

Notice of Meeting and Agenda Audit, Risk and Scrutiny Board

Date	Time	Venue
Monday, 21 January 2019	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):

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 <http://renfrewshire.cmis.uk.com/renfrewshire/CouncilandBoards.aspx>

For further information, please either email democratic-services@renfrewshire.gov.uk or telephone 0141 618 7112.

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.

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.

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AUDIT

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|---|---|---------|
| 1 | Internal Audit and Counter Fraud Progress and Performance for Period to 31 December 2018 | 1 - 6 |
| | Report by Chief Auditor. | |
| 2 | Summary of Internal Audit Reports for the Period 10 October to 31 December 2018 | 7 - 22 |
| | Report by Chief Auditor. | |
| 3 | Audit Scotland - Annual Audit Plan 2018/19 | 23 - 40 |
| | Report by Director of Finance & Resources. | |

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MONITORING & REVIEWING SERVICE DELIVERY PERFORMANCE, POLICIES & PRACTICES

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|---|--|---------|
| 4 | Scottish Information Commissioner - Annual Report 2017/18 | 41 - 44 |
| | Report by Director of Finance & Resources. | |
| 5 | Commissioner for Ethical Standards in Public Life in Scotland Annual Report 2017/18 | 45 - 48 |
| | Report by Director of Finance & Resources. | |
| 6 | Scottish Public Services Ombudsman (SPSO) Annual Report 2017/18 | 49 - 58 |
| | Report by Director of Finance & Resources. | |
| 7 | Records Management Plan Update | 59 - 64 |
| | Report by Director of Finance & Resources. | |
| 8 | Review of the Newly-introduced Speed Limit in Brookfield | 65 - 74 |

(Lead Officer - David Wilson)

Report by Lead Officer.

EXCLUSION OF PRESS AND PUBLIC

The Board may by resolution exclude the press and public from the meeting during consideration of the following item of business as it is likely, in view of the nature of the business to be transacted, that if members of the press and public are present, there could be disclosure to them of exempt information as defined in paragraph 14 of Part I of Schedule 7A of the Local Government (Scotland) Act, 1973.

9 Summary of Internal Audit Investigations Findings for Period 01 October to 31 December 2018



To: Audit, Risk and Scrutiny Board

On: 21 January 2019

Report by: Chief Auditor

Heading: Internal Audit and Counter Fraud Progress and Performance for Period to 31 December 2018

1. Summary

- 1.1 The Internal Audit Annual Plan was approved by the Audit, Risk and Scrutiny Board on 19 March 2018. 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 2018 to 31 December 2018, 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 2018 to 31 December 2018.

2. **Recommendations**

- 2.1 Members are invited to note the Internal Audit and Counter Fraud Team progress and performance to 31 December 2018.
- 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 2018 to 31 December 2018.

4. **Internal Audit Team Performance**

(a) **Percentage of audit plan completed as at 31 December 2018**

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

Actual 2017/18	Annual Target 2018/19	Audit Plan Completion Target to 31 December 2018	Audit Plan Completion Actual to 31 December 2018
93.0%	95.0%	66.5%	66.7%

Actual performance is currently slightly ahead of target.

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

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

Target 2018/19	Actual to 31 December 2018
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 2018/19	Actual to 31 December 2018
95.0%	98.1%

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 2018/19	Actual to 30 December 2018
95.0%	100%

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

5 **Proposed amendments to the 2018/19 Internal Audit Plan**

5.1 The 2018/19 Internal Audit Plan included an assignment for “Disclosure Checks – Review Arrangements” which was to be undertaken. However, the processes for managing the disclosure arrangements are changing and disclosure checks are going to be managed using the Business World system. After discussion with the Director of Finance and Resources, it was agreed that this audit engagement would be more beneficial to be undertaken when the new processes have been fully implemented. Therefore, this assignment on the Audit Plan is recommended for cancellation at this stage and to be included in next year’s Audit Plan.

5.2 It is anticipated that the 20 days of resource planned for this assignment will be utilised to supplement our follow up budget for ensuring audit recommendations have been implemented within the agreed timescales as the current exercise involved a high number of recommendations which are now due to be followed up and the original budget has been fully utilised.

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 corporate counter fraud plan continues to be progressed. The plan presents a holistic strategy to deter, disable, disrupt, detect, and deal with fraud throughout the Council landscape.
- 6.3 The pilot project using the National Fraud Initiative Application Checker, which is a tool to prevent fraud and error at the point of application, has now been concluded. This service provides access to the information required to evaluate applications, speeding up the process and reducing the risk of fraud and error.
- 6.4 The use of the tool proved successful as it reduced the time taken to verify the accuracy of an application by a Counter Fraud Officer by half and also resulted in the identification of a number of applications requiring amendment, One housing application cancellation and one taxi license revoked.
- 6.5 The Counter Fraud and Corruption Policy is currently being finalised and will be submitted to the Finance, Resources and Customer Services Policy Board for approval.
- 6.6 On 28 November 2018, Joint Working with the Department for Work and Pensions Counter Fraud Section became live for criminal fraud investigations which focuses on the investigation and prosecution of the LA administered Council Tax Reduction Scheme (CTRS) and Social Security benefit fraud. No cases within this Council have commenced yet, but it is anticipated that over the coming months, suitable cases will be jointly worked on.
- 6.7 Although there are no specific performance measures for counter fraud, the team records the outcomes of investigations in line with any guidance issued by Audit Scotland. The financial and non-financial results for quarter 3 (October 2018 to December 2018) and cumulative for the year 2018/19 are noted in the table below.

Financial Outcomes	Quarter 3 (£)	Cumulative 2018/19 (£)
Cash savings directly attributable to preventative counter fraud intervention	6,613	266,064
Cash recoveries in progress directly attributable to counter fraud investigations	9,817	697,912

Notional savings identified through counter fraud investigation, (e.g. housing tenancy and future council tax)	189,615	1,130,816
Non-Financial Outcomes	Quarter 3	Cumulative 2018/19
Housing properties recovered	1	4
Housing applications amended/cancelled	2	9
Blue badge misuse warning letters issued	12	32
Licences revoked	1	1

Implications of the Report

1. **Financial** - The Council has in place arrangements to recover the any financial payments 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

Author: Karen Campbell – 01416187016



To: Audit, Risk and Scrutiny Board

On: 21 January 2019

Report by: Chief Auditor

Heading: Summary of Internal Audit Reports for period 01 October to 31 December 2018

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 01 October to 31 December 2018 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 Reports finalised during the period from 01 October to 31 December 2018.
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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 – 30 December 2018

Category	Service	Engagement	Assurance Rating	Recommendation Ratings			
				Critical	Important	Good Practice	Service Improvement
Assurance	Finance & Resources	Software Licensing	Limited	7	2	0	0
	Finance & Resources/HCSP	Client charges – Financial Accounting Arrangements	Substantial	0	1	3	1
	Chief Executives	External Funding Applications – Leader Programme	Substantial	N/A	N/A	N/A	N/A
	Communities, Housing & Planning	Homelessness Procedures	Substantial	N/A	N/A	N/A	N/A
Governance	Corporate	Performance Indicators	Reasonable	0	3	2	0
	Children's Services	Educational Establishments – Information Security	Reasonable	0	1	2	0

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

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

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

Internal Audit Report

Finance & Resources

Software Licensing (A0075/2018/001)

A0075/2018/001

Date: October 2018

COMMITTEE SUMMARY

Audit Objectives

The objectives of this audit were to ensure the following:

- 1 An appropriate policy is in place covering the use of software and all users are aware of their responsibilities in relation to the policy.
- 2 The procurement of software licenses is adequately controlled and restricted to authorised personnel.
- 3 The installation of software is adequately controlled and restricted to authorised personnel. Adequate records of all installed software are maintained.
- 4 Only licensed software is installed.

Audit Scope

The scope of the audit was to ensure that there are sufficient and appropriate controls in place for the management of software assets. The scope included a review of:-

- 1 Software asset management policies and procedures
- 2 Staff training and awareness
- 3 Management of the software asset register, including the adding, amending and removal of software.
- 4 Use of software asset management tools
- 5 Monitoring processes

Key Audit Assurances

The acceptable use policy is readily available to staff and provides guidance on the requirements to be followed for software installation.

Key Risks

1. Due to the lack of software management procedures and staff training, there is a risk that staff involved in the management of software are unequipped to do so, which could lead the Council to be in breach of software licensing agreements and software licensing law which, under the Copyright, Designs and Patents Act 1988, could result in a fine.
2. There is currently an incomplete view of software installed on the estate, resulting in an increased risk of non-compliance with the agreed software licence terms and licensing law.
3. As there was no clear audit trail of software install requests, there is a risk that software has been installed on devices which has not been formally approved.
4. There is a risk that staff with powerful account privileges install software, when it is not part of their role to do so.

Internal Audit Report

Finance & Resources

Software Licensing (A0075/2018/001)

A0075/2018/001**Date: October 2018**

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| <ol style="list-style-type: none">5. There is a risk of unauthorised access to, and potential mismanagement of the software asset register and associated documents.6. There is a risk of malicious attacks or electronic data loss if unsupported software is not routinely patched for vulnerabilities. |
|--|

Overall Audit Opinion

It is acknowledged that a project is currently underway which aims to transform the way that software is managed through the creation of new processes, organisation of Proof Of Entitlements to use Software and managing compliance with software licence terms. However, based on the work carried out only a limited level of assurance can be placed upon the control environment at the time of the audit review. Weaknesses in the system of internal controls and the levels of non-compliance found puts the objectives of the area being reviewed at risk.

Management Commentary

Management were aware that the current software tool, which managed both the licences and deployment of software, was not fit for purpose and the service has commenced a project to transform the whole software management process. However, on receipt of the report, management implemented those recommendations which could be addressed immediately and are actively progressing the remainder.

Internal Audit Report

FAR/HSCP

Client Charges - Financial Accounting Arrangements (A0094/2018/002)

Date: December 2018

COMMITTEE SUMMARY

Audit Objectives

The objectives of the review were to ensure that:

1. Roles and responsibilities are clear throughout the end to end process;
2. Decision making points are clear, understandable and efficient;
3. The work flow is efficient and effective;
4. Authorisation points are clear and not excessive;
5. There are clear pathways for escalation and communication between service areas to resolve disputes timeously;

Audit Scope

1. Interviewed the appropriate officers to ascertain the end to end processes for residential care charging and payments, including the financial accounting arrangements ensuring that the above objectives are met.
2. Following walkthroughs of the processes, prepared a work flow diagram highlighting any areas to be considered for improvement.
3. Obtained management information regarding clients placed in residential care and reviewed the timescales taken to process the financial information.

Key Audit Assurances

Within the current process for residential care charging and payments:

1. Roles, responsibilities and authorisation points are clear
2. Decision making points are clear and efficient
3. There are clear pathways for escalation and communication between service areas in order to resolve disputes
4. The charging & payments process to gather

Key Risks

There is a risk that payments may continue following client changes as there are no arrangements in place to follow up non responses from Providers to confirm that payments are correct.

Overall Audit Opinion

In general, the arrangements in place for residential care charging and payments are satisfactory and have greatly improved in recent months. The audit has identified that the staff time taken to process the ISP payment run may be excessive and that lack of confirmation from providers that payments made are correct is not always followed up. Recommendations have been made to improve this.

Internal Audit Report

FAR/HSCP

Client Charges - Financial Accounting Arrangements (A0094/2018/002)

Date: December 2018

Management Commentary
Processes have been put in place to improve the efficient processing of the ISP payment run. Quality control procedures have been put in place to ensure that client charges are reflected accurately in SWIFT and non-return of provider summary sheets will be followed up regularly.

Internal Audit Report

Chief Executive's

External Funding Applications – LEADER Programme (A0036/2019/001)

A0036/2019/001

Date: October 2018

COMMITTEE SUMMARY

Audit Objectives

The objectives of the audit were to ensure that:

1. 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.
2. Applications are assessed for eligibility and value for money (reasonableness of costs and procurement).
3. 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.
4. Grant awards are properly approved and payments made are in line with the amount awarded.
5. There is appropriate separation of duties across the processing and payment of grant claims.
6. There are appropriate supervisory controls in place to monitor the quality of processing claims and that evidence exists to support this.
7. The necessary financial information is provided to the SGRPID in a timely fashion to support draw down of grant.
8. The agreed performance targets are being met.

Audit Scope

1. Interviewed the appropriate officers to ascertain the arrangements in place to facilitate the award, control and monitoring of claims processing.
2. Selected a sample of 2 projects and carried out a series of tests to assess the adequacy of the controls in place across the grant process.

Key Audit Assurances

1. For the sample of projects tested, 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.
2. Applications are assessed for eligibility and value for money.
3. There are appropriate arrangements in place to assess the progress of projects and the outcomes are consistent with those objectives specified at the outset.
4. Grant awards are properly approved and payments made are in line with the amount awarded.
5. There is appropriate separation of duties across the processing and payment of grant claims.
6. There are appropriate supervisory controls in place to monitor the quality of processing claims and that evidence exists to support this.
7. The necessary financial information is provided to the SGRPID in a timely fashion to support draw down of grant.
8. The agreed performance targets are being met.

Internal Audit Report

Chief Executive's

External Funding Applications – LEADER Programme (A0036/2019/001)

A0036/2019/001

Date: October 2018

Key Risks
There were no key risks identified during the audit.

Overall Audit Opinion
The audit has identified that satisfactory arrangements are in place for managing the External Funding Applications through the LEADER Programme system. As a result, there were no audit findings.

Internal Audit Report

Communities, Housing & Planning Services

Homeless Services- Homeless Procedures (A0044/2019/001)

A0044/2019/001

Date: December 2018

COMMITTEE SUMMARY

Audit Objectives

The objectives of the audit were to ensure that:

1. Adequate policies and procedures are in place to identify statutory homelessness and non-statutory homelessness
2. Homelessness applications are processed appropriately and timely in relation to the homelessness category;
3. Applicant circumstances are confirmed within a reasonable time scale;
4. Appropriate action is taken to provide settled accommodation;
5. Arrangements for prevention of homelessness are in place and align with national guidance.

Audit Scope

1. Interviewed the appropriate staff, evaluated the arrangements for prevention of homelessness and identified any possible improvements to the system.
2. Assessed the council's homeless prevention arrangements in line with good practice.

Key Audit Assurances

1. There are adequate policies and procedures in place to identify statutory homelessness and non-statutory homelessness;
2. Homeless applications are processed appropriately and timely in relation to the homelessness category;
3. Applicant circumstances are confirmed within a reasonable time scale;
4. Appropriate action is taken to provide settled accommodation;
5. Arrangements for prevention of homelessness are in place and align with national guidance.

Key Risks

There were no key risks identified during the audit.

Overall Audit Opinion

The audit has identified that satisfactory arrangements are in place for processing homeless applications and taking actions to prevent homelessness. As a result, there were no audit findings identified during this review.

Internal Audit Report
All Services
Corporate Governance Framework – Performance Indicators
(B0007/2019/001)



B0007/2019/001

Date: December 2018

COMMITTEE SUMMARY

Audit Objectives

The objectives of the audit were to ensure that:

1. There were adequate systems in place to collate, review, monitor and report the selected Performance Indicators (PI) from the Council Plan Scorecard Plus and Local Government Benchmarking Framework (LGBF);
2. The reported PIs were accurate;
3. There were processes in place to review any major variations and that the appropriate action was taken on any adverse results.

The sample of PI's selected was as follows:

- CHS/LGBF/31 - % of children meeting developmental milestones (between 27 - 30 months old)
- LGBF/ECON5 – Number of business gateway start ups per 10,000 population
- CE/SIP 17/EV05 – Opportunity to see or hear something positive about Paisley and Renfrewshire
- CR/PP/06c – Number of recorded attendances at Street Stuff activities

Audit Scope

1. Checked that a Departmental co-ordinator was in place and that a Procedural Manual had been prepared for each of the selected indicators and evaluated for adequacy.
3. Checked that a system was in place to collate, monitor, review and report the required performance information for each indicator selected and evaluated for adequacy.
4. Checked that there was evidence held that the PI has been checked for accuracy by an officer independent of the preparing officer.
5. Verified the accuracy of the PI to back up information and checked that any major variations were reviewed and action was being taken on any selected PI which has not met the target.
7. Checked that there was adequate management oversight over the selected PIs.

Key Audit Assurances

1. There was a departmental coordinator for each of the PI's tested.
2. Procedure manuals were prepared for the majority of the PI's tested.

Key Risks

Performance information may not be accurate as insufficient back up information is retained to verify the information submitted and checks to confirm accuracy are not always undertaken.

Overall Audit Opinion

The processes in place for the preparation for the PI's chosen for review were reasonable although issues were identified in verifying the accuracy of some of the selected PI's to source data and there was no evidence that all the PIs were checked by an independent officer. Recommendations have been made to improve the arrangements for recording the PI's selected for testing.

Internal Audit Report
All Services
Corporate Governance Framework – Performance Indicators
(B0007/2019/001)



B0007/2019/001

Date: December 2018

Management Commentary
The recommendations are being actively addressed. The audit findings were also discussed at the last performance managers meeting and all service representatives were asked to check that there were satisfactory procedures in place within their services.

Internal Audit Report

Children's Services

Educational Establishments Information Security (B0010/2019/002)

B0010/2019/001

Date: December 2018

COMMITTEE SUMMARY

Audit Objectives

The objectives of the audit were to ensure that staff and pupil information:

1. Is protected from unauthorised use and is securely stored when not in use;
2. Is archived in line with the council's Records Management Policy;
3. Procedures are in place to identify data breaches and report them to the council's Data Protection Officer.

Audit Scope

1. Ascertained the information that schools hold, how sensitive the information is and how it is stored.
2. Selected a sample of 4 schools and discussed with appropriate staff the arrangements in place to demonstrate compliance with information security good practice.
3. Reviewed the evidence to support compliance and identify any possible improvements.
4. School records that relate to the period before 17 December 2014 have not been destroyed and are required to be retained for the Scottish Historic Child Abuse Inquiry. Schools currently have an unlimited retention period and so the auditors did not test retention periods for school records in line with council retention periods.

Key Audit Assurances

1. The paper records of staff and pupil information tested at the schools visited were generally protected from unauthorised use and securely stored when not in use.
2. Staff demonstrated good awareness of procedures in relation to reporting data breaches, where necessary.

Key Risks

Where schools use external web hosts for their websites, there is a potential risk of data breaches of pupil and staff information, as the security in relation to these websites is unknown and have not been tested by council ICT staff.

Overall Audit Opinion

The audit review provided reasonable assurance over arrangements in place for the security of information at schools. Management need to evaluate the risks and decide on the appropriateness of the use of externally hosted websites in consultation with IT Services.

Management Commentary

Management will liaise with the council's Cyber Security Architect to have the risks evaluated from schools using external web hosts for their websites.



To: Audit, Risk and Scrutiny Board

On: 21 January 2019

Report by: Director of Finance and Resources

Heading: Audit Scotland Annual Audit Plan 2018/19

1. Summary

- 1.1 Based on their analysis of the risks facing the Council, Audit Scotland have submitted an audit plan which outlines their approach to the audit of the 2018/19 financial statements of the Council and the charities the Council controls in order to assess whether they provide a true and fair view of the financial position of the council, and also whether they have been prepared in accordance with proper accounting practice i.e. the 2018 Code of Practice on Local Authority Accounting in the UK.
- 1.2 The Plan outlines the responsibilities of Audit Scotland and the council; their assessment of key challenges and risks and the approach and timetable for completion of the audit.
-

2. Recommendations

- 2.1 Members are asked to note the content of the attached reports.
-

Implications of the Report

1. **Financial** – An unqualified audit opinion demonstrates the council has effective systems of internal control in place.
2. **HR & Organisational Development** - None
3. **Community Planning** – None
4. **Legal** - an audit opinion free from qualification demonstrates compliance with the statutory accounting requirements set out in the Local Government (Scotland) Act 1973.
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** - the audit plan highlights audit issues and risks, and the approach Audit Scotland will adopt in seeking assurance that these risks are being managed.
11. **Privacy Impact** - None
12. **COSLA Policy position** - None

List of Background Papers

- (a) None

Author: Alastair MacArthur Ext 7363

Renfrewshire Council

Annual Audit Plan 2018/19



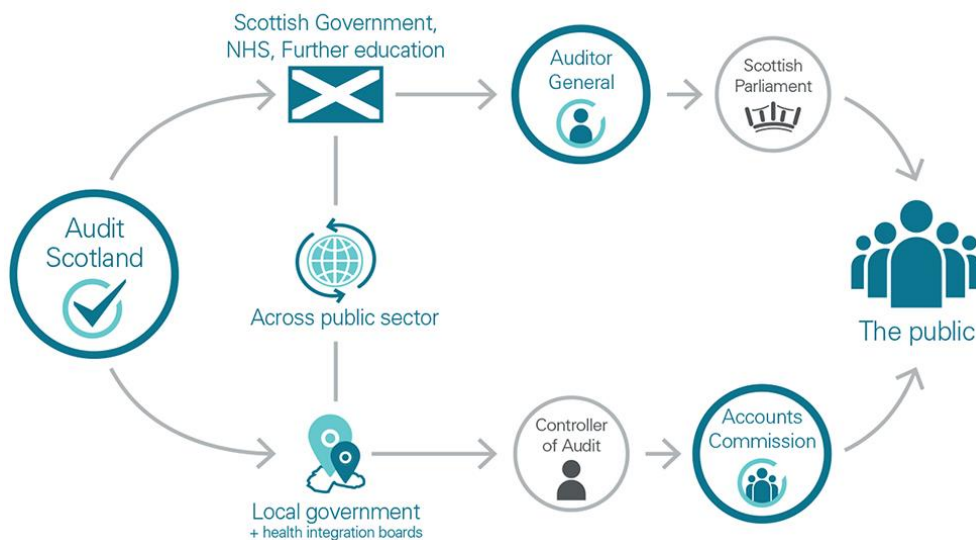
 **AUDIT SCOTLAND**

Prepared for Renfrewshire Council
21 January 2019

Who we are

The Auditor General, the Accounts Commission and Audit Scotland work together to deliver public audit in Scotland:

- The Auditor General is an independent crown appointment, made on the recommendation of the Scottish Parliament, to audit the Scottish Government, NHS and other bodies and report to Parliament on their financial health and performance.
- The Accounts Commission is an independent public body appointed by Scottish ministers to hold local government to account. The Controller of Audit is an independent post established by statute, with powers to report directly to the Commission on the audit of local government.
- Audit Scotland is governed by a board, consisting of the Auditor General, the chair of the Accounts Commission, a non-executive board chair, and two non-executive members appointed by the Scottish Commission for Public Audit, a commission of the Scottish Parliament.



About us

Our vision is to be a world-class audit organisation that improves the use of public money.

Through our work for the Auditor General and the Accounts Commission, we provide independent assurance to the people of Scotland that public money is spent properly and provides value. We aim to achieve this by:

- carrying out relevant and timely audits of the way the public sector manages and spends money
- reporting our findings and conclusions in public
- identifying risks, making clear and relevant recommendations.

Contents

Risks and planned work	4
Audit scope and timing	10

Risks and planned work

1. This annual audit plan contains an overview of the planned scope and timing of our audit and is carried out in accordance with International Standards on Auditing (ISAs), the [Code of Audit Practice](#), and any other relevant guidance. This plan sets out the work necessary to allow us to provide an independent auditor's report on the financial statements and meet the wider scope requirements of public sector audit including the audit of Best Value.

2. The wider scope of public audit contributes to assessments and conclusions on financial management, financial sustainability, governance and transparency and value for money.

Adding value


3. We aim to add value to Renfrewshire Council through our external audit work by being constructive and forward looking, by identifying areas for improvement and by recommending and encouraging good practice. In so doing, we intend to help Renfrewshire Council promote improved standards of governance, better management and decision making and more effective use of resources.


Audit risks


4. Based on our discussions with staff, attendance at Board meetings and a review of supporting information we have identified the following main risk areas for Renfrewshire Council. We have categorised these risks into financial risks and wider dimension risks. The key audit risks, which require specific audit testing, are detailed in [Exhibit 1](#).


Exhibit 1 2018/19 Key audit risks

 Audit Risk	Management's source of assurance	Planned audit work
Financial statements issues and risks		
<p>1 Risk of management override of controls</p> <p>ISA 240 requires that audit work is planned to consider the risk of fraud, which is presumed to be a significant risk in any audit. This includes consideration of the risk of management override of controls to change the position disclosed in the financial statements.</p>	Owing to the nature of this risk, assurances from management are not applicable in this instance.	<ul style="list-style-type: none"> Detailed testing of journal entries. Review of accounting estimates. Focused testing of accruals and prepayments. Evaluation of significant transactions that are outside the normal course of business.
<p>2 Risk of fraud over income</p> <p>Renfrewshire Council receives a significant amount of income in addition to Scottish Government funding. The extent and complexity of income means that, in accordance</p>	The Council has well-developed processes for the authorisation, workflow and separation of duties in relation to its income streams. Clear	<ul style="list-style-type: none"> Analytical procedures on income streams. Detailed testing of revenue transactions focusing on the areas of greatest risk.

	Audit Risk	Management's source of assurance	Planned audit work
	<p>ISA 240, there is an inherent risk of fraud.</p>	<p>schemes of delegation and authorised signatory databases are regularly updated. Financial systems have workflow authorisation processes in-built to ensure that the risk of fraud is minimised. The audit plan, prepared by internal audit, includes a range of systems testing across income and expenditure processes, with any recommendations then monitored for implementation.</p> <p>The Council has an established Counter-Fraud Team who have been actively raising awareness of both financial and non-financial fraud risks through a series of training events targeted at key personnel.</p>	
3	<p>Risk of fraud over expenditure</p> <p>Most public-sector bodies are net expenditure bodies and therefore the risk of fraud is more likely to occur in expenditure.</p> <p>The Code of Audit Practice expands the consideration of fraud under ISA 240 to include the risk of fraud over expenditure. This applies to Renfrewshire Council due to the variety and extent of expenditure incurred in delivering services.</p>	As above.	<ul style="list-style-type: none"> Analytical procedures on expenditure streams. Detailed testing of expenditure transactions focusing on the areas of greatest risk.
4	<p>New accounting system</p> <p>Renfrewshire Council implemented an enterprise resource planning system (Business World), in October 2018 which combines finance, HR, payroll and procurement into a single integrated application.</p> <p>The implementation of Business World during the 2018/19 financial year means that the annual accounts will be prepared using information recorded both before and after the change in system, under two different control environments.</p> <p>This introduces additional risks:</p>	<p>Robust financial reconciliations were undertaken at the point of financial data migrating from e5 to Business World at the end of September 2018.</p> <p>A Business World implementation team has supported the transition for staff and processes and will likely be in place for several months.</p> <p>Procurement and HR self-service modules are planned to go live in early 2019.</p>	<ul style="list-style-type: none"> Gaining an understanding of Business World by reviewing process maps and through discussions with key officers. Detailed testing of significant transactions processed during the change period and rolled forward balances. Review of account/cost code mapping from legacy system to Business World.

	Audit Risk	Management's source of assurance	Planned audit work
<ul style="list-style-type: none"> - The new control environment may be less robust - Data may not be correctly transferred to the new system - Differences in the new system may make accounts preparation more challenging. 	<p>The overall impact of the move to Business World is an increased risk of material misstatement in the annual accounts.</p>	<p>The Annual Accounts 2018/19 will be prepared using new and migrated data from Business World.</p> <p>A new Chart of Accounts is in place, which has been clearly mapped from old to new ledger systems.</p>	
5	<p>Estimates and Judgements</p> <p>There is a significant degree of subjectivity in the measurement and valuation of the material account areas of non current assets, pensions and provisions.</p> <p>The council holds a material amount of assets at fair value. The valuations are significant estimates which are based on specialist and management assumptions.</p> <p>The council's net liability relating to the Strathclyde Pension Fund at 31 March 2018 was £160.466 million. This value is an estimate based on a number of assumptions from the pension fund actuary.</p> <p>At 31 March 2018 the council held a provision for doubtful debts of £25.865 million. This provision is based on the assessed likelihood that debts are recoverable.</p> <p>This subjectivity represents an increased risk of material misstatement in the financial statements.</p>	<p>Any significant estimates and judgements are clearly explained in the Notes to the Accounts.</p> <p>Where these are required, they are based on the best information available at the time of the estimate and on both a professional and a prudent approach, either by Council staff, or appointed experts, such as the Pension Fund actuary.</p>	<ul style="list-style-type: none"> • Review the external revaluations performed in the year, assessing whether they have been performed in a reasonable manner, on a timely basis and by suitably qualified individuals. • Review of the pension actuary and the assumptions made in calculating the estimated pension liability. • Review the provision for doubtful debts to assess whether it is reasonable and complete based on the perceived risk that the debt will not be recovered, and in line with historic experience. • For any other areas of estimation and judgement we will carry out focussed substantive testing of provisions and accruals.
6	<p>Changes to Code of Practice on Local Authority Accounting</p> <p>There are two changes to local government financial reporting requirements that may impact on Renfrewshire Council's annual accounts.</p> <p>IFRS 9 has been adopted, which may impact the accounting treatment for the council's financial assets.</p> <p>Additionally, the Code now states that transactions between different</p>	<p>Finance staff have attended formal training from CIPFA on the implementation of IFRS9 and are working on the resultant accounting changes.</p>	<ul style="list-style-type: none"> • Review of management's assessment of the impact of changes to the Code on Renfrewshire Council • Focussed testing on areas where changes have been processed.

	Audit Risk	Management's source of assurance	Planned audit work
	<p>council services are not allowed within the Comprehensive Income and Expenditure Statement.</p> <p>Management will need to assess the impact of the above on Renfrewshire Council and make any required changes.</p>		
7	<p>Capacity of finance function</p> <p>A risk around the capacity of the finance function was raised in our 2017/18 audit plan and we noted in our 2017/18 report that the submission for the Whole of Government Accounts was not received prior to the required deadline.</p> <p>As there have not been significant changes to staffing, and ongoing pressures exist in 2018/19 there remains a risk of issues arising in the preparation and audit of the financial statements.</p>	<p>Resources within the Finance team have been strengthened during the year on both a temporary and permanent basis, however, some staff are still engaged in Business World implementation support.</p> <p>Closedown testing will be undertaken well in advance of year-end to ensure robust processes are in place.</p> <p>The Finance team works to a well-established and closely monitored year-end timetable that ensures all staff are fully informed of their responsibilities and deadlines.</p> <p>There will be closer management of the year-end timetable 2018/19 to measure the impact of Business World on any additional time taken to undertake previously well-established tasks.</p>	<ul style="list-style-type: none"> • Regular meetings with management. • Focussed audit testing on areas where prior year errors were noted.
Wider dimension issues and risks			
8	<p>Financial sustainability</p> <p>Renfrewshire Council are currently projecting a net drawdown of reserves of £1.132 million in 2018/19. This requires £10.298 million of savings during the year.</p> <p>Financial pressures are expected to continue in the medium term with the council estimating an annual savings requirement of £15.000 million in 2019/20.</p> <p>Meeting these savings targets is expected to require changes to the way the council delivers services,</p>	<p>The Council has undertaken a programme of significant change in recent years to address the financial constraints faced by local government, with these challenges continuing in the medium term.</p> <p>The Council's debt smoothing strategy has been in place for several years and delivered sustainable savings for the Council over this period, however, as previously reported, the</p>	<ul style="list-style-type: none"> • Review of budget monitoring reports during the year and comment on the financial position within the annual audit report. • Attendance at board meetings • Monitor of performance against savings plans • Monitoring service delivery KPIs • Assessment of savings plan for 2019/20 and beyond

 Audit Risk	Management's source of assurance	Planned audit work
and there is a risk that this will affect the quality of the services provided.	<p>capacity of the strategy to contribute to savings has naturally reduced, meaning that the Better Council Change Programme and successive change programmes will require to address future funding gaps by considering service redesign and business transformation.</p> <p>Such plans, along with the Council's financial strategies, will be continually reviewed to ensure that financial sustainability is maintained over the medium term.</p>	

Source: Audit Scotland, Renfrewshire Council Management

Reporting arrangements

5. Audit reporting is the visible output for the annual audit. All annual audit plans and the outputs as detailed in [Exhibit 2](#), and any other outputs on matters of public interest will be published on our website: www.audit-scotland.gov.uk.

6. Matters arising from our audit will be reported on a timely basis and will include agreed action plans. Draft management reports will be issued to the relevant officer(s) to confirm factual accuracy.

7. We will provide an independent auditor's report to Renfrewshire Council and the Accounts Commission setting out our opinions on the annual accounts. We will provide the Accountable Officer and the Accounts Commission with an annual report on the audit containing observations and recommendations on significant matters which have arisen during the audit.

Exhibit 2 2018/19 Audit outputs

Audit Output	Target date	Audit Committee Date
Annual Audit Plan	14 January 2019	21 January 2019
Annual Audit Report	16 September 2019	23 September 2019
Independent Auditor's Report	16 September 2019	23 September 2019

Source: Audit Scotland

The audit of trusts and common good funds registered as Scottish charities

8. Members of Renfrewshire Council are sole trustees for one trust and three common good funds, registered as Scottish charities, with total assets of some £36.177 million as at 31 March 2018. The preparation and audit of financial statements of registered charities is regulated by the Charities and Trustee Investment (Scotland) Act 2005 and the Charities Accounts (Scotland) Regulations 2006.

9. The 2006 Regulations require charities to prepare annual accounts and require an accompanying auditor's report where any legislation requires an audit. The Local Government (Scotland) Act 1973 specifies the audit requirements for any trust fund where some or all members of a council are the sole trustees. Therefore, a full and separate audit and independent auditor's report is required for each register charity where members of Renfrewshire Council are sole trustees, irrespective of the size of the charity.

Audit fee

10. The proposed audit fee for the 2018/19 audit of Renfrewshire Council, including the Trust Fund and Common Good Funds is £351,500 (2017/18: £345,840). In determining the audit fee we have taken account of the risk exposure of Renfrewshire Council, the planned management assurances in place and the level of reliance we plan to take from the work of internal audit. Our audit approach assumes receipt of the unaudited financial statements, with a complete working papers package on 28 June 2019.

11. Where our audit cannot proceed as planned through, for example, late receipt of unaudited financial statements or being unable to take planned reliance from the work of internal audit, a supplementary fee may be levied. An additional fee may also be required in relation to any work or other significant exercises out with our planned audit activity.

Responsibilities

Audit, Risk and Scrutiny Board and Accountable Officer

12. Audited bodies have the primary responsibility for ensuring the proper financial stewardship of public funds, compliance with relevant legislation and establishing effective arrangements for governance, propriety and regularity that enable them to successfully deliver their objectives.

13. The audit of the financial statements does not relieve management or the Audit, Risk and Scrutiny Board as those charged with governance, of their responsibilities.

Appointed auditor

14. Our responsibilities as independent auditors are established by the 1973 Act for local government, and the Code of Audit Practice (including supplementary guidance) and guided by the Financial Reporting Council's Ethical Standard.

15. Auditors in the public sector give an independent opinion on the financial statements and other information within the financial statements. We also review and report on the arrangements within the audited body to manage its performance, regularity and use of resources. In doing this, we aim to support improvement and accountability.

16. Following the retirement of David McConnell in December 2018, the appointed auditor for Renfrewshire Council from January 2019 is John Cornett. John was previously a District Auditor with the Audit Commission and more recently was KPMG's head of local government audit in the Midlands.

Audit scope and timing

Financial Statements

17. The annual accounts, which include the financial statements, will be the foundation and source for most of the audit work necessary to support our judgements and conclusions. We also consider the wider environment and challenges facing the public sector. Our audit approach includes:

- understanding the business of Renfrewshire Council and the associated risks which could impact on the financial statements
- assessing the key systems of internal control, and establishing how weaknesses in these systems could impact on the financial statements
- identifying major transaction streams, balances and areas of estimation and understanding how Renfrewshire Council will include these in the financial statements
- assessing the risks of material misstatement in the financial statements
- determining the nature, timing and extent of audit procedures necessary to provide us with sufficient audit evidence as to whether the financial statements are free of material misstatement.

18. We will give an opinion on whether the financial statements:

- give a true and fair view in accordance with applicable law and the 2018/19 Code of the state of affairs of the council and its group as at 31 March 2019 and of the income and expenditure 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 2018/19 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.

19. We also review and report on other information published within the annual accounts including the management commentary, annual governance statement and the remuneration report. We give an opinion on whether these have been compiled in accordance with the appropriate regulations and frameworks in our independent auditor's report.

20. We also read and consider any information in the annual accounts other than the financial statements and audited part of the remuneration report and report any uncorrected material misstatements.

Materiality

21. We apply the concept of materiality in planning and performing the audit. It is used in evaluating the effect of identified misstatements on the audit, and of any uncorrected misstatements, on the financial statements and in forming our opinions in the independent auditor's report.



characteristics



responsibilities



principal activities



risks



governance arrangements

22. We calculate materiality at different levels as described below. The calculated materiality values for Renfrewshire Council are set out in [Exhibit 3](#).

Exhibit 3

Materiality values

Materiality	Amount
Planning materiality – This is the calculated figure we use in assessing the overall impact of audit adjustments on the financial statements. It has been set at 1% of gross expenditure for the year ended 31 March 19 based on the latest budgeted for expenditure for 2018/19. Planning materiality will be updated on receipt of the unaudited annual accounts in June 2019	£7.539 million
Performance materiality – This acts as a trigger point. If the aggregate of errors identified during the financial statements audit exceeds performance materiality this would indicate that further audit procedures should be considered. Using our professional judgement, we have calculated performance materiality at 50% of planning materiality.	£3.770 million
Reporting threshold (i.e., clearly trivial) – We are required to report to those charged with governance on all unadjusted misstatements more than the 'reporting threshold' amount. This has been calculated at 2.5% of planning materiality.	£0.188 million



Source: Audit Scotland

Timetable

23. To support the efficient use of resources it is critical that a financial statements timetable is agreed with us for the production of the unaudited accounts. An agreed timetable is included at [Exhibit 4](#), which takes account of submission requirements and planned Audit, Risk and Scrutiny Board dates.

Exhibit 4

Annual accounts timetable

 Key stage	 Date
Consideration of unaudited financial statements by those charged with governance	27 June 2019
Latest submission date of unaudited financial statements with complete working papers package	28 June 2019
Latest submission date of unaudited WGA return	19 July 2019
Latest date for final clearance meeting with Accountable Officer	September 2019
Issue of Letter of Representation and proposed independent auditor's report	23 September 2019
Agreement of audited unsigned annual accounts	23 September 2019
Issue of Annual Audit Report including ISA 260 report to those charged with governance	23 September 2019
Independent auditor's report signed	30 September 2019
Latest date for signing of WGA return	30 September 2019

Internal audit

24. Renfrewshire Council's internal audit function is provided in-house and overseen by the Chief Internal Auditor. As part of our planning process we carry out an annual assessment of the internal audit function to ensure that it operates in accordance with Public Sector Internal Audit Standards (PSIAS). We will report any significant findings to management on a timely basis.

Using the work of internal audit

25. Auditing standards require internal and external auditors to work closely together to make best use of available audit resources. We seek to rely on the work of internal audit wherever possible to avoid duplication. We plan to consider the findings of the work of internal audit as part of our planning process to minimise duplication of effort and to ensure the total resource is used efficiently or effectively.

26. From our initial review of internal audit plans we plan to place formal reliance on internal audit work in the following area:

- Non Domestic Rates.

Audit dimensions

27. Our audit is based on four audit dimensions that frame the wider scope of public sector audit requirements as shown in [Exhibit 5](#).

Exhibit 5 Audit dimensions



Source: Code of Audit Practice

28. In the local government sector, the appointed auditor's annual conclusions on these four dimensions will help contribute to an overall assessment and assurance on best value.

Financial sustainability

29. As auditors we consider the appropriateness of the use of the going concern basis of accounting as part of the annual audit. We will also comment on the body's financial sustainability in the longer term. We define this as medium term (two to five years) and longer term (longer than five years) sustainability. We will carry out work and conclude on:

- the effectiveness of financial planning in identifying and addressing risks to financial sustainability in the short, medium and long term

- the appropriateness and effectiveness of arrangements in place to address any identified funding gaps

Financial management

30. Financial management is concerned with financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively. We will review, conclude and report on:

- whether Renfrewshire Council has arrangements in place to ensure systems of internal control are operating effectively
- whether Renfrewshire Council can demonstrate the effectiveness of budgetary control system in communicating accurate and timely financial performance
- how Renfrewshire Council has assured itself that its financial capacity and skills are appropriate
- whether Renfrewshire Council has established appropriate and effective arrangements for the prevention and detection of fraud and corruption.

Governance and transparency

31. Governance and transparency is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision – making and transparent reporting of financial and performance information. We will review, conclude and report on:

- whether Renfrewshire Council can demonstrate that the governance arrangements in place are appropriate and operating effectively
- whether there is effective scrutiny, challenge and transparency on the decision-making and finance and performance reports
- the quality and timeliness of financial and performance reporting.

Value for money

32. Value for money refers to using resources effectively and continually improving services. We will review, conclude and report on whether:

- Renfrewshire Council can provide evidence that it is demonstrating value for money in the use of its resources
- Renfrewshire Council can demonstrate that there is a clear link between money spent, output and outcomes delivered
- Renfrewshire Council can demonstrate that outcomes are improving
- there is sufficient focus on improvement and the pace of it.

Best Value

33. The Accounts Commission agreed the overall framework for a new approach to auditing Best Value in June 2016. The introduction of the new approach coincided with the new five-year audit appointments. Auditors started using the framework for their audit work from October 2016.

34. A key feature of the new approach is that it integrates Best Value into the wider scope annual audit, which will influence audit planning and reporting. Best Value will be assessed comprehensively over the five-year audit appointment, both through the ongoing annual audit work, and through discrete packages of work to look at specific issues. Conclusions and judgements on Best Value will be reported through:

- the Annual Audit Report for each council that will provide a rounded picture of the council overall
- an annual assurance and risks report that the Controller of Audit will provide to the Commission that will highlight issues from across all 32 council annual audit reports
- a Best Value Assurance Report (BVAR) for each council that will be considered by the Accounts Commission at least once in a five-year period.

35. The seven councils on which a BVAR will be published during the third year of the new approach are listed in [Exhibit 6](#). Reports will be considered by the Accounts Commission in the period between March and November 2019.

Exhibit 6

2018/19 Best Value Assurance Reports



North Lanarkshire Council

Highland Council

Stirling Council

Scottish Borders Council

South Lanarkshire Council

Perth and Kinross Council

Midlothian Council

Source: Audit Scotland

36. Renfrewshire Council was one of the six councils considered in the first year of the five year audit cycle, with the Renfrewshire Council BVAR published in August 2017.

37. The work planned in Renfrewshire Council this year will focus on the Council's arrangements for demonstrating Best Value in partnership working and empowering communities. The work will be integrated with that described above in these areas. The results of this work will be reported in the Annual Audit Report.

Independence and objectivity

38. Auditors appointed by the Accounts Commission or Auditor General must comply with the Code of Audit Practice and relevant supporting guidance. When auditing the financial statements auditors must also comply with professional standards issued by the Financial Reporting Council and those of the professional accountancy bodies. These standards impose stringent rules to ensure the independence and objectivity of auditors. Audit Scotland has robust arrangements in place to ensure compliance with these standards including an annual "fit and proper" declaration for all members of staff. The arrangements are overseen by the Director of Audit Services, who serves as Audit Scotland's Ethics Partner.

39. The engagement lead for Renfrewshire Council is John Cornett, Audit Director. Auditing and ethical standards require the appointed auditor to communicate any relationships that may affect the independence and objectivity of audit staff. We are not aware of any such relationships pertaining to the audit of Renfrewshire Council.

Quality control

40. International Standard on Quality Control (UK and Ireland) 1 (ISQC1) requires that a system of quality control is established, as part of financial audit procedures, to provide reasonable assurance that professional standards and regulatory and legal requirements are being complied with and that the independent auditor's report or opinion is appropriate in the circumstances.

41. The foundation of our quality framework is our Audit Guide, which incorporates the application of professional auditing, quality and ethical standards and the Code of Audit Practice (and supporting guidance) issued by Audit Scotland and approved by the Auditor General for Scotland. To ensure that we achieve the required quality standards Audit Scotland conducts peer reviews and internal quality reviews. Additionally, the Institute of Chartered Accountants of Scotland (ICAS) have been commissioned to carry out external quality reviews.

42. As part of our commitment to quality and continuous improvement, Audit Scotland will periodically seek your views on the quality of our service provision. We welcome feedback at any time and this may be directed to the engagement lead.

Renfrewshire Council

Annual Audit Plan 2018/19

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To: Audit, Risk and Scrutiny Board

On: 21 January 2019

Report by: Director of Finance & Resources

Heading: Scottish Information Commissioner – Annual Report 2017/18

1. Summary

- 1.1 The purpose of this Report is to advise the Board on the Scottish Information Commissioner's Annual Report, "2017/18 Annual Report – Opening the door to meaningful participation". The Report is available on the Commissioner's website at <http://www.itspublicknowledge.info/home/SICReports/AnnualReports.aspx>
-

2. Recommendations

- 2.1 It is recommended that the Board notes the terms of the report.
-

3. Background

- 3.1 The Freedom of Information (Scotland) Act 2002 ("FOISA") came into force on 1 January 2005 and created a general right to obtain information from any designated Scottish public authority subject to limited exemptions. Most of the exemptions are only available if the request fails the "public interest" test. In other words, information must still be released if it is of greater benefit to the public to release the information than withhold it.

- 3.2 The Annual Report for 2017/18 explores the performance of the Office of the Scottish Information Commissioner (“OSIC”) across the Scotland.
- 3.3 Key highlights include:
- 507 appeals were received by OSIC in 2017/18. A 19% increase on 2106/17
 - In 65% of decisions the Commissioner found wholly or partly in favour of the requester
 - Only 25% of secondary school pupils are aware of their FOI rights compared to 85% of the general population.
- 3.4 Since 2014 the Commissioner has maintained ‘Statistics Portal’. Public authorities, including Renfrewshire Council, upload data on FOI and EIR (Environmental Information Regulations) requests to this portal. Data uploaded includes, the number of requests and review requests received, which exemptions and exceptions have been applied and whether statutory timescales have been met. This information is collated and published quarterly.
- In total there have been 77,528 FOI requests in Scotland in 2017/18, an increase of 4.3% over last year’s totals.
 - Renfrewshire Council received 1503 FOI requests in 2017/18, an increase of 5.7% over last year’s total of 1418.
 - The Council received 24 requirements for Review in 2017/18 compared to 29 the previous financial year.
 - Across Scotland, 2.1% of requests resulted in a requirement for review. 1.6% of requests received by the Council resulted in a requirement for review.
- 3.5 There were a total of 502 Appeals to the Commissioner in 2017/18, and the largest proportion (37%) of appeals related to requests made to local government.
- 3.6 In the 2017/18 period covered by the Report, Renfrewshire Council had three valid applications to the Commissioner, which are summarised below, for ease of reference:-

- 21 June 2017 - issue resolved with applicant and case closed without requirement for decision.
- 21 June 2017 (Decision No: 096/2017) - the Commissioner upheld the Council's decision that it did not hold information in regards to the following of procedures during a 1996 redevelopment as it was not involved in the acquisition.
- 7 March 2018 (Decision No: 031/2018) - the Commissioner upheld the Council's decision. The Commissioner concluded that the Council was correct to withhold information about a tender organised by Scotland Excel. Disclosure would cause substantial prejudice to the commercial interests of Scotland Excel and the tenderers.

- 3.7 Although the Commissioner's Report covers only 2017/18 and statistics for 2018/19 will be reported to Board next year, we can advise there has, to date, been only a single valid appeal application for the year 2018. This was received in July and the applicant withdrew the appeal before it went to the decision stage.
- 3.8 The low level of requirements for review compared to the high volume of requests processed by the Council, together with only 3 appeals to OSIC during 2017/18 indicates that the Council continues to manage its responsibilities well.
- 3.9 The Commissioner's Advisory Group of public sector practitioners was initially established to assist the Commissioner with the creation of self-assessment toolkits. The remit has now been extended to cover a wider range of FOI issues. The group meets quarterly to share experience with the Commissioner and to discuss current FOI topics. The Council is represented on the Group by Allison Black, Managing Solicitor (DPO).

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 because it is for noting only.
 8. **Health & Safety** – none.
 9. **Procurement** – none.
 10. **Risk** – none.
 11. **Privacy Impact** – none.
-

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To: Audit, Risk and Scrutiny Board

On: 21 January 2019

Report by: Director of Finance & Resources

**Heading: Commissioner for Ethical Standards in Public Life in Scotland –
Annual Report 2017/18**

1. Summary

- 1.1 The Commissioner for Ethical Standards in Public Life in Scotland has issued his 2017/18 annual report. The report is available on the Commissioner's website at

<http://www.ethicalstandards.org.uk/publications/publication/862/cespls-annual-report-and-accounts-201718>

- 1.2 The report provides details of investigation of complaints about the conduct of councillors, members of devolved public bodies and MSPs and scrutiny of Scotland's Ministerial public appointments process. Where there has been contravention of the relevant Code, the Commissioner reports this, in the case of councillors and members of public bodies, to the Standards Commission for Scotland and in the case of MSPs and in relation to lobbying complaints, to the Scottish Parliament.
- 1.3 The statutory functions of the Commissioner in relation to conduct and public appointments are set out in the report, together with details of the projects currently being developed in relation to public appointments.
- 1.4 The report relates to the second year of the 2016-20 strategic plan, looks forward to the 2018/19 period of the plan and provides an overview of the 2017/18 budget.

1. **Recommendations**

- 2.1 That the 2017/18 Annual Report by the Commissioner for Ethical Standards in Public Life in Scotland be noted; and
- 2.2 That the actions taken in Renfrewshire in relation to the Code of Conduct and members' training and development as detailed in the report be noted.

3. **Background**

Complaints About Conduct

- 3.1 The report advised that while the Commissioner experienced increased activity on public appointments, this was balanced by a reduction of approximately 25% in the number of complaints received about the conduct of councillors or members of public bodies. The largest category of complaints related to misconduct on individual applications (39). Several of these complaints involved allegations against a number of councillors, including one which named 22 members of the same authority. Complaints about the same alleged breach are investigated together as a single case. There were also 39 complaints submitted in relation to a breach of the Code's key principles and 31 complaints related to disrespect to councillors, officials and members of the public.
- 3.2 The report notes that nationally, during 2017/18 the Commissioner received 146 complaints, compared with 174 in 2016/17. The categories of complaint are set out below with the figures for 2016/17 in brackets.:

Complaints against: councillors 134(165), members of devolved public bodies 3(5) and other (outwith jurisdiction) 9 (4); complaints made by: members of the public 123(110), councillor 19(54), officer of a local authority 1 (7), MSP 1(1), member of a devolved public body 1(2) and anonymous 1(0).

- 3.3 Complaints received related to: failure to register an interest 4(6); failure to declare an interest 5(22); disrespect of councillors/officials/employees 31(63); breach of confidentiality 3 (16); misconduct relating to lobbying 3(11); misconduct on individual applications 39(15); misuse of council facilities 2(4); breach of the key principles 39(20); outwith jurisdiction 9(4); other complaints 11(13).
- 3.4 It should be noted that while the Commissioner received 146 complaints, a total of 176 complaints were closed which includes cases carried forward from previous years.
- 3.5 No specific figures relative to Renfrewshire Council are included in the report. However, information has been received separately from the Commissioner that, during the period covered by the report, one complaint was received against a Renfrewshire Councillor, for failing to declare an interest, compared with four in 2016/17 and six in 2015/16.

- 3.6 The Commissioner for Ethical Standards in Public Life in Scotland referred ten reports to the Standards Commission in 2017/18. The Standards Commission determined to hold hearings in respect of nine of the reports and, of this number, hearings were held into eight of the reports in 2017/18. The hearing in respect to the ninth report has been scheduled for 2018/19 and the Standards Commission decided to take no action in respect of one of the ten reports referred to it.

4. Code of Conduct

- 4.1 As reported to the meeting of this Board held on 6 November 2017, the Council, as part of its induction programme of events and development opportunities for councillors, provided a briefing on 10 May 2017 on Standards & Ethics in Public Life and Roles & Responsibilities of Councillors that included specific guidance on the Code of Conduct for Councillors and on registering and declaring interests.
- 4.2 Further to this, a report was considered at the meeting of Renfrewshire Council held on 27 September 2018 which advised that the Scottish Government had published an amended version of the Councillors' Code of Conduct, as agreed by the Scottish Parliament. The substantive changes to the Code related to an addition to Section 3 of the Code to make it clear that bullying or harassment was completely unacceptable and would be considered to be a breach of the Code and changes to the rules on declarations of interest by councillors who were also members of Regional Transport Partnerships. The Standards Commission had also published an Advice Note for members on bullying and harassment. There were also a number of minor changes to the Code which were intended to clarify various existing provisions. A briefing for Councillors was held on 7 November 2018 relative to the revised Code of Conduct for Councillors and associated guidance which had been issued by the Standards Commission.

5. Reviews to Inform Future Improvement

- 5.1 The Commissioner's office has three reviews underway: the first is research, which has been jointly commissioned with the Scottish Government, into the difference that diversity makes to the governance of public body boards; another review, linked to the diversity research, is into how decisions about reappointment and succession planning are made; and the third review is an examination of the Scottish Government's lessons learned process for public appointments. It is hoped that these reviews will lead to recommendations for development and implementation of the action plan.

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 Implications** - None

Author: Dave Low 0141 6187105



To: Audit, Risk and Scrutiny Board

On: 21 January 2019

Report by: Director of Finance & Resources

Heading: Scottish Public Services Ombudsman (SPSO) Annual Report 2017/18

1. Summary

- 1.1 The Scottish Public Services Ombudsman (SPSO) has issued her 2017/18 annual report. The report is available on the SPSO's website at www.spsso.org.uk
 - 1.2 The SPSO is the final stage for complaints about councils, the National Health Service, housing associations, colleges and universities, prisons, most water providers, the Scottish Government and its agencies and departments and most Scottish authorities. Local government remained the sector about which the SPSO received most complaints, 1,478 (29%) from a total of 5,029 complaints and enquiries, with the National Health Service again receiving the second highest number of 1,406 (28%).
 - 1.3 This year the SPSO advised that her standards team would be working to assess the effectiveness of developing the NHS model complaints handling procedures in place cross the public sector in Scotland. The SPSO has also introduced a strategic risks register for her service to reflect on strategic risks and how they impact on, and integrate with, operational risks and delivery of the SPSO business plan. She highlighted resources as her chief risk but advised that the backlog of cases had been cleared in December 2017.
-

2. Recommendations

- 2.1 That the SPSO's 2017/18 Annual Report be noted; and

- 2.2 That it be noted of the 48 complaints against Renfrewshire Council determined by the SPSO in 2017/18 four were investigated, three were partly upheld and one was not upheld.
-

3. **Background**

- 3.1 The report advised that in 2017/18 the SPSO saw an increase in overall caseload compared with the previous year. Nationally, in 2017/18 the SPSO received 5,029 complaints and enquiries, compared with 5,586 in the previous year. There were 4,125 complaints handled compared to 4,182 in 2016/17 and 904 enquiries compared to 1,404 enquiries in 2016/17.
- 3.2 Of the 4,125 complaints handled, 734 went to full investigation compared to 804 in 2016/17, 1,406 were about the health sector and 1,478 complaints were about local authorities. Of the 734 complaints investigated, the SPSO upheld or partly upheld 58.8% of complaints compared to 54% in 2016/17. Of the investigations completed, 23 cases were reported in full as public investigation reports (compared with 21 the previous year). Typically, public reports cover more serious complaints, often with wider significance to other organisations and which may be more complex and resource intensive. None of these related to Renfrewshire. The SPSO made 1,192 recommendations for redress and improvements to public services compared to 1,379 in 2016/17. The proportion of complaints that reached the SPSO before completing authorities' procedures (premature complaints) dropped again from 28% to 24%.
- 3.3 No complaint details for specific organisations are included in the report. However, information is received separately from the SPSO, in their annual letter, which indicates that the number of complaints received by the SPSO relative to Renfrewshire was 48 in 2017/18 compared with 47 in 2016/17 and 56 in 2015/16.
- 3.4 It should be noted that received and determined numbers do not tally as complaints determined include cases carried forward from previous years.
- 3.5 The SPSO will not generally consider a complaint unless the complainer has gone through the Council's complaints procedure fully. The Board receives an annual report on the Council's complaints performance.
- 3.6 In 2017/18 the Council received 6,098 complaints, compared with 6,364 in 2016/17. The annual report on the Council's complaints will be submitted to a future meeting of this Board.
- 3.7 During the period of the report the SPSO determined 48 complaints relative to Renfrewshire compared with 49 in 2016/17 and 52 in 2015/16. Of the 48 complaints determined by the SPSO during 2017/18, four were investigated, three were partly upheld and one was not upheld. SPSO decision reports relative to the three partly upheld complaints are attached as appendices to this report. The SPSO has accepted that the actions taken by the Council have addressed the recommendations contained in the three investigations reports and all three cases have now been closed.

Outcome	2017/18	2016/17	2015/16
Premature	18	16	28
Out of jurisdiction	6	10	10
Withdrawn	10	7	9
No outcome	5	4	2
Resolved	2	1	0
Not upheld	1	1	2
Fully upheld	0	3	0
Partly upheld	3	1	1
Proportionality	3	6	0
Total	48	49	52

- 3.8 The main subjects of complaints received in Renfrewshire during the period are as follows, with 2016/17 figures in brackets. The subjects are the SPSO's and may not relate directly to the way Renfrewshire Council services are organised: Housing 9(9); Education 0(5); Social Work 8(5); Finance 8(5); Roads & Transport 4(7); Legal & Admin 8(2); Planning 2(3); Environmental Health & Cleansing 6(5); Economic Development 0(2); Personnel 1(0); and Subject Unknown 3 (4).
- 3.9 The report advised that the NHS had implemented a model complaints handling procedure which meant that all Scottish public services now take the same two-stage approach to complaints handling. Integration Joint Boards (IJBs) must also have a complaints handling procedure which complies with the principles approved by the Scottish Government in 2011. To support IJBs the SPSO developed a model complaints handling procedure template during 2017/18. When this is adopted in full by IJBs, they will be compliant.

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 Implications** - None

Author: Dave Low 0141 6187105

SPSO decision report

Case: 201604136, Renfrewshire Council
Sector: local government
Subject: policy/administration
Decision: some upheld, recommendations

Summary

Ms C complained to the council about a decision taken to refer a concern about her child (child A) to the social work department. The referral occurred after the head teacher of child A's primary school became aware of an incident that was considered to be a potential welfare concern to the child. The head teacher separately called Ms C and child A's father (Mr B) and asked them both to attend a meeting. A meeting was not arranged and the head teacher then decided to refer the concern to social work. The reasons given for this decision were that the incident gave rise to a potential welfare concern to child A and that the parents refused to attend a meeting.

Ms C said that neither she nor Mr B were able to attend a meeting on the date suggested and that the school was unwilling to arrange a meeting at a convenient time. We found that the school's records did not provide a consistent picture in relation to whether child A's parents were willing to attend a meeting. Based on the evidence available, we were unable to establish whether the parents would have attended a meeting on a different date.

We were critical that the record-keeping in relation to this matter was not as complete as it should have been, and records were not kept in accordance with the council's standard circular, 'Protecting Children and Ensuring their Wellbeing'. We made recommendations in relation to this. We concluded that the decision to refer the concern to social work was one that involved the head teacher exercising their professional judgement based on their assessment of the information available at the time. We also found the correct procedure for the referral had broadly been followed. In view of this, we did not uphold this complaint.

Ms C also complained that the school had unreasonably failed to amend information in child A's educational records. We found that Ms C had complained that the record was inaccurate, but we did not consider that Ms C made a clear request for this information to be removed. We concluded that the council had not failed to take appropriate action in relation to this matter. For this reason, we did not uphold this complaint.

Ms C raised concerns about the council's handling of her complaint. We found that Ms C initially submitted an online complaint to the council, but this had not been logged or acknowledged in accordance with the council's procedure which meant that Ms C had to contact a councillor to progress her complaint. The council acknowledged to us that they had not appropriately responded to Ms C's query about a meeting and we concluded that the council had missed a potential opportunity to resolve (at least part of) the complaint at an earlier stage. We also found that the council had not kept appropriate records of their complaint investigation. We upheld this complaint.

Recommendations

What we asked the organisation to do in this case:

- Provide Ms C with a written apology for the shortcomings in record-keeping and the complaints handling failings, which should comply with the SPSO guidelines on making an apology, available at www.spsa.org.uk/leaflets-and-guidance.

What we said should change to put things right in future:

- Detailed records should be kept in accordance with the procedures within the council's circular 'Protecting Children and Ensuring their Wellbeing'.

We have asked the organisation to provide us with evidence that they have implemented the recommendations we have made on this case by the deadline we set.

SPSO decision report

Case: 201603215, Renfrewshire Council
Sector: local government
Subject: advertisement of proposals: notification and hearing of objections
Decision: some upheld, recommendations

Summary

Ms C complained about the redevelopment of a park which backs on to her property. Ms C also complained about how the council responded to her complaints.

Ms C complained that the layout of the redevelopment of the park had changed and that she had not been consulted on this matter. The council explained that the original plans were concept designs only, and that it was normal for the specifics of the design to evolve as the project progressed. Non-material variation permissions were sought for the movement of some park equipment. We took independent advice from a planning adviser. The adviser said that the council's response and explanation were reasonable and was satisfied that the correct permissions had been sought. We did not uphold this complaint.

In relation to Ms C's complaint about the way that the council had handled her complaint, we found that the council had not treated correspondence from either Ms C or her representative as complaints when they should have been. Therefore, we upheld this complaint.

Recommendations

What we asked the organisation to do in this case:

- Apologise to Ms C for not reasonably responding to her correspondence. The apology should meet the standards set out in the SPSO guidelines on apology available at <https://www.spsso.org.uk/leaflets-and-guidance>.

In relation to complaints handling, we recommended:

- The council should be clear about what process to put correspondence into. They should check this with the sender, if they are unsure. Correspondence should be replied to promptly, or the sender should be told why there will be a delay, or why no response will be issued.

We have asked the organisation to provide us with evidence that they have implemented the recommendations we have made on this case by the deadline we set.

SPSO decision report

Case: 201702843, Renfrewshire Council
Sector: local government
Subject: policy / administration
Decision: some upheld, recommendations

Summary

Mrs C raised four complaints relating to a charging order (a charging order means that a property could be used to repay a debt) taken over her mother's home by the council.

Mrs C complained that the council failed to advise her that her mother's care would be financed by a deferred payment, with a charging order being taken over the property. Mrs C also raised concern that the council failed to reasonably advise her that the charging order would rank ahead of other chargers. We found that the council wrote to Mrs C advising her that her mother was required to pay for a shortfall in funding, and that this could be covered by a deferred payment with a charging order being taken over the property. We found that the council also wrote to Mrs C to advise her that a charging order was being taken and that the property could not be sold until the council's debt, which was covered by the charging order, was repaid. We also found that the council advised that Mrs C should take independent legal advice on these issues. We did not uphold these two aspects of the complaint.

Mrs C also complained that the council failed to provide her with a reasonable explanation regarding the charges incurred by the council which would be repaid on the sale of the property. Whilst we found that the council had provided information on some issues, we found that they did not explain specifically what Mrs C's mother would be charged for her weekly care. The council also charged Mrs C's mother to discharge the charging order and did not advise her up front that this was a cost she would be required to meet. We upheld this aspect of the complaint.

Recommendations

What we asked the organisation to do in this case:

- Issue an apology to Mrs C for failing to provide her with reasonable information regarding the charges incurred by the council on behalf of her mother that would be repaid on the sale of the property.
- Return to Mrs C the sum of money she paid to discharge the charging order.

What we said should change to put things right in future:

- Ensure that documentation issued to a client or their representative at the outset sets out clearly the costs that the client is responsible for paying either up front or as a deferred payment under a charging order.
- Ensure that the client is notified in advance if they are required to pay the legal fee for the discharge of a charging order.
- Consider whether or not it would be possible to more promptly and proactively alert clients to accruing debt under a charging order.

We have asked the organisation to provide us with evidence that they have implemented the recommendations we have made on this case by the deadline we set.



To: Audit, Risk and Scrutiny Board

On: January 2019

Report by: Director of Finance and Resources

Heading: Records Management Plan Update

1 Summary

- 1.1 To comply with the Public Records (Scotland) Act 2011 ("PRSA"), the Council created a Records Management Plan ("RMP") to guide continual improvement of its record keeping. The Council's RMP was approved by Council on 25 February 2016 and it was decided that an annual report would be submitted to the former Audit, Scrutiny and Petitions Board.
 - 1.2 Agreement of the RMP was reached with the Keeper of the Records "the Keeper" of Scotland on 16 August 2016.
 - 1.3 On 5 May 2018 the Keeper invited the Council to submit an annual Progress Update Reports ("PUR") on the Council's implementation of its RMP.
 - 1.4 On 27 June 2018 the Council submitted a PUR.
 - 1.5 On 10 October 2018 the Council received the PUR Report from the Keeper.
-

2 Recommendations

- 2.1 To note that the contents of this report and agree that annual reports will continue to be submitted to this Board.

3 Background

- 3.1 The PRSA came into force on 1 January 2013. Under the PRSA, named Scottish public authorities are required to manage their corporate records efficiently and effectively. To this end, each of these authorities must submit a formal RMP to the Keeper of the Records of Scotland (“the Keeper”) for his approval. The Keeper has published a ‘model RMP’ that explains the various elements he would expect to see in a public authority RMP. The Council’s own RMP is based on this model
- 3.2 The Council submitted its RMP to the Keeper on 31 March 2016 after being approved by Council on 25 February 2016 and by Renfrewshire Licensing Board on 07 March 2016 as a joint RMP. Conditional agreement from the Keeper was received on 16 August 2016.
- 3.3 The Keeper has fully accepted 11 out of the 16 elements of the RMP with the remaining 5 elements being on an improvement plan. The full assessment report can be provided by the Records Manager or is available from:
- <http://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/assessment-reports>
- 3.4 The Council has until the year 2021 to have its RMP fully agreed with the Keeper. Prior to the 2018 PUR submission, the elements that require agreement were:
1. Element 4 - Business classification
 2. Element 6 - Destruction arrangements
 3. Element 7 - Archiving and transfer arrangements
 4. Element 11 - Audit trail
 5. Element 13 - Assessment and review
- 3.5. The self-assessment review mechanism was announced in the Keeper’s 2016 Annual Report and has been developed in partnership with the Stakeholder Forum. Formally launched on 14 December 2016 the PUR mechanism is intended to help authorities demonstrate their

continuing compliance with s.5(1)(a) of the PRSA keep their RMPs under review. It is also an opportunity for authorities to highlight and share with us the advances being made in the provision of their records management services and to receive impartial feedback and advice on those advances by the Assessment Team.

4. Progress Update Report Findings

- 4.1. Within the PUR, the Council provided updates on the areas marked as requiring improvement within the original RMP Assessment Report produced the Keeper. The Keeper advised that Elements 6, 11 and 13 were now at Green standard. The Keeper has come back with the following comments. Where appropriate our next steps are noted after the comment.
- 4.2. **'Element 4 – Business Classification' – Remains at Amber**
- 4.3. *'It is clear that a Business Classification Scheme has now been developed. The use of the Local Government Classification Scheme is sensible, aligning with existing Scottish local authority classifications.'*
- 4.4. *A gradual approach to rolling out the business classification scheme should ensure that there is more committed uptake of its use. As with most aspects of records management, schemes work best when the staff implementing them can see a benefit to their work and can take ownership of implementing them positively.*
- 4.5. *SharePoint and OneDrive should both be structured to implement the business classification scheme to minimise legacy issues over time.*
- 4.6. *The Assessment Team would welcome further updates in future PURs.'*
- 4.7. It has been agreed that the Business Classification Scheme and Retention Schedule will be added to the Information Management Strategy action plan, aligning it with the principles in the strategy. This will ensure that, where relevant, future IT tender requirements will include the need for Function Classification and Retention Period monitoring functionality. It is anticipated that this will aid our progress to Green status for Element 4.
- 4.8. **'Element 6 - Destruction arrangements' - Updated to Green**
- 4.9. *'The Records Disposal Policy (Jan 2018 v1.0) has been provided. The Keeper thanks the Council for keeping its submission up to date. Annual statements of assurance from directors is good practice. Public authorities are at risk of not being able to comply with FOISA if they do not know when, why and on whose authority records have been destroyed. A robust retention schedule which clearly states when*

classes of information are destroyed (or preserved) and evidence of that destruction, either by certificate or by procedural documentation made available to staff, with additional evidence of staff training on the importance of proper records, is an acceptable, pragmatic method of complying with Element 6. Sufficient evidence of this has been provided to enable the Assessment Team to consider it likely that if this were a statutory review the RAG status would move to Green.'

- 4.10. **'Element 7 - Archiving and transfer arrangements' – Remains at Amber**
- 4.11. *'The Council's Guidelines for Archival Records (Dec 2016 v0.1) has been provided. The Keeper thanks the Council for providing evidence of this development.*
- 4.12. *The current iteration of the Guidelines do not yet fully cover the gap. It is not clear which records the Heritage Centre is able to accept and the Council's retention schedules appear to indicate that not all records of enduring value are being transferred to the Heritage Centre.*
- 4.13. *The Assessment Team recommend that in developing the next iteration of the Guidelines, the Council should ensure it has professional archival advice both on preservation and making records accessible to the public through appropriate facilities. The Assessment Team also recommend that the Council consider the Keeper's "Supplementary Guidance on Proper Arrangement for Archiving Public Records" when developing these Guidelines.'*
- 4.14. The Council archiving processes are currently under review. The new Corporate Records Centre at Wallneuk will help the Council to order and list the archives it holds and to maintain them in a secure and environmentally suitable location. Once this list is complete, relevant guidance and procedures can be put in place to organise how future archive materials are collated and stored.
- 4.15. **'Element 11 - Audit trail' - Updated to Green**
- 4.16. *'The ability to maintain an audit trail has been identified in a number of software systems that are in wide use in Renfrewshire Council and other local authorities.*
- 4.17. *Version control guidance (Feb 2018 v1.0) has been provided. The Keeper thanks the Council for bringing its submission up to date.*
- 4.18. *As the business classification scheme is rolled out and structured SharePoint and OneDrive systems replace unstructured shared drives, the Team would encourage further use of version control and audit mechanisms including records of destruction. This will assist the Council in ensuring that retention schedules are applied appropriately.*

- 4.19. *The Assessment Team would welcome further updates in future PURs. The Assessment Team consider that sufficient evidence of progress in this area has been provided to move the RAG status of this element to Green.'*
- 4.20. **'Element 13 - Assessment and review' - Updated to Green**
- 4.21. *'Annual reports to a Council Board consisting of Elected Members is very positive and the Council is to be commended for giving records management a high profile in this way. Auditing the Plan is also positive. The Keeper would like to see the assessment methodology that is currently in use.'*
- 4.22. *The Council is also to be commended for making use of the Progress Update Review process as part of their assessment methodology. The Assessment Team consider that sufficient evidence of progress in this area has been provided to move the RAG status of this element to Green.'*
-

5 2019 PUR

- 5.1 Following the 2018 PUR submission and report, the elements that still require agreement are:
1. Element 4 – Business classification
 2. Element 7 – Archiving and transfer arrangements
- 5.2 In preparation for the 2019 PUR, through the Records Management Group, the steps noted in Section 4 will be carried out to progress the two outstanding elements. There will also be a review of the elements marked as Green following the submission of the original RMP in 2016.
-

Implications of the Report

1. **Financial** – *none*
2. **HR & Organisational Development** – *none*
3. **Community Planning** – Implementing good records management principles within the organisation supports the Council to deliver on its key objectives and priorities.
4. **Legal** – Implementation of the RMP is a key element in complying with the Public Records (Scotland) Act 2011.

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 for example 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** - Effective records management can only have a positive impact on people's privacy whereby records are only retained for as long as necessary and are kept securely.
12. **Cosla Policy Position** – *none*

List of Background Papers

- (a) *none*
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To: Audit, Risk and Scrutiny Board

On: 21 January 2019

Report by: LEAD OFFICER

Heading: Review of the newly introduced speed limit in Brookfield (A761)

1. Summary

- 1.1 At its meeting on 15 September 2017 members of the Audit, Risk and Scrutiny Board agreed the purpose and scope of this review. This report provides information for the Board's consideration and outlines the final witness for the review.
 - 1.2 Incorporating the final witness' views this report also sets out the findings of the review for the Board's consideration.
-

2. Recommendations

2.1 The Board is asked to:

- Note the progress of the review and content of this report;
- Consider the information provided in this report and the views of the final witnesses at this Board;
- Agree the findings of the review, as set out in Section 6 of this report, along with any additional findings arising from information presented to the Board at this meeting

3. Background

- 3.1 The scoping paper presented to the Board in August 2018 set out the specific context and focus for this review. The next steps were agreed by the Board.
- 3.2 In 2006 the Scottish Government provided new guidance to Local Authorities regarding the speed limit on roads under their control. The guidance provided a detailed framework for how speed limits should be assessed and imposed. Within this guidance was an instruction for each Local Authority to carry out a “Speed Limit Review” on all A and B class roads by 2011.
- 3.2 In carrying out this review in 2011 the following information was gathered and considered for all A and B class roads in Renfrewshire:
- Accident records
 - Traffic volumes
 - Existing mean speeds
 - Geographical layout and physical characteristics
 - Location and type of existing speed limit

The review identified several locations where the existing speed limit did not meet the framework’s criteria and requested consideration to reducing the speed limit on those locations. The review did identify some locations where a technical evaluation suggested a raised speed limit. At this time Council officers suggested that there was little or no support for raising speed limits and consequently proposed no increased speed limits.

- 3.3 In 2011 the Environment and Infrastructure Policy Board approved, subject to police agreement, a list of speed limit reductions on nine A and B class roads. This included the section of the A761 going through Brookfield being reduced to 30mph, from the original speed of 60 mph.
- 3.4 In the original proposal for this review it is suggested this reduction was excessive and 40 mph was quite adequate with the old restricted stretch through Brookfield village staying at 30mph.
- 3.5 The Board agreed the scope of the review would be limited to hearing from three key witness groups. These were Renfrewshire Council, Police Scotland and local representation by Brookfield Community Council.

4. Previous Board Meeting on 5 November

- 4.1 Two witnesses attended this Board. An officer from Renfrewshire Council's Environment and Communities Services provided a written report and answered the Board's questions. A Traffic Management officer from Police Scotland also attended and answered members' questions.
- 4.2 In short, the Environment and Communities Council Officer advised his service holds the view that the current speed limit is appropriate and it would not recommend any increase at this time. Similarly, Police Scotland advised it felt the current speed limit was suitable, has been successfully implemented and it too would not support an increase. Both witnesses noted a reduction in incidents since the implementation of the new speed limit. Accident comparison information was also shared in the previous Board report which evidenced a reduction in incidents since the new speed limit was implemented.

5. Witnesses to Board Meeting 21 January 2018

- 5.1 As previously agreed a representative from Brookfield Community Council will attend this meeting to answer any of the Board's questions. The Community Council has provided a written report which articulates its view. This is attached in **Appendix 1**.
- 5.2 Brookfield's Community Council view is unambiguous. It supports the current speed limit of 30 mph and is opposed to any potential increase.
- 5.3 A council officer from Environment and Communities Services will also be available to the Board to respond to any technical queries or provide any further information required.

6. Conclusion of the Review

- 6.1 In line with the agreed, specific scope of the Review no further witnesses or information will be presented unless the Board directs otherwise.
- 6.2 If there are no further requests or directions from the Board, the key findings of this review can be summarised as the following:
 - The key stakeholders and interested parties are all in clear agreement that the speed limit on this particular stretch of road should not be increased. This includes the services which have the authority and

technical expertise in this area. Significantly this also includes a strongly held view of the local Community Council.

- There is evidence that since the limit's introduction there have been less traffic incidents on this stretch of road.
- When the speed limit was introduced there were no objections lodged.
- The Scottish Government recommends that too many changes of speed limit along a route should be avoided to reduce confusion to drivers. The Environment and Communities Service views the 30 mph limit as consistent within the local road network.
- Brookfield Community Council describes longstanding concerns about poor visibility for vehicles entering into and exiting from the village from this road. It is concerned any speed limit increase would heighten the risks to both motorists and pedestrians further.
- There are new and further planned residential developments within this area. As well as potentially increasing both road and pedestrian use generally this may also lead to an increased use of Merchiston Drive. This Drive feeds onto this stretch. This could lead to more vehicles pulling out directly onto the A761 and also slowing down to turn in. This is a previously, mostly unused spot.

6.3 Within its agreed scope, the review has not found any directly involved party or evidence that favours an increase in the speed limit. Therefore it would suggest the current speed limit is appropriate and no further action is required at this time.

Implications of the Report

1.	Financial	- none
2.	HR & Organisational Development	- none
3.	Community/Council Planning	- none
4.	Legal	- none
5.	Property/Assets	- none
6.	Information Technology	- none

7. Equality & Human Rights - none

(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 - none

11. Privacy Impact - none

12. Cosla Policy Position - none

List of Background Papers

1. Report from Brookfield Community Council

The foregoing background papers will be retained within Social Work Services 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 David Wilson, Social Work Manager, 0141 207 7777

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Appendix 1

Report from Brookfield Community Council

REPRESENTATIONS OF BROOKFIELD COMMUNITY COUNCIL IN RELATION TO REVIEW OF SPEED LIMIT ON BRIDGE OF WEIR ROAD FROM DEAFHILLOCK ROUNDAABOUT TO BRANSCROFT

1. While Renfrewshire Council's Environment and Infrastructure Board, at its meeting on 8th. June 2011, approved the reduction in the speed limit to 30 m.p.h. in Bridge of Weir Road (A761) between Deafhillock Roundabout and Branscroft Brae, a statutory process required to be followed, including consultation with Strathclyde Police, before the new speed limit order could be implemented. The Report from Environment and Community Services, submitted to the Audit Risk and Scrutiny Board meeting on 5th. November 2018 confirmed that the speed limit order was promoted and as there were no objections to the speed limit order it was implemented. 30 m.p.h signs were put up on Bridge of Weir Road in late January/early February 2014. The Report from the Environment and Community Services also recommended that the current speed limit of 30 m.p.h. is appropriate and should not be raised.
2. The Report of Mr. David Wilson also submitted to the Audit Risk and Scrutiny Board meeting on 5th. November 2018 indicated that Police Scotland would not actively support any increase in the speed limit as there had been a reduction in incidents since implementation of the speed limit order and this was confirmed by the Police representative at the meeting of the Board on 5th. November 2018.
3. Brookfield Community Council had been supportive of the speed limit order and indeed had been pressing Renfrewshire Council to implement the order for the following reasons:-
 - a) Albert Road and Victoria Road, situated on the north side of Bridge of Weir Road are the main routes into and out of the Village of Brookfield. Because of poor visibility at both these junctions, it can be dangerous for

vehicles trying to get into and out of the Village into Bridge of Weir Road either going towards Johnstone or Bridge of Weir.

b) There are other junctions in Bridge of Weir Road between Deafhillock Roundabout and Branscroft Brae which are also dangerous because of poor visibility – Sandholes Road, the entrance to three private houses near to the premises of Brookfield Alarms and Merchiston Drive all situated on the north side of Bridge of Weir Road. The junction at the Branscroft Brae, the entrance to the White House of Milliken and another entrance to two private houses situated between Sandholes Road and Branscroft Brae, which are situated on the south side of Bridge of Weir Road are other difficult junctions particularly if vehicles in Bridge of Weir Road are travelling at speed.

c) The Village of Brookfield lies on the north side of Bridge of Weir Road. Between Albert Road and Victoria Road, there is a bus stop on either side of Bridge of Weir Road. Residents of Brookfield using the buses require to cross Bridge of Weir Road which can be very difficult and dangerous even with a 30 m.p.h. speed limit. While there is a slip road at the bus stop on the south side of Bridge of Weir Road, there is no slip road on the north side so traffic behind any bus usually requires to wait until the bus has deposited passengers or passengers have got onto bus. On occasions, vehicles try to overtake the stationary bus and this too can be dangerous particularly if vehicles are travelling at speed.

d) There is a pavement for pedestrians on the north side of Bridge of Weir Road only and at parts the pavement is very narrow. Even with a speed limit of 30 m.p.h. pedestrians walking in Bridge of Weir Road feel unsafe and vulnerable. In the Summer months walking can be even more difficult and dangerous because of overgrown hedges at parts of Bridge of Weir Road.

4. Since implementation of the speed limit order in 2014, there have been the following changes which will result in more vehicles and potentially more pedestrians using this stretch of Bridge of Weir Road:-

a) David Wilson Homes carried out improvements to Deafhillock Roundabout and it now includes a fifth arm which is the main access to and egress from Weirs Wynd (which is a development of 293 houses). David Wilson Homes also

widened the slip road leading to A737 at the Barochan Interchange as part of their planning permission. While widening the slip road has helped the flow of traffic, queuing still takes place at peak times and can extend around the Roundabout and into Bridge of Weir Road for traffic travelling from Bridge of Weir and Brookfield.

b) Merchiston Drive is situated on the north side of Bridge of Weir Road. Currently it is the means of access and egress for residents of the six houses in Merchiston Drive. However, when David Wilson Homes/Barratt complete the second phase of their development at Weirs Wynd, Merchiston Drive will be used by considerably more vehicles than at present. The intention of David Wilson/Barratt is to provide a slipway for buses to stop just before Merchiston Drive on the north side of Bridge of Weir Road. There is another bus stop near to Merchiston Drive adjacent to the entrance to the White House of Milliken on the opposite side of Bridge of Weir Road. In terms of their planning consent, David Wilson/Barratt are also going to put traffic islands in the middle of Bridge of Weir Road, the purpose of which is to slow traffic to allow passengers to cross Bridge of Weir Road.

Within the last few weeks, Barratt has submitted to the Planning Department an application to substitute Barratt houses for David Wilson Houses. The net effect will be to increase the number of houses being built in the development to 303. This latest application, which has yet to be determined, affects the part of the development near to Merchiston Drive and if this application is granted, the number of houses using Merchiston Drive as a means of access to and egress from Weirs Wynd will be further increased.

5. Also since implementation of the speed order in 2014, the speed limit in Barochan Road from Johnstone/Barochan Interchange to Deafhillock Roundabout is 30 m.p.h. The speed limit in Barochan Road from Deafhillock Roundabout travelling towards Houston is 30 m.p.h. and then it becomes derestricted adjacent to the site traffic entrance to Weirs Wynd. The speed limit in Bridge of Weir Road from Deafhillock Roundabout to Linwood is 30 m.p.h. and it becomes 20 m.p.h. shortly before St. Benedict's School. The speed limit in Bridge of Weir Road from Deafhillock Roundabout to Kilbarchan Cemetery is 30 m.p.h. It would be inappropriate therefore to increase the

speed limit in Bridge of Weir Road from Deafhillock Roundabout to Branscroft Brae.

The changes detailed in 4 and 5 above and also the fact that members of Brookfield Community Council regularly raise with the Community Police, at Community Council meetings, their concern about the speed of cars and lorries travelling on Bridge of Weir Road through the Village, enforce Brookfield Community Council's view that the speed limit in Bridge of Weir Road from Deafhillock Roundabout to Branscroft Brae should not be increased from 30 m.p.h.

