
Clarence Street, Paisley		-8		+3		+8
Dunn Street, Paisley		-12		+7		-5
George Street, Paisley		-2		+4		+4
Gleniffer Road, Paisley		+12		0		+11
Leitchland Road, Paisley,		0		+7		-11
McKerrell Street, Paisley		-6		+11		0
Moss Road, Linwood, Paisley		-8		+20		-9
Wellmeadow Street, Paisley		-3		+30		-26

**Table 4.1.3c: Streets with total >50 complaints AND no. 17/18 >14/15**



- 4.1.4 At the 22 January meeting it was agreed that a representative from the appropriate Tenants & Residents Association which covered Clarence Street, Paisley would be invited to the Board to give evidence. The secretary of the TRA accepted the invitation to attend the 19 March board meeting.
- 4.1.5 At the 22 January meeting it was agreed that the Lead Officer would confirm if CCTV was present in Clarence Street and McKerrall Street, Paisley and check if there was any relationship/ correlation between CCTV use and fly-tipping behaviour.

It was confirmed that there are no CCTV cameras covering Clarence Street and McKerrall Street.

Regarding CCTV use and fly tipping behaviour, the Zero Waste Scotland report provided to the Board in January referred to CCTV as a means of detecting rather than deterring fly tipping. The Lead Reviewer also accessed a [Hillingdon Borough paper on fly tipping](#) which looked into the effectiveness of the use of CCTV for fly tipping and while fixed cameras did reduce the amount of fly tipping in certain locations, it could not eliminate it completely. Hillingdon Borough believed that prosecutions had dropped for reasons including:

- offenders conceal their identity, so that visual recognition is difficult
- CCTV images are only rarely useful as evidence without supporting evidence
- identification by CCTV image is quite easily refuted by the defence as not being clear enough, especially if hoods or hats are being worn
- even if a facial image is good, it may not lead to the identity of the offender without additional information such as a registration number
- vehicles frequently have false number plates, so when there is an image of a registration plate this often does not lead to the identification of the offender
- fly tipping occurs in an increasingly wide range of locations such as garages and alley ways and it is not possible to cover all of them with cameras

In Hillingdon Borough's case they responded by using portable CCTV – stating it was useful at locations for a short period, to deter further fly tipping, but there were also limitations.

- 4.2 Subsequent to the 22 January 2018 meeting, the Lead Reviewer was asked if she could provide information regarding the types of materials being fly tipped at relevant locations (those listed in Table 4.1.3a). Appendix 2 provides a table of this information.

## 5 Joint presentation by relevant Heads of Service

- 5.1 A presentation will be delivered by Mr Gordon McNeil, Head of Amenity Services (in respect of waste services) and by Oliver Reid, Head of Public Protection (in respect of the Community Wardens service). Copies of the presentation slides are provided in Appendix 3; the presentation covers the national and local situation, the role played by Environment & Community Services and future plans.

- 5.2 Both council officers will be happy to answer any questions that the Board

may have at the end of their joint presentation.

## 6 Information from Williamsburgh Tenants & Residents Association

6.1 The Lead Officer is grateful to Diane Watt, Secretary of Williamsburgh Tenants & Residents Association for agreeing to attend the Board meeting to provide information to the Board from the perspective of residents living in or around Clarence Street. Diane is joined by Jean Easdon and Annette Henderson, committee members for the Association. The key messages that the TRA wishes to convey are:

- there has been an increase in the number of fly tipping incidents;
- the types of items being fly tipped include suites and mattresses;
- the fly tipping is not being carried out by local residents;
- vans and cars arrive in the area to fly tip when caretakers are not present; and,
- the wardens service provided by the council is very helpful; having the team phone number means residents can easily call for help to clear away the items and the team responds quickly.

## 7 **Next steps**

7.1 In line with the scope of the review agreed by Board, the next area of focus will be on fly tipping prevention and detection activities being taken forward elsewhere, particularly by other partner organisations and other local authorities. Invitations to attend the 29 May Board meeting have been issued to Zero Waste Scotland, SEPA and Police Scotland. Zero Waste Scotland have confirmed their attendance and invitations have been followed up again with SEPA and Police Scotland.

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## Implications of the Report

1.	Financial	- none
2.	HR & Organisational Development	- none
3.	Community Planning	- none
4.	Legal	- none
5.	Property/Assets	- none
6.	Information Technology	- none
7.	Equality & Human Rights	- none
8.	Health & Safety	- none
9.	Procurement	- none
10.	Risk	- none
11.	Privacy Impact	- none
12.	COSLA implications	- none

## List of Background Papers

- (a) Audit, Risk and Scrutiny Board Annual Programme approved 28/08/2017
- (b) Lead Officer Report – Fly Tipping, Report 01, 06/11/2017
- (c) Lead Officer Report – Fly Tipping, Report 02, 22/01/2018

The foregoing background papers will be retained within Finance and Resources for inspection by the public for the prescribed period of four years from the date of the meeting. The contact officer within the service is Karen Locke, Risk Manager, 0141 618 7019

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## **Appendix 1 Review Timetable**

<b>Date of Board Meeting</b>	<b>Stage of Review</b>
<b>06 November 2017</b>	Commencement of review
<b>22 January 2018</b>	Continuation of review
<b>19 March 2018</b>	Continuation of review
<b>29 May 2018</b>	Continuation of review
<b>27 August 2018</b>	Draft report to Board
<b>27 September 2018</b>	Final report to Council

## Appendix 2 Types of Materials Fly Tipped at known hotspots

Location	2014/15	2015/16	2016/17	2017/18
Braehead Road, Paisley	Black bags, construction waste, household waste, mattresses	Tyres, sofa, construction waste, grass cuttings, household waste	Household waste, wood and decking panel, toilet, tyres	Construction materials, electrical waste, household waste, grass cuttings, and tyres
Candren Road, Linwood	Household waste and construction demolition waste	Household waste including bedding	Household waste and construction demolition waste	Household waste including white goods
Cartha Crescent, Paisley	Household waste, black bags	Household waste and construction demolition waste	Household waste	-
Causeyside Street, Paisley	Black bags, household waste	Black bags, household waste	Black bags	Black bags
Clarence Street, Paisley	Sofas, asbestos, black bags, carpets and underlay, household waste including white goods	Household waste, white goods, wood, fridge freezer, double bed	Household waste, black bags, mattresses, white goods	Household waste, white goods, black bags, sofa
Dunn Street, Paisley	Household waste, sofas, mattress, television	Not specified	Black bags, electrical, household waste,	Household waste, mattress
George Street, Paisley	Household waste, fridge freezer, tv, armchair	Household waste	Black bags, clothing, piano, sofa	Construction demolition waste, household waste, mattresses, wood and pallets
Gleniffer Road, Paisley	Electrical, tree cuttings, household waste, white goods	Asbestos, black bags, construction demolition waste, household waste, mattress, tyres	Asbestos, black bags, construction demolition waste, household waste, tree cuttings	Wheelie bins, black bags, asbestos, bread crates, construction demolition waste, household waste, tree cuttings
Leitchland Road, Paisley	Black bags, construction demolition waste, household waste, tyres	Electrical goods, household waste, trampoline, tyres	Commercial food waste + not specified	Fridge, household waste, mattress
McKerrell Street, Paisley	Couch, household waste, television	Armchair, bed, black bags, household waste	Household waste, black bags	Black bags, electrical, fridge, household waste
Moss Road, Linwood	Construction demolition excavation waste, tree cuttings, household waste, tyres	Blacks bags, white goods household waste	Household waste, tree cuttings, tyres	Construction demolition excavation waste, asbestos, sofa, tyres
Wellmeadow Street, Paisley	Black bags, household waste	Black bags	Not specified	Bed base, mattresses, household waste

Slide 1

# Audit, Risk and Scrutiny Board

19 March 2018

## Fly tipping in Renfrewshire Key Messages




The slide features a decorative footer with a wavy, layered design in shades of purple and pink. The Renfrewshire Council logo is positioned in the bottom right corner of this design.

Slide 2

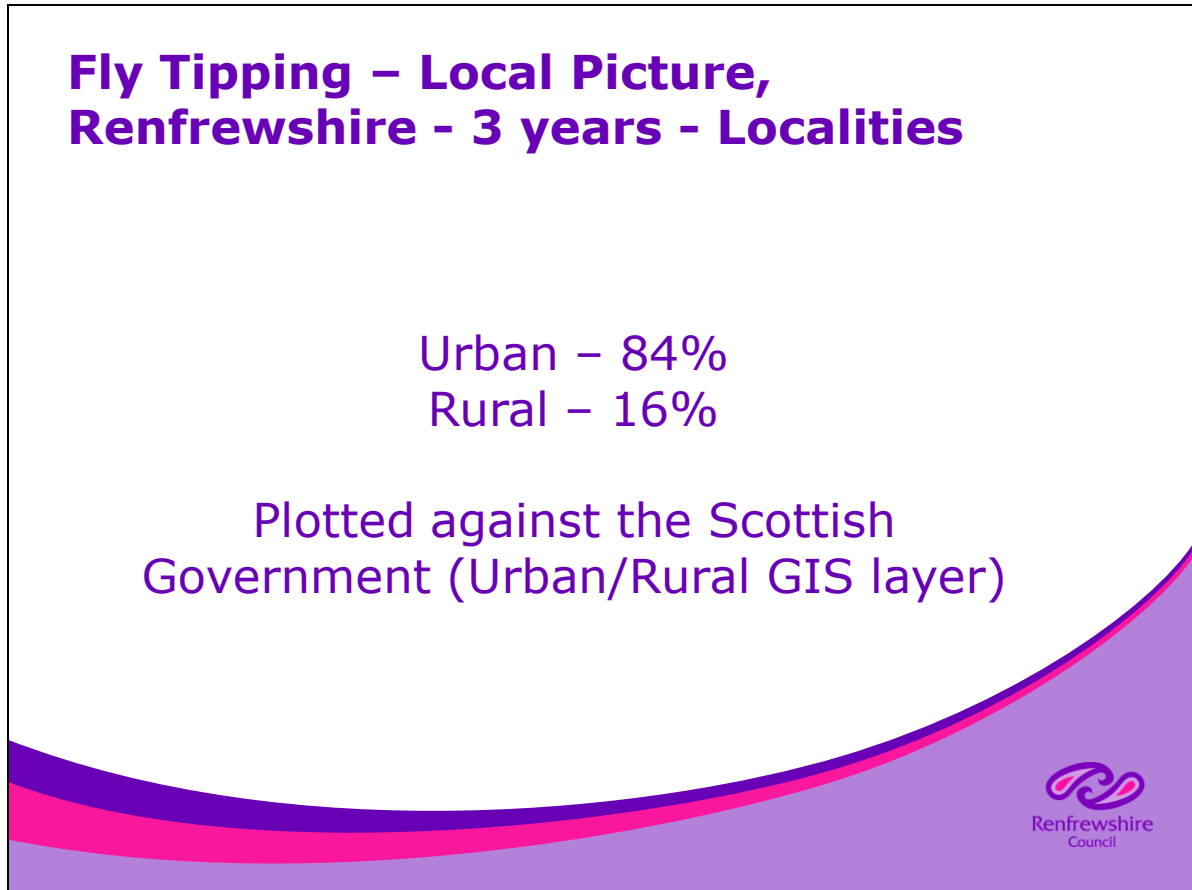
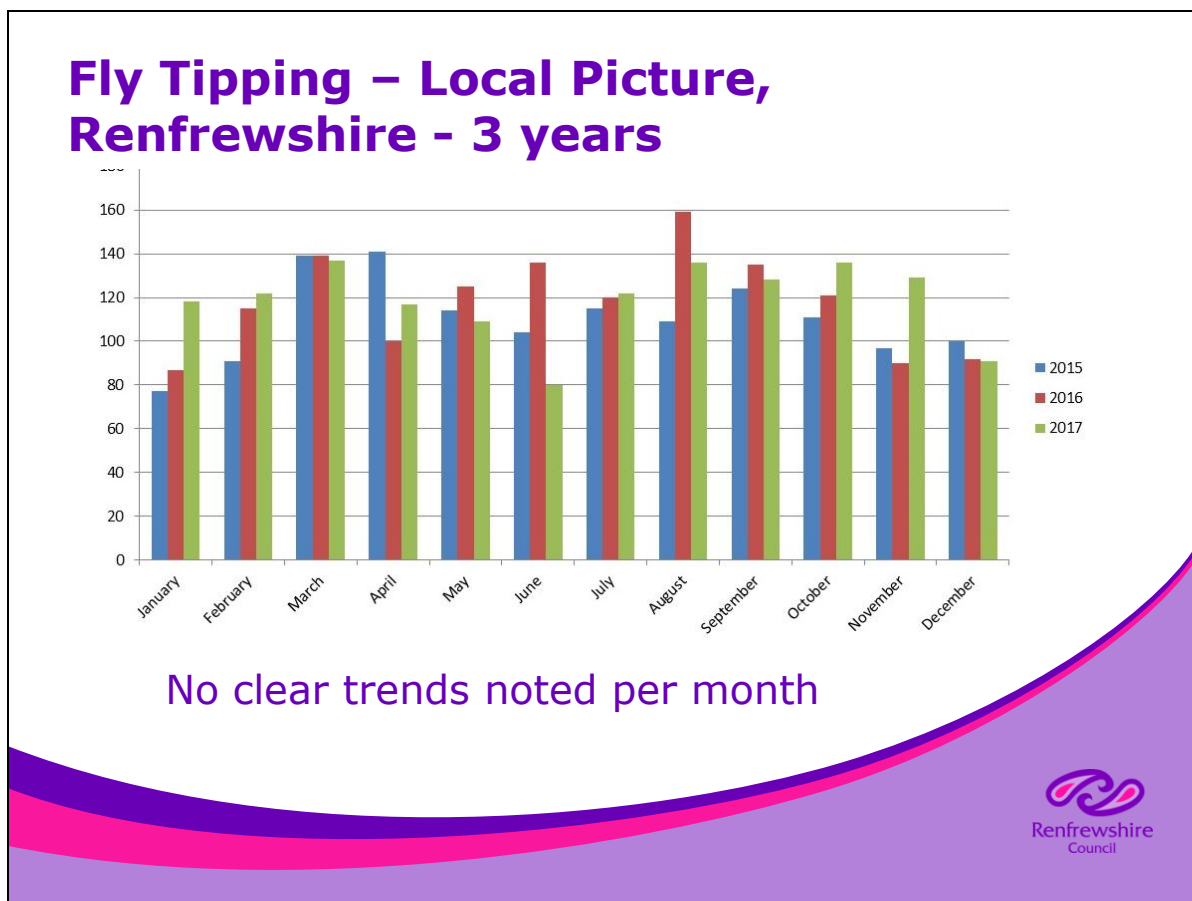
## Fly Tipping – National picture

A National Problem:

- 170 instances of reported flytipping across Scotland every day, approximately 61,000 per annum (Keep Scotland Beautiful)
- 26,000 tonnes of flytipped waste per annum, costing an estimated £8.9 million (Zero Waste Scotland)



The slide features a decorative footer with a wavy, layered design in shades of purple and pink. The Renfrewshire Council logo is positioned in the bottom right corner of this design.



## Fly Tipping – Local Picture

- Data analysis shows 1,426 reported incidents of flytipping in 2017:
  - 312 recorded as Household Waste
  - 294 recorded as flytipping
  - 85 black bag waste
  - 70 construction materials
  - 45 white goods
  - 39 tyre deposits
  - 149 recorded as other



## Fly Tipping – Role of Environment & Communities

- Prevention & Enforcement – Public Protection
- Removal & disposal – Amenity Services (Waste & Streetscene)
- Services work together and there is cross over of work e.g. Rapid Response Team also remove




## Fly Tipping - Public Protection Role

**Prevention by:**

- Visiting fly tipping hot spots and trying to implement measures to prevent further fly tipping:
  - Barriers
  - Signage
  - Overt and covert CCTV
- Visit every fly tipping complaint to assess for evidence of where it came from – people know what we are looking for!

**Enforcement by:**

- Local Authorities – Renfrewshire Wardens on behalf of Environment & Communities
- Scottish Environment Protection Agency (SEPA) for larger scale fly tipping (liaison with Council)
- Landowners also have a responsibility to remove fly tipping
  - 67% Council owned land
  - 33% privately owned land



## Fly Tipping - Public Protection Role

**Prevention / Enforcement - Renfrewshire Wardens**

- Visit hotspot areas whilst on routine patrols
- Investigation and enforcement where appropriate

**Removal and Enforcement**

Rapid Response Team (RRT) Renfrewshire Wardens

- Visit fly tipping complaints
- Enforce where evidence is found
- Liaise with businesses regarding Trade Waste
- Liaise with landowners when fly tipping on their land
- Remove small volumes of fly tipping
- Work with Amenity Services for larger scale fly tipping
- Work with communities to identify and clear fly tipping



## Fly Tipping - Amenity Services Role

### Removal and Disposal:

- Visit fly tipping and remove from Council owned land
- Dispose of waste via Linwood Transfer station
- Put in place barriers to prevent fly tipping e.g. cutting of grass, lighting, re-aligning roads etc.



## Fly Tipping - Future

- Targeted Tasking/enforcement – more RRT
- Easier Reporting - Lagan being replaced by Firmstep - "Report-it" App offers web-based platform for customers and staff to record flytipping
- Easier Reporting - Flymapper: Zero Waste Scotland App feeds into national picture and directs national resources and priorities
- Partnership working – meeting being arranged with SEPA and Zero Waste Scotland (ZWS) to discuss benefits of joint approach & engaging communities
- Household Waste Recycling Centre - Permit Scheme proposal for householders










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**To:     AUDIT, RISK AND SCRUTINY BOARD**

**On:     19 MARCH 2018**

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**Report by:    LEAD OFFICER**

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**Heading:      REVIEW OF HOUSING REPAIRS BY COUNCIL AND OUTSIDE CONTRACTORS**

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**1.             Summary**

- 1.1           This paper updates progress on the review of Housing repairs by both Building Services and outside contractors as agreed as part of the Audit, Risk and Scrutiny Board's annual programme of activity for 2017/18.
- 1.2           As previously agreed by the Board, the scope of the review was to identify the current processes in place to monitor and ensure high quality of works are applied to repairs with the key purpose being to ensure that repairs to Council housing stock are completed timeously and within set targets; properties are not left in a dangerous condition; that satisfactory monitoring and evaluation of repairs is undertaken and that there are measures in place to address unsatisfactory works by both external contractors and Building Services.
- 1.3           In order to benchmark, the Lead Officer made contact with East Ayrshire, North Ayrshire and Dundee City Councils. These Councils have similar overall housing stock numbers to that of Renfrewshire and provide a repairs service to residents.
- 1.4           Information was gathered on how repairs are monitored for quality and customer satisfaction levels, which provides an indication of how the customer perceives the service. This information has been compared, as far as is possible, with that from Renfrewshire Council.
- 1.5           In comparison to North Ayrshire and Dundee City Councils Renfrewshire Council's repairs service is performing reasonably well and is similar in terms

of performance and service delivery. However, the model of delivery in East Ayrshire Council has been redesigned and is providing enhanced levels of customer satisfaction. It is recommended that the Board may benefit from understanding this model in more depth.

- 1.6 Information on the repairs service from North Ayrshire and Dundee City Councils has been provided and is included within Appendix 2 of this report.
- 1.7 The Housing Asset Services Manager for East Ayrshire Council has confirmed attendance at the next meeting of the Audit, Risk and Scrutiny Board where he will provide an overview of the Repairs Service and be available to answer any questions from members of the Board.

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## **2. Recommendations**

- 2.1 The Audit, Risk and Scrutiny Board is asked to:
- Note the content of this report and agree the initial findings as set out in Section 3 of this report;
  - Agree the next steps for the review process as set out in Section 4 of this report;
  - Agree the attendance of Senior Officers from Development & Housing Services and Environment & Communities to the Board meeting on 29 May 2018.

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## **3. Key Points**

- 3.1 The key points to date in the review of housing repairs by Council and External Contractors are:
- Renfrewshire Council's repairs service is operating reasonably well and is based on similar delivery processes to that of North Ayrshire and Dundee City Councils. Renfrewshire's customer satisfaction level was 91.7% for 2016/17.
  - There are a number of properties within Renfrewshire which appear to be resource intensive with high numbers of repairs being necessary during the last financial year.
  - East Ayrshire Council operates a redesigned delivery model which appears to have, for that area, delivered significant improvements to the repairs service, customer journey and satisfaction levels (98.7%).

- Customer satisfaction levels for the three benchmarked Councils and Renfrewshire Council have been calculated in accordance with Scottish Housing Regulator requirements.
- 

#### **4. Next Steps**

- 4.1 Work is currently underway between Officers within Development & Housing Services and Environment & Communities to change how repairs are delivered, which will improve how the service is delivered to tenants within Renfrewshire, with the aim of improving the customer journey and experience whilst also realising efficiencies within the service.
- 4.2 It is proposed that specific areas of interest identified within the Council's repairs process be further scrutinised and reported to the next meeting of this Board, including:
- The overall customer journey from first contact with the Council to a repair being satisfactorily completed;
  - Identifying root causes of requirement for high number of repeat visits to property;
  - Consideration of Improvements to ICT systems which will reduce duplication of works in the repairs process.
- 4.3 Senior Officers from Development & Housing Services and Environment & Communities will also attend the next meeting of the Audit, Risk and Scrutiny Board to discuss in detail within the points at Section 4. Presentations will be provided in advance, allowing elected members the opportunity to consider any questions they may wish to explore further.
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#### **5. Background**

- 5.1 The Audit, Risk and Scrutiny Board agreed that the Review of Housing Repairs by both internal Building Services and outside contractors is progressed and approved the Lead Officer making contact with Tenant and Residents Associations and other Councils to evidence the quality of repairs which are routinely undertaken on behalf of tenants.
- 5.2 Feedback from Tenant and Residents Associations was presented to the Audit, Risk and Scrutiny Board meeting on 24 January 2018, where there was general consensus that repairs were of a good quality, with little negative feedback from those Tenant and Residents. Confirmation has been obtained that Williamsburgh Tenant and Residents Association have been invited to

attend the Council Wide Tenant Forum meetings. Williamsburgh Tenant and Residents Association will also be attending future meetings of the Council's Repairs Development Group.

- 5.3 The Council areas of Dundee City, East Ayrshire and North Ayrshire were selected on the basis that they have similar overall numbers of housing stock to that within Renfrewshire. Responses to questions have been received from each of these authorities and statistical information regarding their repairs service and customer satisfaction is included within Appendix 1, with the other information from responses being included within Appendix 2. The Lead Officer has also visited East Ayrshire Council to discuss the repairs process in greater detail and the main points from this information gathering process are outlined in sections 5.7 and 5.8 of this report.
- 5.4 It is evident from the information obtained that the current repairs process within Dundee City Council and North Ayrshire Council are undertaken in a similar delivery model to that which exists at this time within Renfrewshire. However, East Ayrshire Council has, some time ago, adopted a redesigned business model and subsequently noted a significant improvement in their customer journey with evidence of improvement in customer satisfaction with measurable reductions in repeat visits; also delivering efficiencies within the service.
- 5.5 Consideration of repairs processes with the benchmark Councils has shown that Renfrewshire Council is performing relatively well and for the majority of repairs, there does not appear to be issues or concerns. However, when there are a number of properties requiring multiple visits over a twelve month period, it is possible that there could be issues under some circumstances and this requires to be further explored.
- 5.6 From review of the number of repeat visits required, it is evident that there are a small number of properties within Renfrewshire placing very high demand on the service i.e. these required in excess of 15 visits for repairs during the 2016/17 financial year. Whilst this appears also to be the case with Dundee City Council, it does not appear to be so for East Ayrshire Council. Renfrewshire had 231 such properties compared with 58 in East Ayrshire Council.
- 5.7 **Renfrewshire Council Repairs Process**
- 5.7.1 Renfrewshire Council has 12,220 properties within its current stock and approximately 70% of these are tenement or flatted property, The Council's repairs service is delivered by both Building Services, within Environment & Communities and external contractors, for Development and Housing Services.

- 5.7.2 Requests for repairs are made through the Council's Customer Contact Centre with a small number also being received through the RenRepairs App. The majority of repairs (approximately 80%) are carried out through an appointments system to maximise the opportunity for tradespersons to access the property at the first visit. Some repairs, not requiring access to the property such as roof/gutter repairs are not appointed but will be undertaken within the target timescales which are detailed within the Repairs Policy.
- 5.7.3 Building Services undertake various forms of monitoring of the quality of repairs to ensure they are of a satisfactory standard with on site and post-repair inspections undertaken on a random sample basis by Building Services Clerk of Works. The Customer Contact Centre carry out telephone surveys with 10% of tenants to monitor their satisfaction. The Council also participates in robust benchmarking with other social landlords through independent organisations including the Best Value Housing Network, Housemark and APSE. A high customer satisfaction survey rate of 91.7% would appear to reflect that repairs are being carried out to a high overall standard.
- 5.7.4 Building Services currently track all repairs undertaken by individual tradespersons and where complaints have been made or poor quality workmanship identified through post-inspection, the individuals concerned can be identified and quality issues addressed to prevent a recurrence of the situation.
- 5.7.5 External contractors are bound to contractual terms and conditions when undertaking repairs on behalf of the Council and these include relevant penalty clauses in relation to both performance of the contractor and quality of repairs carried out, with all contracts being awarded through the Council's procurement process.
- 5.7.6 Where repairs extend beyond one working day, Building Services and external contractors are expected to ensure that property is safe for occupancy overnight to ensure that tenants are not put at risk of harm. Discussion with Senior Officers have confirmed that there is no evidence to suggest that properties are being left in an unsafe condition and furthermore, a 24 hour out of hours emergency response service is in place should there be a need to implement these.
- 5.7.7 During the 2016/17 financial year, Renfrewshire Council recorded that there were 1936 properties which didn't require any repairs; 7285 requiring one to five repairs; 2114 requiring six to ten repairs; 568 properties requiring 11 to 15 repairs and 231 properties where greater than 15 repairs were required over the year. It appears that as a result of Scottish Housing Quality Standards (SHQS) investment works, Renfrewshire Council has seen a downturn in the number of reactive repairs being undertaken over recent years, with 65,701 being carried out in 2014/15 compared with 54,276 in 2016/17.

## **5.8 East Ayrshire Council**

- 5.8.1 Until 2010, East Ayrshire Council's Building Services operated as a Direct Labour Organisation (DLO) to their Housing Service, providing the repairs service for their Housing Department. At this time the DLO Service was producing a £2million profit per annum for the Council, however it was considered that the service was no longer fit for purpose, and a decision was taken to create a single business unit, Housing Asset Services.
- 5.8.2 A significant amount of work was undertaken, principally around cultural changes within the tradespersons and inspectors working within the new service to drive improvements and efficiencies. The former housing Inspectors and Repairs and Maintenance Officers were re-profiled into Housing and Maintenance Officer Roles who were given ownership of repairs from allocation to completion. This removed duplication in both former roles inspecting works in advance of repairs being carried out and lines being issued and re-issued. Customers are provided with a named contact for all aspects of their repair and there is a sense of personal responsibility with the Housing and Maintenance Officers for ensuring that the repairs are carried out right first time, as far as is possible. Tradespersons have also been allowed autonomy to undertake any similar repairs which either they identify at the time of their visit, or at the request of tenants. This removes the need for the tenant to report another repair, reducing the need for further visits; increasing efficiencies, reducing return visits to the same property for similar works and ultimately improves the customer journey.
- 5.8.3 A greater emphasis on having fixed specifications for fixtures and fittings within Council housing stock has improved efficiencies within the Service as there is a reduced range of replacement parts/fittings which require to be stocked both in stores and on trades' vehicle; there being less likelihood of a tradesperson attending a visit without the correct part, removing the requirement for multiple visits; all of which improves the customer experience and service delivery for the tenant.
- 5.8.4 A combination of improvements to how repairs are notified, managed and undertaken along with the improvements in routine stock maintenance would appear to be the reasons for this year on year reductions in reactive repairs. A high customer satisfaction survey rate of 98.7% would appear to reflect that repairs are being carried out to a high overall standard.
- 5.8.5 From the information submitted by East Ayrshire Council, the greatest number of properties requiring repairs during the financial year 2016/17 had between one and five repairs but there were 58 properties where greater than 15 repairs were required over the year.

## 5.9 **North Ayrshire Council**

- 5.9.1 North Ayrshire's Housing Repairs are undertaken by both external contractors and their Building Services team to deliver the repairs service for their Housing Department. The Building Services team carry out all reactive repairs, void works, planned maintenance, aids and adaptations works.
- 5.9.2 North Ayrshire Council utilise a calls diagnostic tool to identify the type of repair required and prioritises this in line with their repairs policy e.g. emergency repair requiring immediate attention through to planned repair works. Once the repair has been diagnosed by the call centre, this is passed to Building Services who have a dedicated Response Unit which is responsible for all reactive repairs. Non-emergency repairs are inspected prior to the works being undertaken to ensure that plant, access equipment, materials and time allocated are accurate before the job is appointed to a tradesman. All other repairs are appointed by a job planner, utilising a mobile scheduling system to plan and manage repairs through electronic real time diaries.
- 5.9.3 All reactive repairs are completed directly by the operatives using stock carried in their vehicle. Once the job is categorised, it is allocated to the nearest and most suitable operative; scheduled through their mobile scheduling system. Field operatives use Personal Digital devices with Touch software installed to receive all works, complete risk assessments, complete time sheets, complete follow up forms and carry out van checks. All information passed out to and from the mobile scheduling system is managed via a housing management system which is updated with start, finish times, schedule of rates, materials to ensure that all job information is captured.
- 5.9.4 Building Services carry out quality checks on both internal trades and sub contracted works. Internal work is selected randomly and inspected by contract supervisors at the rate of three per week. Last year 4,421 checks were carried out to ensure that repairs had been completed to a satisfactory level, with the inspections being undertaken by sub-contractor supervisors, Building Services Inspection Team and trades' supervisors. Sub-Contracted works are inspected based on a value/cost basis, with 25% inspected below the value of £200, 40% between £200 - £300, 60% between £300 -£500 and a 100% check above £500. Where a sub-contractor does not meet quality standards or has underperformed, payment is delayed or a credit note is requested and all works are required to be made good at no additional costs to the client. As a result of this, North Ayrshire do not record data on failures as quality checks are not finalised until all remedial work has been undertaken.
- 5.9.5 North Ayrshire Council undertake customer satisfaction surveys with satisfaction cards being sent to tenants who have had a reactive repair completed within each quarter. In addition, customer satisfaction calls are

carried out on a 10% ratio of completed repairs. Figures obtained from North Ayrshire Council indicate that 11,000 tenants were surveyed and 730 responses were received from tenants who had a reactive repair carried out within their property (the 11,000 tenants surveyed will include all works undertaken within property e.g. planned repairs, right to repairs aid and adaptation works) . A high customer satisfaction rate of 93% would indicate that the service is performing well and that there does not appear to be significant issues with their repairs service.

## **5.10 Dundee City Council**

- 5.10.1 Dundee City Council's Housing repairs service is provided along similar lines to that within Renfrewshire whereby their Construction Service undertakes the majority of repairs for their Housing Service with some specialist repairs being contracted out to private companies e.g. controlled entry repairs and lift maintenance works.
- 5.10.2 Dundee City Council has what they consider to be an older stock profile with a high percentage of tenement and other flatted dwellings, accounting for approximately 74% of their total stock, with 11 multi –story buildings. This is thought to be, in part, responsible for the relatively high number of repairs being undertaken annually. Within these figures there are a significant number of void properties (approximately 20%) being brought up to standard for re-letting where there is minimal works required which, as a consequence of their system being unable to differentiate these, has inflated the overall volume of repairs.
- 5.10.3 Dundee monitors the effectiveness of their repairs service through their repairs partnership board and the Council's Best Value Review Group. Tenant satisfaction surveys are undertaken by phone call with random samples post repair works having been carried out. There are also post repair inspections undertaken by trades' supervisors on a random sample basis to measure the quality of work along with any repair which has resulted in a complaint or report that the works are unsatisfactory. At this time there are no penalties applied to works which are considered to be unsatisfactory however the partnership arrangement is currently being reviewed. Customer satisfaction levels with the repairs service is at 95.3% for 2016/17 and the percentage of repairs completed Right First Time is 73.7%.
- 5.10.4 From the information submitted by Dundee City Council, the greatest number of properties had between one and five repairs during the 2016/17 year but there were over 200 properties where greater than 15 repairs were required over the year.
- 5.10.5 For the current 2017/18 financial year, Dundee have re-categorised repair types to reflect a better balance between emergency and non-emergency



works whereby remedial works undertaken as a result of an emergency repair had until this time been included within the emergency repair category.

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## **Implications of the Report**

1. **Financial** - none
  2. **HR & Organisational Development** - none
  3. **Community Planning** - none
  4. **Legal** - none
  5. **Property/Assets** - none
  6. **Information Technology** - none
  7. **Equality & Human Rights** - The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
  8. **Health & Safety** - none
  9. **Procurement** - none
  10. **Risk** - none
  11. **Privacy Impact** - none
  12. **Cosla Policy Position** - none
- 

## **List of Background Papers - none**

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**Appendix 1- Customer Satisfaction Comparison with Selected Councils (2016/17  
Scottish Housing Regulator Returns)**

	<b>Renfrewshire</b>	<b>East Ayrshire</b>	<b>North Ayrshire</b>	<b>Dundee</b>
Housing Stock Numbers	12,220	12,529	12,986	12,582
% of Flats in Housing Stock	71%	44%	37%	74%
No. Reactive Repairs completed 2016/17	54,276	38,498	32,085	54,247
Repairs by Trade				
Electrics	8,728	5698	8866	10,221
Gas	15,149	10,748	9245	11,251
Glazier	907	1147	440	636
Joiner	8,447	6943	7568	12,194
Painter	537	81	1	1179
Plumber	13,140	9273	1626	12,245
Sub Contract	948	175	310	0
Scaffolding	12	0	N/A	581
Ext Building	2641	3057	3047	2396
Plaster Works	1,232	1096	620	932
Other	2435	280	362	2612
Total	54,176	38498	32,085	54,247
Average Cost of Repairs (excluding Programmed Repairs)	£80.10	£61- for emergency repairs	£80.19 Emergency £81.92 non-emergency	£101.82 for all repair types
Average Cost of Repairs (including Programmed Repairs)	£216.29	£94.60	N/A	N/A
Number of Tenants Surveyed	4898 (telephone Survey)	N/A	11,000	428 (telephone survey)
Number of Tenant Responses	4898	2641	730	428
% Repairs Completed Right First Time	94.8%	84.6%	98.4%	73.7%
% Satisfaction with Repairs	91.4%	98.7%	93%	95.3%



## Appendix 2- Council Responses to Information Requests for the Review

### East Ayrshire Council

Information within this report was obtained through discussion with Derek Spence, Housing Asset Services Manager for the Council.

### North Ayrshire Council

Question No	Question	Response	Queries/Issues
1	Would you be able to provide a copy of your housing repairs policy?	Yes, copy provided.	
2	Do you use in-house staff to undertake repairs within council stock or is this contracted out? It would be useful if you could provide some details on how your repairs service is delivered?	<p>Building Services is North Ayrshire Council's in house building and maintenance service provider. Building Services carry out all reactive repairs, void works, planned maintenance, aids and adaptations and programmed works (kitchens, bathrooms, windows). There are certain types of work that will be contracted out, this would be mainly specialised types of works. To help deliver the repairs service, all calls are centralised through the corporate call centre. From this call a diagnostic system is used to identify a repair and prioritise it in line with the Housing Repair Policy. The repairs policy has defined the following categories of repairs:</p> <ul style="list-style-type: none"> <li>• Emergency – 4 hours</li> <li>• Right To Repair – 1/3/7 days</li> </ul>	

		<ul style="list-style-type: none"> <li>• Non-Emergency – 7 working days average</li> <li>• Planned – 60 working days</li> </ul> <p>Once the repair has been diagnosed and prioritised by the call centre, this is passed to Building Services. We have a dedicated Response Unit which is responsible for all reactive repairs. All repairs with a target of 7 days or more are scoped by our in house inspection team to ensure that plant, access equipment, materials and time allocated are accurate before the job is appointed to a tradesman.</p> <p>All other repairs are appointed by our Planners who use a mobile scheduling system (Opti Time) to plan and manage repairs through electronic “real time” diaries. All reactive repairs are completed directly by the operatives using the imprest stock carried in their vehicle. Once the job arrives in Opti Time, the planners allocate it to the nearest and most suitable operative; this is scheduled through Opti Time. The repair is then allocated to the operative through Opti Time and picked up through the mobile solution provider 1<sup>st</sup> Touch. The operatives in the field use PDA devices with the 1<sup>st</sup> Touch software installed to receive all works, complete</p>	
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		<p>risk assessments, complete time sheets, complete follow up forms and carry out van checks etc. All information passed out to and from Opti Time and 1<sup>st</sup> Touch is managed via the housing management system ROCC URM. URM is updated with start, finish times, schedule of rates, materials to ensure that all job information is captured.</p>	
3	<p>How is the performance and quality of repairs undertaken both by internal tradespersons and external contractors monitored?</p>	<p>Quality Checks</p> <p>During 2016/17 Inspectors carried out Client based quality checks, undertaking 1979 inspections. 98.93% were passed first time.</p> <p>Building Services carry out quality checks on both internal trades and sub contracted works. Internal work is selected randomly and inspected by contract supervisors at the rate of three per week. Last year we carried out 4,421 checks:</p> <ul style="list-style-type: none"> <li>• Sub-contractors – 570 – 12.9%</li> <li>• Inspection Team – 1,979 – 44.8%</li> <li>• Supervisors – 1,872 – 42.3%</li> </ul> <p>Sub-Contracted works are inspected at value/cost, with 25% inspected below the value of £200, 40% between £200 - £300, 60% between £300 -£500 and a 100% check above £500.</p> <p>4,421 quality checks were undertaken by Building Services in 2016/17. Where a sub contractor</p>	

		<p>has underperformed payment is delayed or a credit note is requested. As a result no data is recorded on failures as quality checks are not finalised until all remedial work has been undertaken. Internal trade works which fail and require another visit are raised on a non-charge ticket. In 2016/17 41 tickets were raised, giving a failure rate of 0.93%</p>	
4	<p>Do you apply penalties where performance/quality is not satisfactory and what criteria do you set for this? If, so are there particular examples which you could share?</p>	<p>As the Councils in-house contractor penalties do not apply. All performance indicators are consistently met with no issues. Where there are quality issues regarding material/labour, all works are made good directly at no additional cost to the client.</p>	
5	<p>Can you provide details regarding how you engage with tenants on satisfaction with repairs and are there any targets around this subject?</p>	<p>Every three years Housing conduct an independent survey of tenants on housing matters, which include satisfaction rates on repairs, and review this against previous data. Tenant participation groups are regularly updated on performance.</p>	
6	<p>From your annual return to the Scottish Housing Regulator, you had a tenant response of 730 to your repairs satisfaction survey. Can you advise how many tenants were consulted?</p>	<p>11,000 tenants were consulted. This was PI 16 of the Scottish Social Housing Charter and relates to responsive repairs only. Percentage of tenants who have had repairs or</p>	

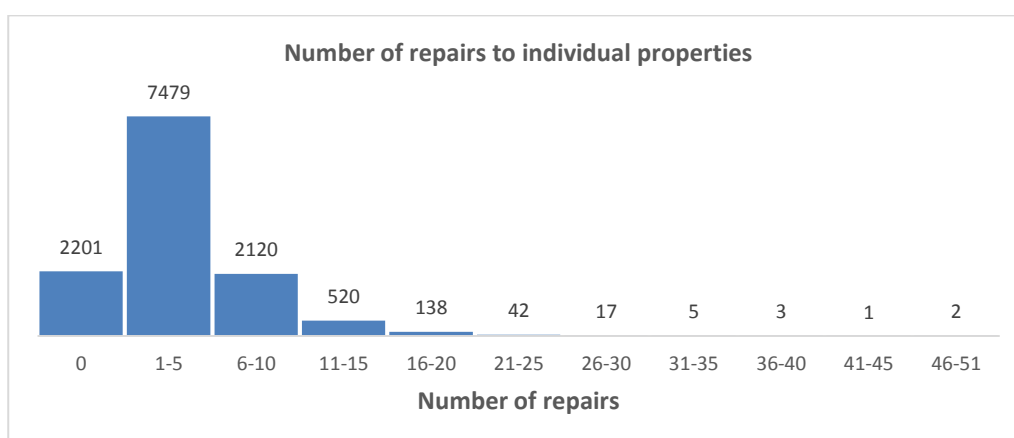


		maintenance carried out in last 12 months satisfied with the repairs and maintenance service.	
<b>7</b>	Can you provide numbers of repeat calls to the same property (either for the same or different reason) from 2016/17?	Information provided in table	More information was requested and direction given: This would relate to reactive works only (both emergency and non-emergency) but would exclude all planned/kitchen/void works
<b>8</b>	Can you provide details on the numbers and categories of repairs undertaken during 2016/17?	Information provided in table	
<b>9</b>	Your local authority undertook substantially lower numbers of reactive repairs during 2016/17 to Renfrewshire and I would be interested to receive any thoughts on why you think this could be	Information provided in table	<p>Scottish Housing Regulator set out what should be included in Contextual Indicator 13 'average number of reactive repairs completed per occupied property' in their technical guidance document for Landlords.</p> <p>We would be happy for the Renfrewshire Team to visit our Physical Environment Team to share good practice</p>

10	Are there any other comments you would wish to offer regarding the Repairs Service offered by your local authority?		
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## Dundee City Council

1. Repairs policy – Attached
2. The reactive maintenance service is primarily provided in partnership with the City Councils construction division. Some specialist repairs such as controlled entry, lift maintenance , warden call etc are sub contracted.
3. Performance is monitored through the repairs partnership board and the Councils Best Value Review Group. Repairs post inspections are completed by trades supervisors on a sample basis to measure the quality of work along with any repair resulting in a complaint or a report of unsatisfactory work.
4. We do not apply specific performance penalties under our partnership arrangement, the partnership agreement is being reviewed.
5. Our satisfaction levels are determined by a sample post repair completion telephone survey.
6. 428, this is a rolling telephone survey.
- 7.



CATEGORY	NUMBER OF REPAIRS
EMERGENCY	29725
NON EMERGENCY	24522

8. Difficult to be specific, perhaps related to stock type – Dundee has older housing stock and a high percentage of tenemental and other flatted dwellings, we have 11 multi storeys. There are some practical issues like not always logging multi trade so if 3 trades required 3 jobs logged. Type of components / equipment in the property. Some void properties where “minimal” work is required have work carried out through day to day repairs. This is the case for approximately 20% of our voids but our system does not currently allow us to differentiate these, it will however inflate the number of repairs.
9. From 1<sup>st</sup> April we have re categorised out repairs types which has seen a better balance between emergency and non-emergency repairs. Our emergency repairs categories previously included remedial work (following on from the emergency element) and some non-emergency categories.

