

Notice of Meeting and Agenda Audit, Risk and Scrutiny Board

Date	Time	Venue
Monday, 19 January 2026	15:00	Council Chambers (Renfrewshire), Council Headquarters, Renfrewshire House, Cotton Street, Paisley, PA1 1AN

MARK CONAGHAN
Head of Corporate Governance

Membership

Councillor Andy Doig (Convener): Councillor Janis McDonald (Depute Convener):

Councillor Jennifer Adam: Councillor Gillian Graham: Councillor Lisa-Marie Hughes:
Councillor Robert Innes: Councillor James MacLaren: Councillor Will Mylet: Councillor Ben Smith:

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.

Webcasting of Meeting

This meeting will be filmed for live or subsequent broadcast via the Council's internet site – at the start of the meeting the Convener will confirm if all or part of the meeting is being filmed. To find the webcast please navigate to

<https://renfrewshire.public-i.tv/core/portal/home>

Hybrid Meeting

Please note that this meeting is scheduled to be held in the Council Chambers. However, it is a hybrid meeting and arrangements have been made for members to join the meeting remotely should they wish.

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 email

democratic-services@renfrewshire.gov.uk

Published: 12/01/26

Apologies

Apologies from members.

Declarations of Interest and Transparency Statements

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

AUDIT

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MONITORING & REVIEWING SERVICE DELIVERY PERFORMANCE POLICIES AND PRACTICE

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AUDIT EXEMPT

Exempt Item

Exempt documents are no longer available in print format. You will require to log in to Audit, Risk & Scrutiny Exempt Items to access documents. Please note that access to exempt documents is now restricted.

EXCLUSION OF PRESS AND PUBLIC

The Board may by resolution exclude the press and public from the meeting during consideration of the following items 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 4 of Part I of Schedule 7A of the Local Government (Scotland) Act, 1973.

10 Summary of Internal Audit Investigation Reports for the period 01 October 2025 to 31 December 2025

Report by Chief Auditor.



To: Audit, Risk and Scrutiny Board

On: 19 January 2026

Report by: Chief Auditor

Heading: Summary of Internal Audit Reports for period 01 October to 31 December 2025

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 of audit engagements completed during the period 01 October to 31 December 2025 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 OneRen and Renfrewshire Integration 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 Internal Audit Reports finalised during the period from 01 October to 31 December 2025.
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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
13. **Climate Risk** – None
14. **Children’s Rights** - None

Author: Karen Campbell, Chief Auditor– 07768354651

Appendix 1

Renfrewshire Council

Internal Audit Service

Update for Audit, Risk and Scrutiny Board

Final Audit Reports issued from 01 October – 31 December 2025

Category	Service	Engagement	Assurance Rating	Recommendation Ratings			
				Critical	Important	Good Practice	Service Improvement
Governance	Children's Services	Governance of Learning Estate Investment Programme	Reasonable	0	0	2	0
Assurance	Chief Executive's/ Environment, Housing and Infrastructure	Surplus Building Security	Limited	2	4	1	0

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

Children's Services



Governance of the Learning Estate Investment Programme (B0018/2025/001)

Date: October 2025

COMMITTEE SUMMARY

Audit Objectives

The objectives of the review were to ensure that the Learning Estate Strategy and Delivery Board (the Board) is operating in line with the Terms of Reference and Governance Framework which was approved in August 2024 and is effectively monitoring, managing and controlling delivery of the Learning Estate Programme. This should include ensuring that:

1. There is adequate communication between Services to ensure that a holistic approach is undertaken to facilitate the delivery of the Programme.
2. Arrangements are in place to ensure that the Learning Estate Delivery Board are receiving timely and adequate information to enable delivery of the programme objectives.
3. Regular progress reports are provided to relevant parties including Boards and Corporate Management.

The Board is a working strategic Board convened of Senior Officers.

Audit Scope

1. Obtained a copy of the Terms of Reference and Governance Framework in place for the Learning Estate Strategy and Delivery Board.
2. Prepared a series of tests relevant to the objectives to ascertain the level of compliance with the Framework
3. The auditor reviewed governance matters reported to the Learning Estate Strategy and Delivery Board and communications between services for 2 projects.

Key Audit Assurances

- The Learning Estate Strategy and Delivery Board is operating in accordance with its Terms of Reference and Governance Framework. The Board demonstrates effective oversight through structured meetings, documented decisions, and alignment with strategic objectives. Roles, responsibilities, and delegated authorities are clearly defined and adhered to.
- There is evidence of effective communication and collaboration between key services (e.g., Finance, Legal, Property, Education, Communications Services). This supports a holistic and integrated approach to programme delivery, with regular inter-service engagement and coordinated planning.
- The Board receives timely, relevant, and comprehensive information to support effective decision-making. Regular updates include programme status reports, risk registers, financial summaries, and strategic updates. Issues are escalated appropriately, and decisions are responsive to current information.
- Regular progress reports are provided to the Education & Children's Services Policy Board.

Internal Audit Report

Children's Services



Governance of the Learning Estate Investment Programme (B0018/2025/001)

Date: October 2025

Key Risks

There were no key risks identified during the audit.

Overall Audit Opinion

The arrangements in place for Governance of the Learning Estate Programme were found to be robust. The governance, communication and reporting arrangements in place for the Learning Estate Strategy and Delivery Board are effective and operating as intended. The Board is compliant with its Terms of Reference and Governance Framework and there is clear evidence of effective monitoring, cross-service collaboration and timely decision-making.

It was noted that work has been undertaken by Children's Services management to improve school roll projections to enhance Learning Estate planning.

Two issues were identified which required management action, in relation to the absence of formal training and awareness sessions on capital monitoring and financing, and a formalised reporting mechanism to both the Children's Services Directorate and the Corporate Management Team.

Management Commentary

These issues have been addressed. A Learning Estate Team Development Day has taken place and there are regular knowledge share across all parties involved in the programme as and when required. In addition to the regular updates provided to key stakeholders and the public facing board papers which are produced, regular updates to the Corporate Management Team and Children's Services Directorate have been planned in line with the governance framework.



Internal Audit Report

Chief Executive's/Environment, Housing & Infrastructure

Surplus Buildings Security - General Security (A0021/2026/001)

Date: December 2025

COMMITTEE SUMMARY

Audit Objectives

The audit objectives were to ensure that: -

- There are documented procedures detailing roles and responsibilities in relation to the security of surplus council buildings which are made known to and are accessible by the appropriate officers.
- The appropriate officers are notified as soon as possible that a building is surplus to requirements and an adequate action plan involving all relevant services is put in place with designated responsibilities.
- The buildings are risk assessed, secured promptly and adequate key holding arrangements are in place.
- An estimate of costs to keep buildings secure is identified and budgeted for.
- The required actions, including any arrangements detailed by the council's insurers, are organised and promptly carried out by nominated officers to maintain the security of surplus council buildings.
- There is adequate management oversight of the processes being followed.
- Appropriate action is taken to address any security incidents promptly.

Audit Scope

Interviewed relevant officers to obtain the process in place regarding the security of surplus council buildings.

- Prepared a series of tests to meet the above objectives.
- The auditor selected 2 surplus day centres for detailed testing.

Key Audit Assurances

- For the properties tested, appropriate actions were taken to address security incidents promptly.

Key Risks

- The lack of documented procedures and action plans can lead to inconsistent processes and unclear roles and responsibilities when dealing with surplus buildings.
- Where risk assessments for closedown of properties are not documented, there is no evidence that they have been completed or what work was carried out.
- Where there is no dedicated budget or financial monitoring for surplus buildings, there is a lack of clear oversight and accountability for these costs.
- When insurance obligations for unoccupied buildings are not met, the insurers may invalidate the insurance for those properties.



Internal Audit Report

Chief Executive's/Environment, Housing & Infrastructure

Renfrewshire
Council

Surplus Buildings Security - General Security (A0021/2026/001)

Date: December 2025

- When management oversight and decisions relating to surplus properties are not recorded, there is a lack of transparency in the decision-making process.

Overall Audit Opinion

The audit highlighted significant weaknesses in the system of internal control. Although some actions had been undertaken satisfactorily to complete the closedown and management of the surplus buildings selected for testing, there was no formal, standardised process followed relating to this, nor was there an action plan detailing actions to be taken and there was no evidence of risk assessments being completed. Roles and responsibilities were not clear and there was a lack of documented oversight of the complete process. Furthermore, the insurance conditions for unoccupied buildings regarding property inspections were not being met for one of the properties tested. We were advised that this is the case for many other properties

Management Commentary

Management within both services are in the process of implementing the audit recommendations and will apply them to all empty buildings and not just those designated as surplus. A list of all empty properties is currently being compiled and this will be used to estimate the resource and cost implications to meet any insurance policy requirements and any additional funding requirements will be submitted to the Director of Finance and Resources for review.



To: Audit, Risk and Scrutiny Board

On: 19 January 2026

Report by: Chief Auditor

Heading: Internal Audit and Counter Fraud Progress and Performance for Period to 31 December 2025

1. Summary

- 1.1 The Internal Audit Annual Plan was approved by the Audit, Risk and Scrutiny Board on 17 March 2025. 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 2025 to 31 December 2025, 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. Part of their work involves being the single point of contact (SPOC) for the Department for Work and Pension's (DWP) Single Fraud Investigation Service and the Service Level Agreement for this work contains time targets for completing this work. 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. They are also involved in promoting fraud awareness and assisting with the implementation of adequate fraud prevention measures within the Council.
- 1.3 We also provide advice and support where necessary to council services.

- 1.4 The report details progress against local and national initiatives involving Internal Audit and the Counter Fraud Team from 1 April 2025 to 31 December 2025.
-

2. Recommendations

- 2.1 Members are invited to note the Internal Audit and Counter Fraud Team progress and performance to 31 December 2025.
-

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, there are time targets in place for responding to requests from the DWP's Single Fraud Investigation Service. Due to the diverse nature of fraud referrals no formal performance targets have been established and the outcomes from investigations are regularly monitored by management. In addition, the Counter Fraud Team are heavily involved in fraud prevention measures within the Council.

- 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 2025 to 31 December 2025.

4. Internal Audit Service Resource

- 4.1 In August 2025, the Assistant Chief Auditor was appointed, permanently to the Chief Auditor's post. One of the Senior Auditors is covering the Assistant Chief Auditor's post on an interim basis. The Senior Counter Fraud investigator retired in July 2025.

- 4.2 To ensure the Internal Audit Service continues to obtain the best from its available resources, the Chief Auditor in conjunction with the Director of Finance and Resources, is currently taking this opportunity to review the team's structure, in terms of workforce planning and resilience and therefore the vacancies within the team have not yet been filled. Due to other work commitments, the completion of this review has been delayed but it is intended that the structure will be finalised by 31 January 2026 to enable a recruitment exercise to commence and have vacant posts filled by 31 March 2026. It should be noted that the Director of Finance & Resources is committed to maintaining the current level of service delivered by Internal Audit and Counter Fraud. Members of this Board

will be notified of any proposed changes in structure once the review has been finalised.

5. Internal Audit Team Performance

(a) Percentage of audit plan completed as at 31 December 2025

This measures the degree to which the Audit Plan has been completed.

Actual 2024/25	Annual Target 2025/26	Audit Plan Completion Target to 31 December 2025	Audit Plan Completion Actual 31 December 2025
93.6%	90.0%	66%	61.5%

The current audit plan completion indicator is slightly below target due to the vacancy in the team and also as a result of additional counter fraud duties being undertaken by Internal Audit staff. which will addressed in the near future when the review of our structure is complete. Additional development work has also had to be undertaken to ensure the internal audit team comply with the Global Internal Audit Standards in the Public Sector. This indicator is being monitored closely by the Chief Auditor and audit assignments have been selected for outsourcing to an external contractor in the final quarter of 2025/26.

(b) Percentage of assignments complete by target date

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

Target 2025/26	Actual to 31 December 2025
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 2025/26	Actual to 31 December 2025
95.0%	96.2%

Actual performance is ahead of the target set for the year, although this could 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 2025/26	Actual to 31 December 2025
95.0%	100%

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

6. Review of the 2025/26 Internal Audit Plan

- 6.1 Our 2025/26 Audit Plan is subject to ongoing review in light of any organisational risks arising, and also to determine whether any assignments will have to be amended or cancelled as result of us being unable, for any reason, to undertake the work planned.
- 6.2 All the field work for the audit assignments carried forward from last year has been completed and the one remaining report will be issued in early January 2026. We are continuing to work on the assignments in the 2025/26 Internal Audit Plan.
- 6.3 The team have also been involved in a number of audit investigations and therefore a substantial amount of the contingency budget has being spent.
- 6.4 However, at this stage we are not recommending any further amendments to the plan. This may change in the final quarter of the year if we are required to undertake any further investigations. Any proposed amendments to the audit plan will be brought to this Board for approval.

7 Counter Fraud Team Progress and Performance

- 7.1 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. Where a suspicion of fraud arises, the team investigate and report their findings to management. Where appropriate, follow-on action is taken, such as reporting the matter to Police Scotland for further investigation, or directly to the Procurator Fiscal. In addition, they also work jointly with DWP Fraud Officers on criminal fraud investigations which focuses on the investigation and prosecution of the Local Authority administered Council Tax Reduction Scheme and Social Security benefit fraud. In addition to investigation work the team also undertake fraud prevention work.
- 7.2 The Senior Counter Fraud Investigator post remains vacant until the review of our structure mentioned in Section 4 of this Report is completed. The supervisory duties of the team are currently been covered by the Chief Auditor and Interim Assistant Chief Auditor.
- 7.3 The Counter Fraud Officers have been working on the various fraud referrals and are continuing to process the National Fraud Initiative

matches which have been received. In December 2025, additional matches were received that includes data re Clients personal budgets and Residential Care Home fees and we have commenced risk assessing these. A full report on the results of the National Fraud Exercise will be brought to this Board for information once Audit Scotland's national report has been published.

7.4 As part of our fraud prevention work, we are continuing to validate any bank account changes received from the Council's suppliers and contractors and the details supplied by new Housing Applicants.

7.5 The financial and non-financial results for the period (April 2025 to December 2025) are noted in the table below.

Financial Outcomes	Period to 31 December 2025 (£)
Cash savings directly attributable to preventative counter fraud intervention	6,154
Cash recoveries in progress directly attributable to counter fraud investigations	48,742
Notional savings identified through counter fraud investigation, (e.g. housing tenancy and future council tax)	504,411
Housing Benefit Savings Attributable to Joint Working by Counter Fraud and DWP Counter Fraud Officers	0
Other DWP Benefit or Tax Credit Savings identified through other Counter Fraud work or through joint working with DWP	3,731
Non-Financial Outcomes	Period to 31 December 2025
Housing properties recovered	5
Housing applications amended/cancelled	7
Housing Allocation Priority Changed	0
Blue badge misuse warning letters issued	38
Blue Badges Cancelled	12
Supplier/Contractor Checks Undertaken	153

7.6 Our notional savings are based on the methodology prepared by the Cabinet Office.

8. Local and National Initiatives

Scottish Local Authorities Chief Internal Auditors Group

- 8.1 The Local Authorities' Chief Internal Auditors Group met in December 2025 and the focus was on risk within Local Authorities. A presentation was given by our Strategic Risk and Insurance Services Manager on the Business As Usual Risk Assurance Model which is in operation within Renfrewshire Council for Departmental Heads of Services to monitor their business as usual risks.

Global Internal Audit Standards in the UK Public Sector

- 8.2 Work is progressing to ensure we adhere to the new Global Standards in the UK Public Sector which were introduced from April 2025. A revised Internal Audit Charter and Mandate has now been approved, and work is ongoing on an Internal Audit Strategy which will be submitted to the Board in March 2026.

National Fraud Exercise

- 8.3 Counter Fraud and Service Staff are working on the matches received from this data matching exercise. To date £190,267 of corrections and overpayments have been identified by Counter Fraud's investigation of high risk matches from the 2024/25 National Fraud Initiative and these overpayments are in the process of being recovered from claimants. A full report on the results of the National Fraud Exercise will be brought to this Board for information at a later date.

Information Security Group

- 8.4 The Information Security Group, chaired by the Chief Auditor and attended by the Senior Managers from Information Governance, Information Management and Cyber Security teams met in October 2025 and finalised guidance on transcription and discussed other current topical issues such as information security incidents, artificial intelligence risk and cyber security.

Implications of the Report

1. **Financial** - The Council has in place arrangements to recover any overpayments identified from the work of the Counter Fraud Team and the National Fraud Initiative.
2. **HR & Organisational Development** - None
3. **Community Planning – Safer and Stronger** - effective internal audit is an important element of good corporate governance.
4. **Legal** - None

5. **Property/Assets** - None
6. **Information Technology** - None
7. **Equality & Human Rights** - None
8. **Health & Safety** – None
9. **Procurement** - None
10. **Risk** - The progress and performance reported relates to the delivery of the risk-based internal audit plan and the mitigation of the risk of fraud and error.
11. **Privacy Impact** – None
12. **COSLA Implications** – None
13. **Climate Risk** – None
14. **Children’s Rights** - None

Author: Karen Campbell, Chief Auditor – 07768354651



To: Audit, Risk & Scrutiny Board

On: 19 January 2026

Report by: Director of Finance & Resources

Heading: Audit Scotland Report - The 2023/24 Audit of Glasgow
City Council Senior Officer Exit Packages

1 Summary

- 1.1 In September 2025, Audit Scotland published a paper by the Accounts Commission in respect of the 2023/24 audit of Glasgow City Council Senior Officer Exit packages. Following the issue of the report the Commission wrote to all Councils setting out their expectation that the report and letter would be discussed by councils' audit and scrutiny committees.
 - 1.2 This paper provides an overview of the findings and sets out Renfrewshire's current position.
-

2 Recommendations

- 2.1 It is recommended that members of the Audit, Risk and Scrutiny Board:
 - Note the contents of this report
-

3 Background

- 3.1 In September 2025, Audit Scotland published a paper by the Accounts Commission in respect of the 2023/24 audit of Glasgow City Council Senior Officer Exit packages. A copy of the report can be found here:-

[s102 250904 Glasgow City Council](#)

- 3.2 In the report the Commission accepted the Controller of Audit's report on a matter arising from the 2023/24 audit of Glasgow City Council in relation to the scrutiny, governance and transparency of decision-making of exit packages of senior officers at GCC. The Commission welcomed that the Controller had used her powers to bring this issue to its attention, and noted she was able to draw on the independent investigation of the issue undertaken by Brodies LLP (on behalf of GCC), as well as the annual audit report. The Brodies LLP report was itself supported by the report of a King's Counsel (KC), whom Brodies had instructed to review and provide an opinion on its investigation.
- 3.3 The background to the report was that in early 2021, a proposal was drafted setting out a restructure of the council's Chief Executive's Department, which included setting out the financial arrangements relating to the exit of five senior officers. The officers were:
- the former solicitor to the council and director of governance
 - the former principal advisor to the chief executive
 - the former head of human resources
 - the former head of legal and administration and latterly director of legal and administration
 - the former chief executive.
- 3.4 The departures took place between April 2021 and May 2024. The total cost of the exit packages was £1.035 million with £0.268 million relating to redundancy payments and £0.77 million relating to strain on pension fund costs. The estimated ongoing savings in the proposal were £0.65 million per annum.
- 3.5 The leader of the council and city treasurer raised concerns after publication of the unaudited financial statements, which included details of the pension costs and payments in relation to loss of office, were published. The new chief executive launched an internal review into these matters which led to the commissioning of an independent review, including legal advice. In March and April 2025, the outcome of the independent review was reported to three of the council's committees for consideration.
- 3.6 The independent review concluded that the approval and exit terms of four of the five officers were in line with policy. However, the approval of the chief executive's exit did not follow the scheme of delegated functions. There was no councillor involvement in the decision in respect of the chief executive.
- 3.7 While there was no finding that any officer had acted improperly, there was an absence of a clear document trail. The auditor's conclusion was that, 'the council was unable to demonstrate effective scrutiny, governance and transparency in decision-making or value for money in respect of the exit of five senior officers over the course of a three-year period between 2021 and 2024'.
- 3.8 Following consideration of the Controller's report at its meeting on 14 August, the Commission made a number of findings.

The Commission were of the view that that the rationale for the former chief executive's retirement contributing to efficiencies was, at best, unclear. They considered that the restructuring package was dealt with in a manner inconsistent with the Key Principles of Public Life in Scotland, in particular selflessness, integrity and objectivity. Given the significance of the post of chief executive, linking it to efficiency savings should have been subject to independent scrutiny. The Commission stated that as councils continue to face financial challenges, service redesign and restructuring will be a necessary part of responding, so transparency around decision-making is essential. The decisions of elected members and officers should uphold the nine Key Principles of Public Life in Scotland – selflessness, integrity, objectivity, accountability, openness, honesty, leadership, public services, respect. Where decisions around restructuring and exit packages are being taken, councils must ensure there is clear evidence of effective governance, independent scrutiny, and robust and transparent record keeping.

- 3.9 Following the issue of the report the Commission wrote to all Councils setting out their expectation that the report and letter would be discussed by councils' audit and scrutiny committees. The letter can be found here:-

[Letter to councils](#)

- 3.10 Members may also wish to note that in the North Lanarkshire Council 2024/25 Annual Audit Report, Audit Scotland also made comment on exit packages of certain chief officers at that council. While the correct policy and procedures had been followed, they suggested that the wider implications and risks of decisions around restructure should be outlined to elected members.

4 Renfrewshire Council position

- 4.1 As Members of the Board are aware, the Head of Corporate Governance provided a training session on 16 May 2025 on the Benefits of Good Governance. As part of that session, the events in Glasgow were used as a worked example of the failing there, and how our arrangements would prevent such matters arising in Renfrewshire.
- 4.2 Renfrewshire Council has a longstanding policy on VR/VER approved by Members. This sets out that under our Voluntary Severance Scheme achieving an appropriate payback period of approximately 2 years will continue to be adopted when assessing use of the voluntary severance scheme as part of delivering overall change and transformation. The policy also requires that an annual report is taken to the Finance, Resources and Customer Services Policy Board on the use and application of the scheme and the overall payback period secured each year.
- 4.3 VR/VER decisions are the subject of two separate delegations in the Council's Scheme of Delegations. In respect of non-teaching staff the delegation is to the Chief Executive as follows:-

“19. In consultation with the Head of People & Organisational Development, to determine all requests from employees for voluntary redundancy/early retirement.”

In respect of teaching staff the delegation is to Director of Children's Services as follows:-

"18. To approve premature retirement under the Teachers (Compensation for Premature Retirement and Redundancy) (Scotland) Regulations 1996, and the Teachers' Superannuation (Scotland) Regulations 2005 without enhancement of salary at no additional cost to the Authority or in circumstances where any cost incurred is recoverable within a maximum of two years."

Accordingly, the approach taken is that any decision on whether to release an officer is an operational matter done under delegated authority. However, the decision must be made with due regard to the policy agreed by Members, and a saving must be generated meeting the usual payback period of 2 years. Members have oversight of this process through the annual report that confirms how many staff have been released via VR/VER and what the payback period has been. Moreover, Members have a further degree of direct oversight in respect of chief officers as set out at para 4.5 below.

- 4.4 What is clear from the terms of the delegations is that no officer has the delegated authority to agree the release of the Chief Executive under VR/VER. Any such decision would require a report either to Council or to an appropriate board. Accordingly, the situation which arose in Glasgow could not be repeated in Renfrewshire in respect of the Chief Executive.
- 4.5 In respect of chief officers the practice within the Council has been that any restructure of senior management is always reported to Council. More importantly, the appointment of Chief Officers is a matter reserved to Elected Members; no officer (including the Chief Executive) has the power to appoint a chief officer. That being the case, the type of VR/VER release and restructure that was implemented in Glasgow, could not happen within Renfrewshire Council without direct Elected Member involvement. Renfrewshire Council has clear lines of authority. Some matters are reserved entirely to Members. Where there is authority to officers, who that power is granted to is clear and the limits are clear, and Members must be sighted on those decisions through appropriate board reporting.
- 4.6 One matter has been identified by officers which should be addressed. As will be noted from para 4.3, decisions by the Chief Executive in respect of VR/VER for non-teaching staff require consultation with the Head of People & Organisational Development. However, the delegation to the Director of Children's Services in respect of teaching staff requires no such consultation. Officers are of the view that such consultation should be required to ensure scrutiny and consistency of decision making. Therefore, a report will be brought to Council seeking an amendment to that delegation requiring consultation with the Head of People & Organisational Development.
-

Implications of the Report

1. **Financial** – none
2. **HR & Organisational Development** – as set out in the report
3. **Community Planning** – none
4. **Legal** – none
5. **Property/Assets** – none
6. **Information Technology** – none
7. **Equality & Human Rights** - The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** – none
9. **Procurement** – none
10. **Risk** – none
11. **Privacy Impact** – none
12. **Cosla Policy Position** – not applicable
13. **Climate Risk** – none
14. **Children's Rights**- None

List Of Background Papers

None

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To: Audit, Risk and Scrutiny Board

On: 19 January 2026

Report by: Director of Finance and Resources

Heading: Audit Scotland: Spotlight on culture and leisure services

1. Summary

1.1 In October 2025, Audit Scotland published a paper by the Accounts Commission providing a [Spotlight on Culture and Leisure Services](#). They note a reduction in funding for that type of service, the variation in provision and the challenges in comparing performance across local authorities. This paper provides an overview of the findings and sets out Renfrewshire's current position.

2. Recommendations

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

- Note the contents of this report
-

3. Key Findings of the Report

3.1 This report provides an overview of the latest publication in a series being produced by the Accounts Commission to provide an overview of the local government sector, with each publication focusing on a particular service area. The publication covered here is the first of these service-specific publications and is a Spotlight on Culture and Leisure. It reviews how councils are delivering these services and considers performance over time.

- 3.2 The publication notes that there is local variation in provision, with libraries and leisure facilities commonly provided across council areas but other services such as museums, galleries and cultural programmes varying. These services are considered to have an important role in promoting wellbeing and preventing health issues, by providing accessible health and learning opportunities. It notes that a reduction in these types of service can have a disproportionate impact on certain groups within communities, and this may be reflected in demand for, and performance of, other services.
- 3.3 Twenty-three Scottish local authorities use an arm's length external organisation (ALEO) to deliver cultural and/or leisure services, with the remainder delivering these in-house. There are a number of financial benefits for operating through an ALEO, and the publication sets out in its Exhibit 2 a list of factors that would be considered when deciding to set up an ALEO. It also sets out some examples of governance arrangements in different council areas, and details some instances where the financial impact of the pandemic has led to some or all elements of cultural and leisure provision being brought back in-house.
- 3.4 Unlike some other service areas, there is no defined standard for the provision of culture and leisure services – councils must ensure there is “adequate provision of leisure, cultural and library services”. (Local Government and Planning (Scotland) Act 1982, subsequently transferred under Schedule 13 of the Local Government etc (Scotland) Act 1994)). The auditors refer to spending trends which have seen greater reductions in cultural and leisure budgets than in other service areas in order to protect other statutory services.
- 3.5 In 2023/24, culture and leisure accounted for around 5% of overall council spending. The spotlight paper notes that total spending on libraries decreased by around 6% in real terms between 2018/19 and 2023/24, and spending on sport and recreation reduced by 3% over the same period. There was also a trend towards lower expenditure on parks, open spaces and countryside. In contrast, spending on museums and galleries increased by 9% in that timeframe. Satisfaction levels, as measured by the Scottish Household Survey, have declined over the period. The grant funding received from the Scottish Government for culture and leisure is based on population size and other demographic factors but is not ringfenced so there is local discretion on how this is spent.
- 3.6 Income from charges has increased steadily since 2018/19, although increases in charges has tended to be at below-inflation levels. Notwithstanding the increase, the proportion of culture and leisure funding from this source remains relatively small. The publication's authors note a

report by sportscotland which found that, once adjusted for inflation, the charge for 17 of the 18 activities they reviewed had actually decreased.

- 3.7 Capital expenditure on culture and leisure was £209m in 2023/24, almost 6% of total local authority capital spend. The funding pot for capital expenditure in this service area did increase between 2018/19 and 2023/24 overall, although it declined by 12.9% between 2022/23 and 2023/24.
- 3.8 The Accounts Commission found that more than half of councils had overspent on culture and leisure budgets in 2023/24, with falling income, workforce pressures and cost increases being the main factors at play. They also report that across 19 councils, total savings of £9.9m were taken from culture and leisure services in 2025/26 budgets; this equates to 1.5% of the overall planned spend of culture and leisure services and 4.7% of the total local authority savings target.
- 3.9 In preparing the publication, auditors looked at the effectiveness of local authority engagement on planned changes to culture and leisure services, and on the quality of equality impact assessments (EIAs) relating to planned changes. They note the potential risks of failing to engage effectively or to give due consideration to the impacts of service changes and provide examples of instances where decisions have been paused or reversed as a result of insufficient engagement or consideration, or where legal actions have been brought forward by communities. Examples are also provided of cases where community asset transfers have been used to retain services whilst still allowing local authorities to achieve the savings necessary.
- 3.10 The publication finds that post-pandemic recovery varies within the sector. Nationally, library visits remain slightly below pre-Covid levels although digital visits are helping offset drops in physical footfall. Museums and galleries overall appear to have recovered entirely and are exceeding pre-pandemic visitor numbers. Attendance at leisure facilities has not recovered and remains 17% lower than 2019/20. However, in all these service areas there is considerable local variation and some facilities are experiencing real challenges with visitor numbers.
- 3.11 The auditors stress the importance of local authorities undertaking an objective assessment of costs, service performance and quality within the sector in order to follow Best Value principles. However, they note the overall lack of national culture and leisure performance data. The measures in the Local Government Benchmarking Framework are restricted to four cost measures and four satisfaction measures. They explain the limited value of the satisfaction measures, given these are based on small respondent groups and include people who do not use the services they are providing an opinion

on. They conclude that a lack of appropriate and consistent national performance information means it is not possible to assess the impact of adopting an ALEO model on the quality of service delivery compared with in-house provision or determine how well services are performing and contributing to local and national priorities. However, current work taking place to expand the range of shared performance indicators in this area of service is noted.

- 3.12 The publication concludes by highlighting the urgent need for redesign and transformation in local authority service delivery. They state there should be more consideration given to how services such as culture and leisure support prevention and the achievement of longer-term wellbeing outcomes. They also state that councils should be considering their role as direct service providers and encouraging innovation through supporting communities to take greater ownership of culture and leisure facilities.

4. Implications for Renfrewshire

- 4.1 Renfrewshire Council is one of the twenty-three with an ALEO delivering cultural and leisure services on behalf of the Council. Services are delivered by OneRen, which operates through a limited liability company separate from, but wholly owned by, the Council and has its own Board of Directors and management team. Decisions taken by the Council in relation to the specification of services delivered by OneRen also require the approval of the Board of Directors. The Head of Policy and Partnerships and Head of Finance and Procurement act as Council observers at all One Ren board meetings.
- 4.2 As a direct requirement of the service agreement, One Ren produce an annual business plan for approval by the Council. This sets out how services will be delivered in line with the resources available, and in line with the priorities set by the Council. Quarterly monitoring reports are provided to the Council, through the appointed One Ren monitoring officer, and meetings held to discuss these. Officers regularly discuss the ongoing challenges being managed by One Ren through these quarterly monitoring discussions. These challenges specifically include ongoing energy cost pressures which One Ren estimate have added up to £1m in additional cost pressures being faced in year. One Ren report that these costs along with other cost pressures, have been actively managed in recent years through internal efficiencies.
- 4.3 OneRen has a total budget of £23.2m in 2025/26, of which £14.1m is funded by a service payment from the Council. This is an increase of 23.9% in the service payment since 2021/22 (excluding Covid payments which were made in 2021/22 and 2022/23). The increase in funding year on year is generally

linked to the local government pay award. This year-on-year increase is in contrast to the overall national trend noted in paragraph 3.5 above. OneRen's Business Plan for 2025/26 notes that the service payment accounts for around 55% of their operating costs, with income generation (mainly through charging for services and fundraising) required to meet remaining costs.

- 4.4 The Council has also invested heavily in OneRen capital programmes in recent years – almost £82.5m between 2022/23 and 2025/26, with a further £5.3m allocated for 2026/27. This has supported the delivery of sports facilities at On-X Linwood, Ferguslie, and St James Playing Fields and of the new and refurbished cultural facilities in Paisley – the Town Hall, Learning and Cultural Hub, Arts Centre and the Museum.
- 4.5 The Council established a Strategic Review of Cultural and Leisure Services in late 2024, and updates have been provided to the Leadership Board as part of the regular reporting on Reshaping Renfrewshire. The review includes an assessment of the current Service Level Agreement, which dates from 2015, and will seek to align the service outcomes with Council priorities, with a focus on delivering on outcomes rather than prescribing the services to be provided. In line with other service areas, and in common with other local authorities, the review will also consider any financial savings which may be possible from the review recommendations. Findings from our recent Resident Survey indicate good levels of satisfaction with the services provided by OneRen but reviews are important to ensure services remain fit for purpose.

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** - the recommendations within this report have not been assessed in relation to their impact on equalities and human rights as the report concerns a national report on culture and leisure services and is for noting only.

8. **Health & Safety** – none
9. **Procurement** – none
10. **Risk** – none
11. **Privacy Impact** – none
12. **Climate Risk** –not applicable
13. **Children’s Rights** –not applicable.
14. **COSLA Policy Position** –not applicable.

List of Background Papers

None



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To: Audit, Risk and Scrutiny Board

On: 19th January 2026

Report by: Head of Digital, Transformation and Customer Services

Heading: Audit Scotland Cyber Incident Findings: Comhairle nan Eilean Siar

1. Summary

- 1.1 A recent Audit Scotland¹ report following a cyber-attack on Comhairle nan Eilean Siar demonstrates that such incidents can cause prolonged disruption to critical services, including financial systems, leading to an inability to reliably manage the organisation's financial position and report this in the annual accounts.
- 1.2 Direct costs of recovery approached £1 million, with substantial additional indirect costs tied to service disruption, staff workload and delayed statutory duties.
- 1.3 The audit concluded that some previously agreed audit recommendations on business continuity arrangements and cyber resilience had not been fully implemented, suggesting stronger readiness and consistent follow through could mitigate future impacts.
- 1.4 The report emphasises that no public body is immune: design or structural differences do not guarantee safety and that all organisations must maintain robust cyber risk governance.

2. Recommendations

- 2.1 It is recommended that members of the Audit, Risk and Scrutiny Board note the contents of this report and note:
 - previous cyber security updates provided to the Board in relation to the Council's defence in depth and defence in breadth security architecture.
 - that further, more detailed, cyber security updates will be provided to the CMT in response to the findings.

¹ *Audit Scotland provides independent audit and assurance on how public bodies in Scotland manage and spend public money, helping to improve accountability, governance, and performance.*

- the criticality of business continuity arrangements, and the need for these to regularly reviewed by the relevant service and corporate owners.

3. Background

- 3.1. The report stems from the Audit Scotland audit into a 2023-24 cyber-attack on the Scottish local authority Comhairle nan Eilean Siar. It assessed the immediate and long-term impact on services, financial integrity, service delivery, auditability, and recovery operations.
- 3.2 Key findings included major disruption to financial systems, loss of data required for statutory accounting, delayed reporting and a resulting audit disclaimer due to insufficient audit evidence.
- 3.3 Financial costs were significant, not only immediate recovery expenses, but additional indirect costs due to resource diversion, increased manual workload, and reputational damage.
- 3.4 The audit noted that some earlier recommendations on business continuity, risk management and cyber resilience had not been fully actioned prior to the incident. This limited the authority's ability to respond effectively and recover promptly.
- 3.5 It further concluded that:
 - cyber risk must be managed as a strategic organisational risk, not just a technical ICT issue, with adequate governance, oversight, and resource allocation.
 - councils should prioritise business continuity planning and testing, stating that business continuity planning existed, but was not strong enough, not consistently applied, and not tested for a serious cyber incident materially affecting the response and recovery
 - recovery from a major cyber incident is long-term, not short-term. The report highlighted that systems and services were still being rebuilt almost two years later, demonstrating a sustained operational burden.

Implications of this report

1. Financial

The outcome of this report could result in additional costs to Renfrewshire Council dependent on any additional activities identified.

2. HR and Organisational Development

None directly arising from this report.

3. Community/Council Planning

None directly arising from this report.

4. Legal

None directly arising from this report.

5. Property/Assets

None directly arising from this report.

6. Information Technology

The outcome of this report could lead to additional ICT activities.

7. Equality and Human Rights

None directly arising from this report.

8. Health and Safety

None directly arising from this report.

9. Procurement

None directly arising from this report.

10. Risk

The outcome of this report could lead to additional risk activities.

11. Privacy Impact

None directly arising from this report.

12. Climate Risk -

None directly arising from this report.

13. Children's Rights – None directly arising from this report.

14. CoSLA Policy Position - None

List of Background Papers

Audit Scotland: Cyber-attack affecting operations and services: The 2023/24 audit of Comhairle nan Eilean Siar



To: Audit, Risk, and Scrutiny Board

On: 19 January 2026

Report by: Director of Children's Services

Heading: Audit Scotland Briefing: Improving Care Experience – Delivering 'The Promise'

1. Summary

- 1.1. Audit Scotland publishes regular national reports covering matters related to local and national government. In October 2025 Audit Scotland published ['Improving care Experience - Delivering The Promise'](#).
 - 1.2. The report summarises the current situation of the implementation of 'The Promise' in Scotland and the challenges it faces.
 - 1.3. The Audit Scotland report calls for greater support and clarity from the Scottish Government to achieve the target of fully implementing The Promise by 2030.
-

2. Recommendations

- 2.1. It is recommended that members of the Audit, Risk, and Scrutiny Board note the content of the Audit Scotland report and the implications for 'The Promise' within Renfrewshire Council.
-

3. Background

- 3.1. In 2016, an independent review into the Scottish care system was commissioned by the Scottish Government. The Care Review published a series of reports in 2020 outlining the improvements required by 2030 to reach the aim of ensuring 'all young people grow up feeling loved, safe and respected, so that they can realise their full potential'. The Scottish Government's commitment to the findings of the Care Review is known as 'The Promise.'
- 3.2. The Scottish Government created three organisations to guide and monitor the implementation of 'The Promise.' These organisations are:
 - The Oversight Board – tasked with monitoring the progress of implementation of 'The Promise' and identifying areas that need more support. This Board is advisory and does not possess powers to enforce

changes. The Oversight Board membership is composed of at least 50% care experienced individuals.

- The Promise Scotland – created to develop the roadmap for ‘The Promise’ and to provide support to partner organisations. The organisation also assists the Oversight Board with the monitoring of progress. The Promise Scotland is designed to be dissolved in 2030.
- The Independent Strategic Adviser (ISA) – the First Minister appointed the Chair of the Care Review as an independent adviser in 2020. The role originally entailed being the Chair of both The Promise Scotland and the Oversight Board, advising civil servants, and liaising with Scottish Government ministers on the strategic position of ‘The Promise’. However, in 2024 the ISA stepped down as the Chair of the Oversight Board.

3.3. Delivery of ‘The Promise’ is the responsibility of the 32 Local Authorities and entities designated as ‘corporate parents’ such as the Health Boards, the Scottish Police Authority, and national children’s organisations.

4. Key Messages

Governance

- 4.1. Audit Scotland is critical of the amount of funding and resources that have been provided by the Scottish Government to support the implementation of ‘The Promise.’
- 4.2. The report highlights that the goals of the ‘Plan 21-24’ have not been fully implemented and that the plan lacked detail. Audit Scotland also highlights that the web-based format of the ‘Plan 24-30’ has made it difficult for partner organisations to use.
- 4.3. Audit Scotland argue that greater clarity and guidance is required from the Scottish Government on how ‘The Promise’ should be delivered. It acknowledges that The Promise Scotland are developing 25 ‘route maps’ as part of the Plan 24-30 and that these should be published by the end of 2025.
- 4.4. Audit Scotland reviewed a selection of the over 200 actions that the Scottish Government published as part of their implementation plan. The report found that there are key issues that may have contributed to confusion around roles and ownership.
- 4.5. They indicate that some partners do not have a clear understanding of their role in delivering ‘The Promise’. The report recommends that the Scottish Government need to take a more active role in enabling change by coordinating actions between partners and prioritising timescales. Audit Scotland states that

Scottish ministers hold the responsibility for delivering 'The Promise' at a national level.

- 4.6. The report indicates that 'The Promise' is now integrated into the Scottish Government's public sector reform agenda and that a new integrated governance approach covers 'The Promise', Whole Family Wellbeing Fund (WFWF), and Early Child Development. However, Audit Scotland state that the Risk Potential Assessment was not completed until 2025, and the Promise Programme Board risk register was not updated until 2023.
- 4.7. Audit Scotland highlight the importance of including care experienced voices in the decision making and planning for 'The Promise'. In line with the United Nations Convention on the Rights of the Child (UNCRC), the Scottish Government has worked with Barnardo's and Who Cares? Scotland to lead national engagement with local engagement ongoing through the Promise Champions Boards. However, the report indicates that the extent that care experienced views are integrated into 'The Promise' planning is inconsistent.

Data Reporting

- 4.8. The Report indicates that the Scottish Government did not adequately plan how progress of 'The Promise' would be measured. It highlights that many of the key aims are difficult to quantify and that this has contributed to the confusion regarding progress. It notes that even quantifiable indicators, such as a reduction in the number of children recorded as 'looked after,' lacks nuance and that many still face challenges.
- 4.9. Audit Scotland assert that the lack of national leadership resulted in insufficient national data gathering. While there is some local reporting through COSLA and the Oversight Board, the consistency of the data gathered is unreliable. Who Cares? Scotland's research found that the lack of consistency in reporting was a barrier to delivering progress.
- 4.10. The Report states that there have recently been positive developments in data reporting. The Promise Scotland produced a report, 'Keeping the Promise – A local perspective,' to provide a national progress update. There has also been ongoing work by the Scottish Government and partners to improve the quality of available data and to connect data held by different services to provide a more comprehensive understanding of progress.
- 4.11. In December 2024 the Promise Progress Framework (PPF) was established to provide implementation oversight of 'The Promise'. The framework is based on the ten vision statements of 'The Promise' and corresponding performance indicators. The PPF gathers national progress data as well as wider data to provide greater context. Audit Scotland state that while the PPF is a significant step forward, it still does not capture all the required information.

Resources

- 4.12. The Audit Scotland report questions whether there are enough resources available to implement 'The Promise'. It states that the Scottish Government has not completed a strategic assessment of the required resources such as finances, workforce, and infrastructure. An initial investment plan was to be produced but was not actioned.
- 4.13. The Report states that £1.2 billion was spent by local authorities on care experience services in 2023/24, an increase of 1.2% from 2017/18. The Report notes that these figures may be underreported as there were issues with the Local Financial Returns (LFRs) around 1) changes to annual report categories and 2) LFRs not accounting for the proportion of general budgets spent on Care Experienced children and young people.
- 4.14. Audit Scotland argue that due to the numerous funding streams for 'The Promise', it can be difficult to properly track how much has been spent, or to adequately evaluate the outcomes. The main sources of funding for 'The Promise' come through the 'Whole Family Wellbeing' budget and the 'Children's Rights, Protection and Justice' budget. However, funds allocated to these budgets have been used to support other priorities such as the Scottish Child Abuse Inquiry.
- 4.15. The Report indicates that many councils are now exploring how earlier intervention and targeted spending can improve outcomes for children and young people while also realising long-term cost savings. In 2021/22 the Scottish Government created the £500 million Whole Family Wellbeing Fund (WFWF) to promote preventative work. In the first three years of the programme £148 million has been allocated—a figure that is lower initially projected; however, the Scottish Government have allowed funding to be rolled onto future years.
- 4.16. In 2024 the ISA worked to develop a strategic approach to investment with the aim of identifying areas that money could be invested in prevention and where corresponding savings could be made to facilitate more funding. The report argues that since the ISA conducted its research the Scottish Government have not provided support to progress its proposals.
- 4.17. Audit Scotland assert that it is too early to properly evaluate the long-term impact of the WFWF investment into prevention but that there are signs of early progress. However, they highlight that single-year funding allocations limit the potential scope of preventative work.
- 4.18. The Report reiterates the important role that the workforce has in facilitating 'The Promise' and the challenges that they face. Children's Services workers, Foster and Kinship carers, and third-party organisations are all facing pressure from increased workload and added constraints.

- 4.19. Audit Scotland highlight that further support for the workforce is needed to continue to progress the aims 'The Promise'. The report states that there needs to be significant investment into staffing numbers and training, including trauma-informed training, to fully implement 'The Promise'.

Renfrewshire Perspective

- 4.20. The Audit Report's recommendations for Renfrewshire Council and other local authorities are directed through expectations placed on Children's Services Planning Partnerships (CSPPs). For Renfrewshire, this responsibility sits with Renfrewshire's Children's Services Partnership.
- 4.21. Over the next 12 months, CSPPs must demonstrate how they will meaningfully involve Care Experienced people in their planning processes, ensuring that their perspectives directly influence local decision-making. CSPPs are also expected to use Promise Plan 24–30 to strengthen shared accountability and clarify roles across all sectors contributing to delivery of The Promise. Local authorities, including Renfrewshire Council, are further required to identify and publish priority areas that will support delivery of The Promise through to 2030 and beyond. This includes outlining how their work will focus on prevention, early family support, and improved outcomes for Care Experienced children and young people. These expectations form the core of the Report's ask regarding governance, accountability, and long-term strategic planning.
- 4.22. Renfrewshire's governance and delivery arrangements are supported by dedicated leadership roles and strong partnership oversight. The Promise Manager provides strategic leadership for Renfrewshire's Children's Services Partnership, ensuring local plans align with national priorities and legislative developments, and coordinating multi-agency implementation across council services, the HSCP, education, and third-sector partners. Working alongside this, the Promise Ambassador supports teams to embed the voice of Care Experienced people in service design and improvement, and co-chairs the Supporting the Workforce workstream to strengthen employment pathways and staff capability. Oversight is provided by Renfrewshire's Promise Strategic Oversight Group, chaired by the Chief Social Work Officer. Bringing together senior leaders from the Council, HSCP, third sector, education, Promise Scotland and wider community planning partners. This Group meets three to four times annually to provide clear governance, monitor progress across workstreams, and ensure a cohesive, cross-sector approach to keeping The Promise.
- 4.23. Renfrewshire Council and Renfrewshire's Children's Services Partnership will meet the national requirements through the 'Keep The Promise in Renfrewshire Action Plan 2026–2029', which will be published in March 2026. The plan will provide a clear roadmap for delivery and will be shaped by the voices of children, young people, families, and communities, informed by learning from

the Audit Scotland Report. The next three years will be critical in progressing towards the national goal of fully realising The Promise by 2030. Renfrewshire's contribution will be delivered through focused actions, collaborative leadership, and a culture that prioritises relationships and wellbeing, supported by sustained partnership working, long-term investment, and continuous improvement.

- 4.24. The 'Keep The Promise in Renfrewshire Action Plan 2026–2029' will guide the work of the Promise Team and partners across Renfrewshire. It will set out priorities, responsibilities, and measures of progress, translating aspiration into action through evidence-based decision-making and lived experience. Delivering The Promise represents both a programme of work and a cultural shift, challenging traditional systems, redefining roles, and creating services that are compassionate, inclusive, and responsive. The plan provides a framework to manage complexity, mitigate risks, and improve outcomes for children and families.
 - 4.25. Progress will be detailed in the upcoming 'Renfrewshire's Promise – Keeping The Promise Report', covering February 2025 to February 2026. This report will describe how Promise principles have been embedded across services, governance structures, and community-based initiatives, with Care Experienced voices central to decision-making. It will be presented to the Education and Children's Services Policy Board on 12 March 2026 before being shared more widely.
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5. Implications of the Report

1. **Financial** – While Renfrewshire is not mentioned in the report reference is made to the need for additional funding and resources to implement 'The Promise'.
2. **HR & Organisational Development** – While not mentioned in the report, Audit Scotland do highlight the need for more support for staff to meet the aims of 'The Promise'.
3. **Community/Council Planning** – None
4. **Legal** - None
5. **Property/Assets** – None
6. **Information Technology** – None
7. **Equality & Human Rights** – None: an equality impact assessment is not required for this report as it is a summary of a national report for noting only.
8. **Health & Safety** – None
9. **Procurement** – None
10. **Risk** – None
11. **Privacy Impact** – None
12. **Climate Risk** – None
13. **Children's Rights** – Renfrewshire's work on promoting the Promise is consistent with our responsibilities to promote children's rights under UNCRC.

14. Cosla Policy Position – None

List of Background Papers

Audit Scotland report: [Improving care experience: Delivering The Promise](#)

Author: Andrew Voysey, Policy Officer, andrew.voysey@renfrewshire.gov.uk



To: Audit, Risk and Scrutiny Board

On: 19 January 2026

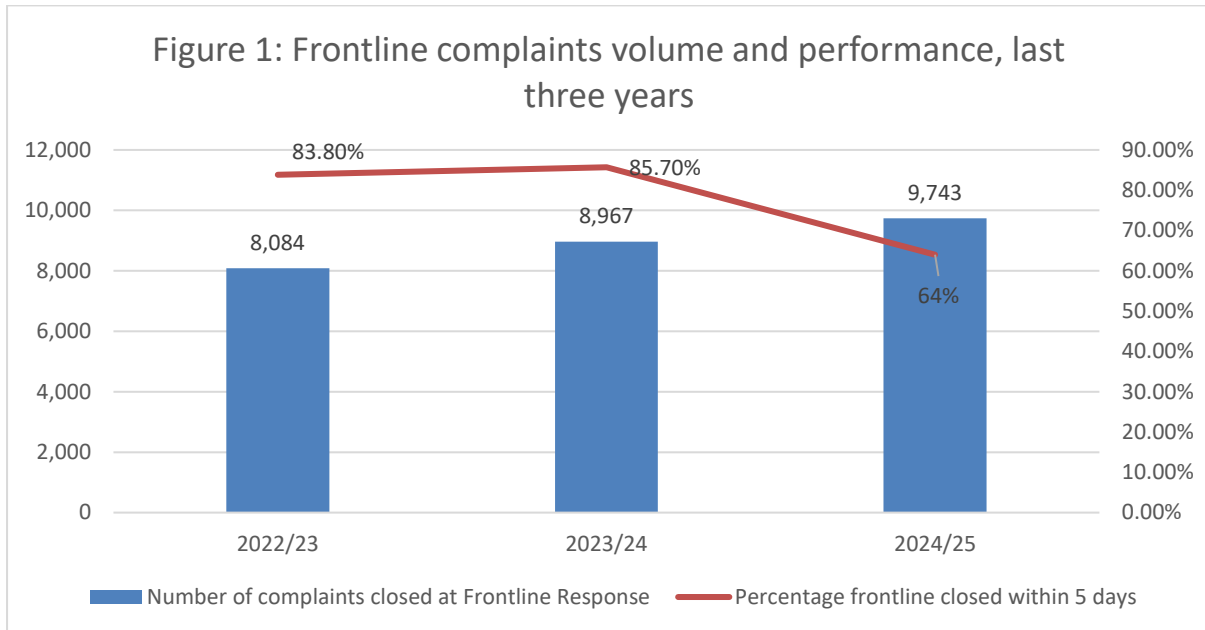
Report by: Chief Executive

Heading: 2024/25 Complaints Handling Performance

1. Summary

- 1.1 Renfrewshire Council's complaint handling procedure (CHP) helps the Council to improve services and processes based on customer feedback. It is one of a range of methods to help the Council understand how well it is delivering its services.
- 1.2 Revised in December 2023, the Council's CHP complies with the Scottish Public Services Ombudsman's (SPSO) guidance and aims to help 'get it right first time'. The expectation is to have quicker, simpler and more streamlined complaints handling with early response by capable, well-trained staff. As part of the procedure, all complaints are recorded and monitored.
- 1.3 This report provides information on complaints closed during the year from 1 April 2024 to 31 March 2025 and performance on key indicators, as well as highlighting improvements made to the complaints handling procedure (CHP) (revised in December 2023) to ensure that complaints are handled well, and the organisation learns from them and improves service delivery where appropriate. Data is taken from the Council's DASH system, which is used by all services excepting schools, and allows for consistency in recording and reporting of complaints information. Although some schools have piloted DASH, at present they are using their own tracking.
- 1.4 The Council is, year on year, receiving increasing numbers of contacts across complaints, Freedom of Information requests and elected member enquiries and consequently there are increasingly resource challenges in supporting these processes. The increase in complaints volume can be seen in

Appendix 1 and has been noted in previous annual reports. A similar trend in other local authorities has been noted. Figure 1 below shows the volume of complaints and our corresponding performance.



1.5 The Council’s Corporate Management Team regularly review complaints performance and referred this to the Council’s Performance Group for more intensive work to understand the key issues and also to drive up performance in this area. The group has already established three workstreams to look at systems and processes, training and culture, and root cause analysis. These workstreams report progress back to the Performance Group every eight weeks. Officers have recently undertaken the annual audit of complaints handling and this will support the identification of any gaps in knowledge or training. As part of our Making Every Contact Count programme, a staff campaign will launch in 2026 to highlight key processes and remind staff of available training materials.

1.6 The key messages highlighted in the report are as follows:

- 10,418 complaints were dealt with during 2024/25, compared with 10,025 in 2023/24) (note that figure in Appendix 1 for complaints received includes those still being dealt with after 31 March 2025 and is therefore higher);
- Over 93% of our complaints are dealt with as a frontline response, demonstrating the Council’s commitment to getting it right first time in response to complaints (91% in 2023/24);
- 64% of frontline complaints and 67.5% of investigation complaints received were completed within target timescales (85.7% and 94% respectively in 2023/24);

- the average time to respond to frontline complaints increased to 8.1 days, against a target of 5 days and is a slight improvement from the previous year's performance of 8.5 days;
- the average time to respond to an investigation complaint was 23.1 days, 8 days longer than the 15.2 days reported for 2023/24 and outwith the SPSO target of 20 days;
- the 2024/25 breakdown of complaints received by services continues to be broadly reflective of the volume of services provided, with Environment, Housing and Infrastructure delivering the highest volume and widest scope of frontline Council services and consequently receiving the highest volume of customer interactions and complaints;
- an intensive piece of work has recently been initiated by the Council's Performance Group looking at a range of customer interactions (including complaints) and identifying improvements which could be made.

1.7 A performance scorecard has been included within the appendix of this report to provide additional data for 2024/25 performance against SPSO indicators.

1.8 All indicators will continue to be monitored regularly, and support and guidance will be provided to all services to assist with analysing and improving performance where required.

2 Recommendations

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

- Note the content of this report.

3 Background

3.1 Renfrewshire Council's Complaint Handling Procedure (CHP) was implemented in 2013 and complies with the model complaints handling procedure for local authorities introduced by the Scottish Public Services Ombudsman at that time. It is regularly reviewed to include updated guidance. The most recent guidance was implemented in 2023/24.

3.2 The CHP reflects Renfrewshire Council's ongoing commitment to the provision of high-quality complaints handling. The CHP operates to ensure that complaints are processed and responded to consistently within target timescales, with a particular focus on working to resolve customer dissatisfaction as close as possible to the point of contact or service delivery.

- 3.3 Services are required to record, analyse and monitor complaints performance and use the information gathered through the CHP to improve service delivery wherever possible.
- 3.4 In line with the SPSO complaints handling procedure, Renfrewshire Council's CHP uses a two-stage process, Frontline Response and Investigation (also referred to as Stage 1 and Stage 2).
- 3.5 The frontline response stage aims to quickly resolve straightforward customer complaints that require little or no investigation. Any member of staff may deal with complaints at this stage, and these are often dealt with 'on the spot' – an explanation, apology or an action to put something right may all be appropriate responses to a frontline complaint.
- 3.6 The main principle is to seek an early response, resolving complaints at the earliest opportunity and as close to the point of service delivery as possible. This may mean a face-to-face discussion with the customer or asking an appropriate member of staff to deal directly with the complaint. The Council has 5 working days to respond to these complaints.
- 3.7 An example of a complaint which may be addressed at the frontline response stage is where a customer complains that a staff member failed to attend a scheduled appointment. When this is reported, the service should provide an apology and reschedule the appointment at a suitable time for the customer.
- 3.8 Not all complaints are suitable for frontline response and not all complaints will be satisfactorily resolved at this stage. Investigation complaints are typically complex or require a detailed examination before resolving. These complaints may already have been considered at the frontline response stage, or they may have been identified from the start as needing investigation. In these cases, the customer should receive an acknowledgement of their complaint within three working days and be advised that it is being dealt with as an investigation.
- 3.9 An investigation aims to establish all the facts relevant to the points made in the complaint and to give the customer a full, objective and proportionate response that represents the final position. The Council has 20 days to respond to these complaints.
- 3.10 An example of an investigation complaint may relate to the standard or nature of a repair within a Council property which requires an inspection or visit to investigate. As a supervisor or manager might need to examine the repair to assess this and agree with the customer the corrective work required, it may require the 20-day timescale. Services may also agree an extension to the

timescale with the customer. The SPSO procedures allow councils to extend an investigation for a further 10 working days.

- 3.11 In line with the model complaints handling procedure provided by the SPSO and with practice in other local authorities, Renfrewshire's complaints policy does not include a number of service areas that are processed through other means. Some examples include: the right to appeal a refusal of planning permission or to appeal planning conditions (this is made to the Local Review Body or the Scottish Ministers); allegations of bullying in schools (these are treated and investigated as bullying incidents by the education establishment); and a compensation claim for personal injury, loss of or damage to property (these are processed through the Council's standard 'Public Liability Claim Form').

4. 2024/25 Council Performance

- 4.1 Complaints are crucial in identifying areas or processes that need to be improved for our customers and Councils are required to report their complaints handling performance against a range of key performance indicators related to the SPSO complaints handling procedure. This report provides information on the complaints closed during the period 1 April 2024 to 31 March 2025 and Appendix 1 details Renfrewshire Council's complaints performance for 2024/25 against these key SPSO performance indicators. The SPSO publishes all local authority complaints annual reports on its website.
- 4.2 A new complaints system was launched in April 2020 and has now been fully rolled out with all Council services (excluding schools) logging their complaints on the same system. This means that for reporting purposes, all performance data is now taken from a single source, and this has been useful in improving visibility of the number of complaints and related enquiries received by the organisation. In previous years, the data included all issues raised by customers through our complaints process, even where they are reviewed and found not to be a complaint (such as when someone used our complaints system to raise an issue about another organisation, or to make a service request). From 2023/24, these have been excluded from reporting wherever an item has been closed with the status "Closed, not a complaint" bringing the report more in line with other local authorities. Despite this, we continue to see increased volumes, not only in complaints but in other requests including Freedom of Information and Subject Access Requests, and elected member enquiries. This creates additional resource pressures across services and impacts on overall performance. Whilst there are training resources available for staff, we have not run a focused campaign on complaints handling since

the current system was launched in 2020 and intend to prioritise this in early 2026, to ensure practice reflects our policies and our values.

4.3 In 2024/25 we received 10,418 complaint cases, an increase of almost 400 cases from the previous year, reported at 10,025 which was also an increase to the 9,155 cases received during 2022/23. It is recognised that this increase is primarily due to an increase in the number of complaints received by Environment, Housing and Infrastructure (EHI) and, although it is disappointing to note the year-on-year increase, is not unexpected given the wide range of universal frontline services delivered. Analysis has shown that the increase is largely driven by complaints about waste services. The breakdown of complaints received is shown below, with the previous year’s data included to show the trend. (Due to restructuring, data before 2023/24 by service is not directly comparable.)

Table 1: Volume of complaints received, last two years

	Frontline		Investigation		Total		% Change
	2023/24	2024/25	2023/24	2024/25	2023/24	2024/25	
Chief Executive’s	24	51	12	11	36	62	72%
Children’s Services	85	56	125	132	210	188	-10%
Environment, Housing and Infrastructure	8331	9264	477	344	8808	9608	9%
Finance and Resources	509	367	139	133	648	500	-23%

4.4 All Council services strive to ensure that complaints are answered correctly first time and that customers are responded to quickly. During 2024/25, 93.5% of complaints were addressed through a frontline response, however only 64% of frontline complaints and 67.6% of investigation complaints received completed within target timescales. This compares with 85.6% and 94% respectively in 2023/24.

4.5 Councilwide, the average time to respond to a frontline investigation was 8.1 days (against a target of 5 days) – this a slight improvement on 8.5 days reported in 2023/24. Reminders have been issued to all relevant staff reminding them of the target timescales in order to increase awareness. The number of working days for investigation complaints did not achieve the SPSO target of 20 days with the average investigation case taking 23.1 days to complete – an increase on the 15.2 days reported for 2023/24. This figure is skewed by a very small number of complaints open in excess of 90 days; excluding those would give an average of 19.4 days, which is within target.

4.6 Figures 2 and 3 below show the service breakdown of total complaints received and those closed within the timescales, during the period 1 April 2024 to 31 March 2025. This is for frontline response and investigation complaint cases. Figure 4 shows the breakdown by service of investigations which were granted an extension. The complaints for social work services are included in services provided by Children’s Services, whilst the data for the Chief Executive’s Service also includes those complaints sent directly to the Chief Executive but which can relate to any service area within the Council. Table 2 shows compliance with timescales by service and to an extent this is impacted by volume received.

Figure 2: Frontline Complaints Closed 2024/25

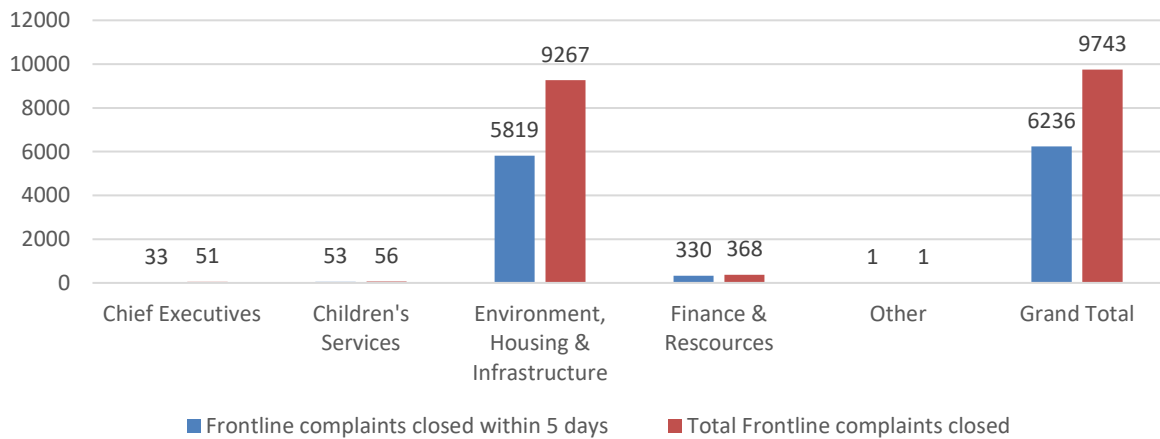


Figure 3: Investigation Complaints Closed 2024/25

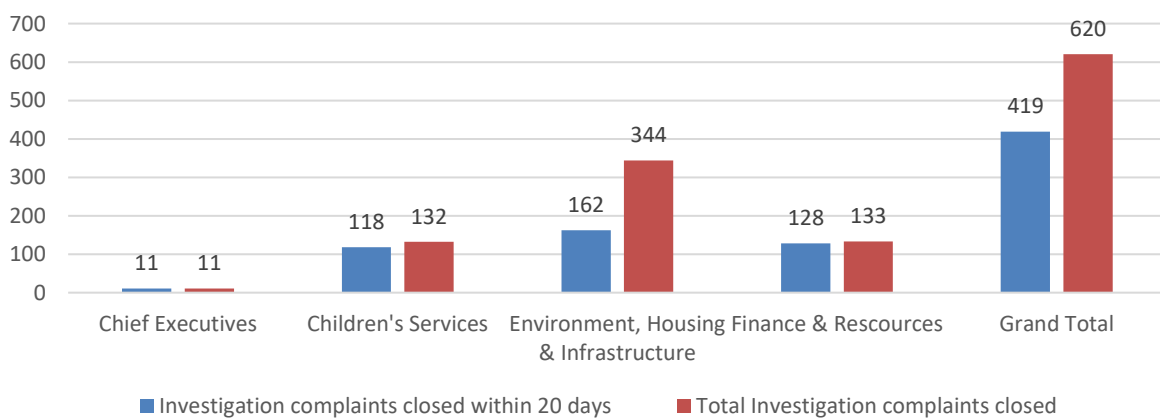


Figure 4: Investigation Complaints Closed 2024/25

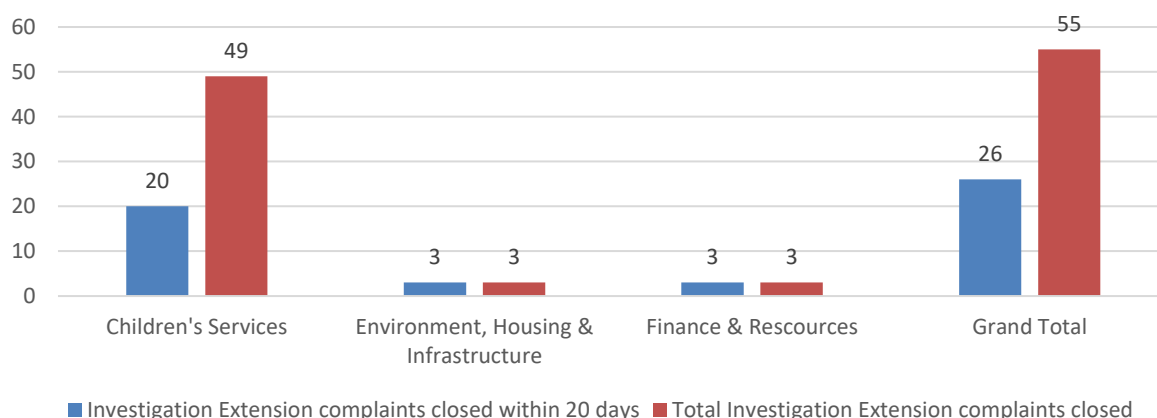


Table 2: Percentage of Complaints Cases Closed Within Timescale (by service/by service level)

Service	Frontline	Investigation	Investigation Extension
Chief Executives	64.7%	100%	-
Children's Services	94.6%	89.4%	40.8%
Environment, Housing & Infrastructure	62.7%	47.1%	100%
Finance & Resources	89.7%	96.2%	100%
Other	100%	-	-
All Services	64%	67.5%	47.3%

4.7 From 2024/25, this annual report includes performance figures on the percentage of complaints which are upheld, partially upheld, not upheld or resolved. Data has been added to the appendix for the previous two years to allow comparison. Figure 5 below shows the percentage in each of these categories. More than two-thirds of frontline complaints were upheld but the figure drops considerably for investigations and investigation extensions, our more complex cases. This is a change from the previous two years when around two-thirds of investigation complaints were upheld. More than half of investigation extensions were closed as 'Resolved' meaning that an agreement on an action was reached between the customer and council without the complaint having to be fully explored. Figure 6 shows the trend in the last three years, with a noticeable increase in the percentage of complaints being upheld.

4.8 Scrutiny of complaints data and performance continues to be carried out on a regular basis at service-level management team meetings and has been

supported by improvements in both data analytics and access to management information.

Figure 5: Closure status by complaint type, 2024/25

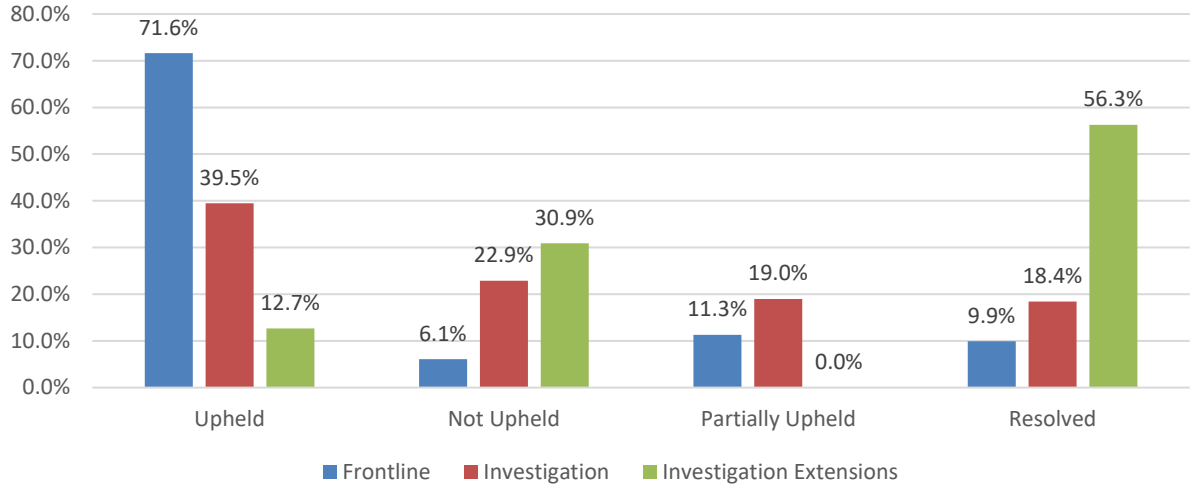
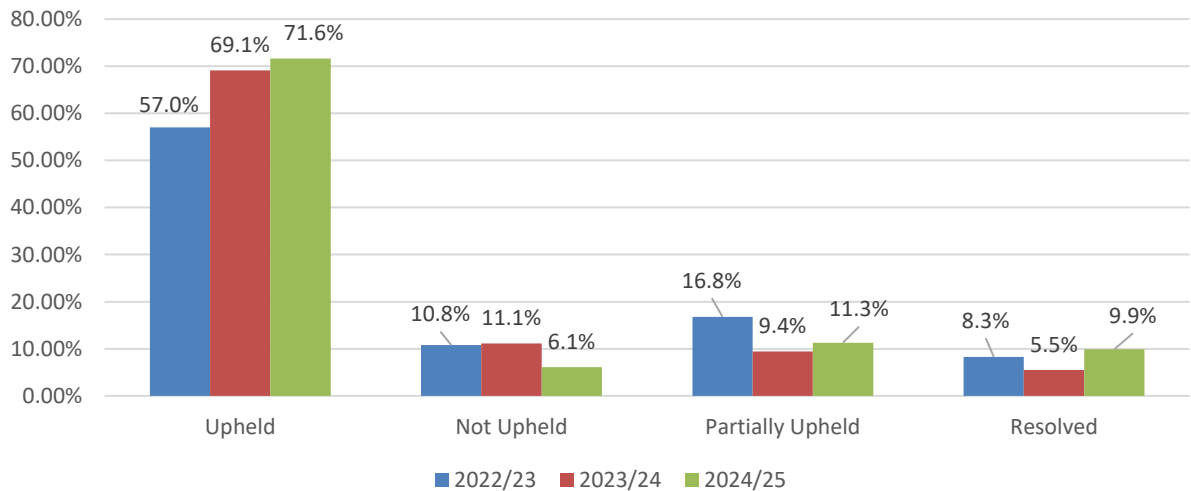


Figure 6: Frontline complaints by closure status



4.9 Overall the breakdown of complaints received by services is broadly reflective of the volume of services provided. Environment, Housing and Infrastructure (EHI) delivers the highest volume of frontline Council services, and the most diverse, covering 220 council premises, to over 92,000 households and businesses, supports more than 862km of roads and transport infrastructure, collects more than 135,000 bins weekly and manages 12,078 Council houses. It is to be expected therefore that the service will receive the highest volume of customer interactions.

- 4.10 Environment, Housing and Infrastructure dealt with 9,614 complaints during 2024/25, accounting for 92.2% of all cases dealt with during the reporting year. Waste services remain the top subject category followed by Housing Services Responsive Repairs, Building Services, Neighbourhood Services (incorporating street cleansing, litter bins and parks), and road repairs. Work is ongoing to learn from complaints received and seek to improve our Services through training, investment in technology to streamline processes and increase the knowledge and information about service delivery to address any issues identified. These issues will be explored as part of the intensive work being progressed by the Performance Group.
- 4.11 Complaints received by the Chief Executive's Service in 2024/25 mainly related to the Environmental Taskforce operated through the Connected Communities team within Policy and Partnerships (as customers use the Dash complaints module to log fly tipping reports) however, a number of these cases were not completed within the 5-day frontline target due to the complexity of fly tipping investigations, which often require input from other services or external agencies. Since volumes are low relative to other services, each late complaint corresponds to a much larger percentage. Improvements in recording and triaging are ongoing to reduce delays and better align with complaints handling timescales. In terms of complaints relating to planning and building standards these typically relate to timescales and concerns around the process. The complexity and the range of information submitted is such that many of the complaints require significant investigation thus creating pressures in respect of meeting timescales.
- 4.12 The majority of complaints made to Finance and Resources related to Customer Services and Business Support service areas with both responding to cross organisation cases which are predominately closed at frontline with 90% of frontline cases closed within 5-day target. Council tax, benefits (claims suspension, delay in processing or payment issues), customer services (cross service support including service appointments, waste, blue badge and Millie (digital assistant)) and licensing (unhappy with advice or approach taken) cases remain the top service categories and although these cases can be complex and require detailed investigation, the service has demonstrated a strong performance with the average number of days processing an investigation complaint reported as 11 days, well within the SPSO target and overall performance of 96.2% investigation cases completed within timescale. Of the complaints received by Customer Service, 70% of relate to other Council services and have to be passed to the appropriate team to respond. The remaining 30% are related to the service received and are used to understand where changes can be made to improve the service for future customers.

- 4.13 Complaints in Children's Services are often complex as they typically relate to people rather than processes. The service makes every effort to respond to complaints in a timeous manner, taking account of the sensitivities and complexities of the child or young person and their family. Current complaints data relates to social work services for children and families and justice social work, as well as those complaints made directly to senior managers about early years and education; it does not yet include frontline complaints dealt with directly by schools and early years establishments.
- 4.14 Children's Services dealt with 237 complaint cases during 2024/25 with the majority dealt with as investigations due to their complexity, with the average timescale for completion of 21.3 days. The majority of complaints to Children's Services relate to schools, and the most common complaints are around Additional Support Needs, bullying incidents and parents /carers being unhappy about how a schools has dealt with incidents such as these.
- 4.15 Draft figures for 2025/26 indicate an improving trend in terms of timescales for both frontline and investigation complaints.

5. Learning from complaints and improving the Council's complaints procedure

- 5.1 As noted above, the Council has a single system for logging and reporting on complaints, regardless of how the customer chooses to contact us. The Council also uses a suite of reports to track performance on complaints handling, and these are available to all services.
- 5.2 As set out within the body of the report, the volume of complaints remains challenging and related performance in this area requires further action. Complaints handling has been identified as a priority for improvement by the Corporate Management Team and is now part of an intensive piece of work being progressed by the Performance Group. As noted above, a focused campaign highlighting training resources and reminding staff of the key principles and processes of complaints handling will be undertaken in 2026. Detailed data has been reviewed and three workstreams are being progressed to identify and implement improvement activities. These workstreams will review system requirements, look at policies and training, and undertake root cause analysis to better understand what is driving complaints volumes in particular service areas. Improvement actions will be identified and progressed, and reviewed by the Performance Group every eight weeks, and more frequently as required.

- 5.3 Learning from the October 2024 audit of complaints was reported back to services and feedback from participants has resulted in changes to the audit process for 2025. The audit took place in late October and findings are being compiled; service-level analysis will be provided to Directors. The audit found mostly good practice but has identified some areas where refresher training would be helpful to ensure consistency in processes and recording.
- 5.4 The Council also participates in the Local Authority Complaints Handling Network, which has representation from all Scottish councils. This group allows us to benchmark performance and share good practice. Data from other local authorities shows that Renfrewshire Council is reporting the highest number of complaints, though it is acknowledged that there is likely under-reporting in some other council areas.
- 5.5 It is expected that with greater focus on key performance questions and more regular, targeted reporting that our complaints performance will improve during 2025/26.
- 5.6 As part of the functionality of the complaints system, customers can also provide comments and compliments, with 38 cases recorded during 2024/25 (12 comments and 26 compliments). A few examples of these compliments are provided below:

“Thank you very much for the prompt uplift of my waste materials as I thought that it might take a few weeks. I was pleasantly surprised as the materials were gone within a few days. Thank you again for your excellent service”.

“I was delighted to witness your collection staff ensuring that paper dropped from a bin being emptied was not simply left on the ground. The staff member took the time to stop and pick up the paper and place this into the waste lorry.”

“I have visited to Paisley recycling centre several times recently, on each visit the staff are all very helpful, either directing people to correct area or physically helping people to carry waste if they are struggling. Everyone is polite and happy to help.”

“I wanted to compliment the council workers who came to replace my kitchen counter. Both guys were very professional, polite and pleasant. The work carried out was done fast and to a high standard.”

Implications of the Report

1. **Financial** – none
2. **HR & Organisational Development** - none
3. **Community/Council Planning** –
We consider our services performance against a number of strategic outcomes to measure how we are delivering better outcomes for our local communities:

Living our Values – complaints are monitored under this outcome of the Council Plan and service improvement planning process.
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
12. **COSLA Policy Position** – none
13. **Children's Rights** – this report is for noting and has no direct implications on children's rights. However, the Council is implementing the SPSO guidance on child-friendly complaints where this is appropriate.
14. **Climate Risk**- none

List of Background Papers: none

Author: Pamela McDonald, Policy Officer, Chief Executive's Service

Appendix 1: Renfrewshire Council Annual Complaints Report SPSO Indicators

(due to rounding, percentages may not total 100)



Total number of complaints received, frontline and investigation	2022/23	2023/24	2024/25
Total number of complaints received (open and closed)	9,155	10,025	10,913
Number of complaints closed at Frontline Response	8,084	8,967	9,743
Complaints closed at Frontline Response as a percentage of all complaints closed	87.9%	91.5%	93.5%
Number of complaints closed at Investigation	892	788	620
Complaints closed at Investigation as a percentage of all complaints	9.9%	8.0%	6.0%
Number of complaints closed at Investigation after escalation	60	38	55
Complaints closed at Investigation after escalation as a percentage of all complaints	0.6%	0.4%	0.5%

Average time in working days for a full response to complaints at each stage	2022/23	2023/24	2024/25
Average time in working days to respond to complaints at Frontline Response	4	8.5	8.1
Average time in working days to respond to complaints at Investigation	14	15.2	23.1
Average time in working days to respond to complaints after escalation	9	5.3	15.1
Percentage of complaints at each stage which were responded to in full within the set timescales	2022/23	2023/24	2024/25
Complaints closed at Frontline Response within 5 working days as a percentage of the total number of Frontline Response complaints	83.8%	85.7%	64%
Complaints closed at Investigation within 20 working days as a percentage of total number of Investigation complaints	89.5%	94%	67.5%

Number and percentage of complaints where an extension to the timescale has been authorised	2022/23	2023/24	2024/25
Complaints closed at Frontline Response where extension was authorised, as a percentage of all complaints at Frontline Response	0.0%	0.0%	0%
Complaints closed at Investigation where extension was authorised, as a percentage of all complaints closed at Investigation	6.3%	4.6%	8.1%
Percentage of complaints by closure status	2022/23	2023/24	2024/25
Percentage of complaints upheld at Frontline Response as % of all complaints closed at Frontline Response	57.0%	69.1%	71.6%
Percentage of complaints not upheld at Frontline Response as % of all complaints closed at Frontline Response	10.8%	11.1%	6.1%
Percentage of complaints partially upheld at Frontline Response as % of all complaints closed at Frontline Response	16.8%	9.4%	11.3%
Percentage of complaints resolved at Frontline Response as % of all complaints closed at Frontline Response	8.3%	5.5%	9.9%
Percentage of complaints upheld at Investigation as % of all complaints closed at Investigation	66.7%	63.8%	39.5%

Percentage of complaints by closure status	2022/23	2023/24	2024/25
Percentage of complaints not upheld at Investigation as % of all complaints closed at Investigation	14.8%	18.0%	22.9%
Percentage of complaints partially upheld at Investigation as % of all complaints closed at Investigation	7.8%	3.3%	19%
Percentage of complaints resolved at Investigation as % of all complaints closed at Investigation	11.5%	12.3%	18.4%
Percentage of complaints upheld at Investigation Extension as % of all complaints closed at Investigation Extension	14.3%	13.2%	12.7%
Percentage of complaints not upheld at Investigation Extension as % of all complaints closed at Investigation Extension	14.3%	28.9%	30.9%
Percentage of complaints partially upheld at Investigation Extension as % of all complaints closed at Investigation Extension	42.9%	10.5%	0%
Percentage of complaints resolved at Investigation as % of all complaints closed at Investigation Extension	28.6%	47.4%	56.3%



To: Audit, Risk and Scrutiny Board

On: 19 January 2026

Report by: Director of Finance & Resources

Heading: Scottish Public Services Ombudsman (SPSO) Annual Report 2024/25

1 Summary

- 1.1 The new Scottish Public Services Ombudsman (SPSO) has issued his [SPSO Annual Report and Financial Statements 2024-25](#).
 - 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.
 - 1.3 The report advised that Public Service cases received in 2024/25 increased in comparison to 2023/24.
 - 1.4 It was noted that the health sector was the sector about which the SPSO received most complaints (32.1%), with local authority cases receiving the second highest number (31.6%).
 - 1.5 The statutory functions of the Ombudsman, together with the complaints process and a look forward to the coming year are set out within the SPSO's report.
-

2 Recommendations

- 2.1 That the SPSO's 2024/25 Annual Report be noted; and
 - 2.2 That it be noted that 52 complaints relative to Renfrewshire were determined by the SPSO in 2024/25 and none went to public investigation.
-

3 **Background**

3.1 **Corporate Governance**

In April 2025, at the end of her eight-year tenure, the SPSO said farewell to Rosemary Agnew, Ombudsman. The newly appointed Ombudsman, Paul McFadden, joined the organisation on 20 October 2025. In the interim, from 1 May to 19 October 2025, Andrew Crawford was appointed Acting Ombudsman. Throughout 2024/25, following the departure of the Director in April, the Ombudsman had in place a temporary leadership structure, which will continue into 2025/26. This is to afford the next Ombudsman the flexibility to shape the organisation.

3.2 **SPSO Role and Function**

The SPSO has a wide remit which covers a variety of functions and services. There are four distinct statutory functions:

- the final stage for complaints about most devolved public services in Scotland;
- powers and responsibilities to publish complaints handling principles and procedures and monitoring and supporting best practice in complaints handling;
- independent review service for the Scottish Welfare Fund with the power to overturn and substitute decisions made by councils on Community Care and Crisis Grant applications; and
- Independent National Whistleblowing Officer for the NHS in Scotland; the final stage for complaints about how the NHS considers whistleblowing concerns and the treatment of individuals concerned.

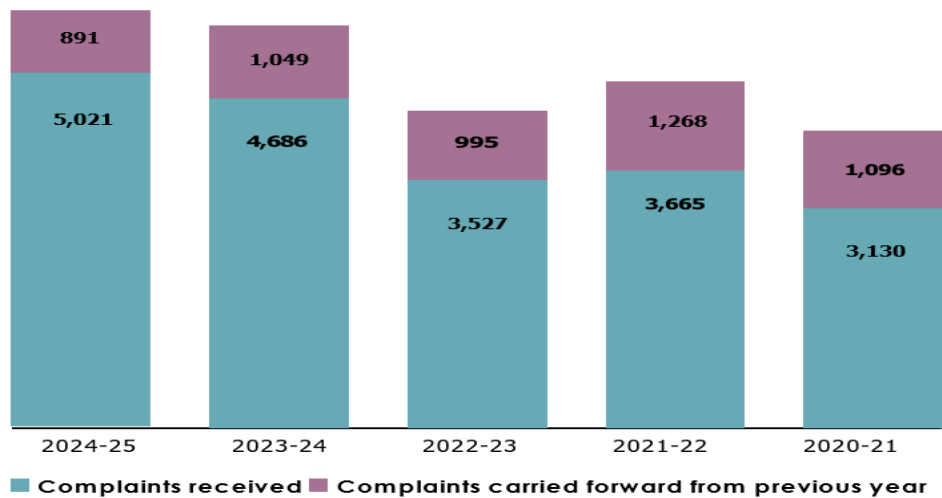
4 **Complaints Overview**

4.1 The report advised that case numbers received in 2024/25 increased by 7% which was a lower increase in comparison to 2023/24 which saw a 33% increase. While the SPSO could not attribute this rise to any specific issue, they advised it was likely the impact of several factors; pressures on public service resources, cost of living pressures, and a greater awareness of the SPSO as they developed and implemented their engagement and communication strategy and visibly contributed to public consultations.

4.2 Despite rising volumes, the SPSO closed more complaints than were received. The number of open cases dropped to 891, down 15% from last year. The report highlighted that efficiency improvements had a positive impact.

4.3 Public Service Complaints received and carried forward

The report noted that nationally, in 2024/25 the SPSO received a total of 5,021 complaints (5,912 in total when including complaints carried over from last year) compared with 4,686 complaints received in 2023/24 and 3,527 in 2022/23.



4.4 The table below shows the breakdown of public service complaints received by sector and remains generally consistent with previous years. Once again, health is the highest subject of complaint followed by local authorities.

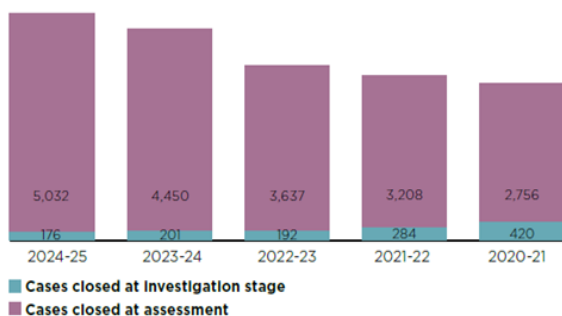
PSCs received by sector

Authority Sector	2024-25	% of 2024-25 total received	2023-24	2022-23	2021-22	2020-21
Colleges	25	0.5%	28	20	24	21
Health (including prison healthcare)	1,610	32.1%	1,544	1,193	1,238	1056
Housing Associations	496	9.9%	476	361	295	224
Joint Health & Social Care	264	5.3%	210	145	188	163
Local Authority	1,585	31.6%	1,393	1,051	1,189	951
Other	67	1.3%	86	54	39	33
Prisons (non-healthcare)	299	6.0%	321	253	235	219
Scottish Government & Devolved Administration	278	5.5%	251	174	182	147
Universities	289	5.8%	285	208	187	205
Water	108	2.2%	92	68	88	111
Total	5,021	100%	4,686	3,527	3,665	3,130

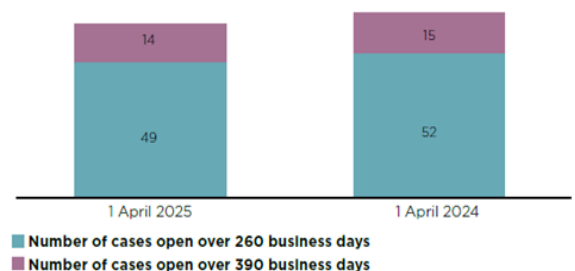
4.5 Public Service Complaints closed

There were 5,032 cases closed in 2024/25, 176 went to investigation stage compared to 201 in 2023/24. A breakdown of Public Service complaints which were closed at assessment and after investigation is outlined in table below:

PSC total cases closed



Case age

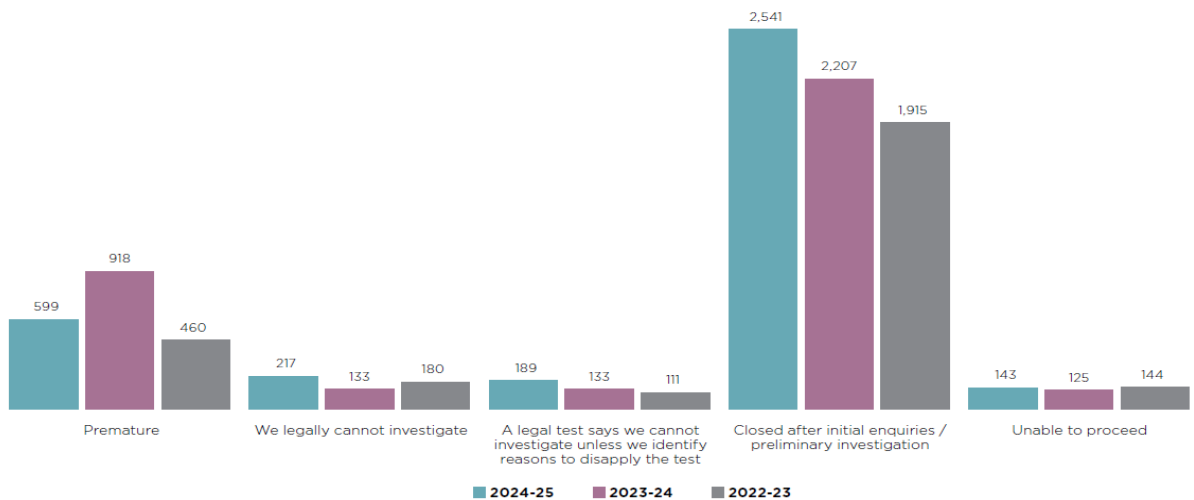


4.6 The number of cases closed at investigation stage was 176 and this was a decrease by a 12.44% from 2023/24.

4.7 Complaints Assessment

The breakdown of assessment outcomes below does not include some cases closed at first contact. As a result, the figures may not exactly match those detailed in Complaints overview. A description of the assessment outcomes is detailed on page 28 of the SPSO annual report.

Assessment outcomes¹



4.8 The report advised that premature complaints made up 11% of their total caseload this year. However, there was a significant decrease this year. The actual number of premature complaints received decreased by 42.5% (599 in 2024/25 compared to 918 in 2023/24). A premature complaint is one that has been submitted to the SPSO before the organisation’s complaint process has been completed. Normally these are returned to complainants offering them advice on how to progress their complaint.

5 Public Reports

5.1 Of the investigations completed in Scotland as a whole, five cases were reported in full as public investigation reports (same as last year). These were cases where the SPSO decided to publish the investigation in full because there was evidence of significant personal injustice or hardship, systemic failure, significant complaints handling failures, or it is a test/precedent case. None of these cases involved Renfrewshire Council.

Public reports

2024-25	2023-24	2022-23	2021-22	2020-21
5	5	2	7	7

5.2 Cases that are not published in full as public investigation reports are usually published as decision summaries. Public reports and decision summaries can be found in the ['Our findings' section](#) of the SPSO website.

7 Complaints in relation to Renfrewshire Council 2024/25

7.1 No complaint details for specific organisations were included in the SPSO annual report. However, information contained within the [2024/25 statistics on the SPSO website](#) and from information received separately from the SPSO, indicated that the number of complaints determined by the SPSO relative to Renfrewshire was 52 compared with 54 in 2023/24 and 35 in 2022/23. Of the 52 cases 22 reached the advice stage, 29 were completed at the early resolution stage and one was resolved at the investigation stage. A copy of the investigation report is attached as Appendix 1.

		Council
Stage	Outcome Group	Renfrewshire Council
Advice	A&G - Complaint submissions - mature	4
	A&G - Complaint submissions - premature	7
	A&G - Enquiries	11
	Unable to proceed	0
	Total	22
Early Resolution	Cause and impact test not met (s 5 (3))	0
	Discretion – Alternative action proposed	0
	Discretion – Alternative route used or available	1
	Discretion – Good complaint handling	17
	Discretion – Insufficient benefit would be achieved by investigation	5
	Discretion – Referred back	4
	Discretion – Resolved - both parties satisfied with proposed outcome	1
	Member of the public test not met (s 5 (6))	1
	Premature	0
	Right of appeal to court/tribunal/Scottish ministers (s 7 (8))	0
	Subject matter not in jurisdiction	0
	Time limit (s 10)	0
	Unable to proceed	0
	Total	29
Investigation	Fully upheld	1
	Not duly made or withdrawn	0
	Not upheld	0
	Some upheld	0
	Total	1
Total		52

7.2 Of the 52 cases received in 2024/25 relative to Renfrewshire, the main subjects of these are as follows, with 2023/24 figures in brackets. The subjects are the SPSO's and may not relate directly to the way Renfrewshire Council services are organised: Education 4 (7); Environmental Health & Cleansing 5 (15); Finance 2 (6); Housing 23 (14); Land & Property* 4 (*NEW); Legal & Admin 2 (1); Planning 2 (2); Roads & Transport 3 (2); Social Work 6 (8); Subject Unknown/Out of Jurisdiction 1 (2).

8 Looking Forward

- 8.1 This year saw the SPSO prepare for the transition to a new Ombudsman, adapting roles and responsibilities to ensure continuity until their new office holder took up post in October 2025. Externally, they continued to face significant risk, particularly in relation to cyber security and the increase in complaint volumes. However, they continued to absorb these rises through new and efficient ways of working which are detailed within the report.
- 8.2 The SPSO remains committed to delivering high quality services with continuity and ambition and have made a pledge to reduce the time it takes to allocate and investigate complaints, while engaging with wider stakeholders to ensure public services are effective and accessible.
- 8.2 Their Business Plan for next year sets out our priorities and projects; they continue to pursue agile initiatives to improve efficiency; and they are increasingly aware of the growing risk posed by rising complaint volumes. Therefore, they have committed to focusing on strategic and high priority projects. This includes their workforce and medium-term financial planning.
- 8.5 The report finally notes that they are optimistic about this new chapter for the SPSO. They remain committed and proactive in addressing the challenges they will face in 2026/26 and beyond.

Implications of the Report

1 Financial – None

2 HR & Organisational Development – None

3 Community Planning – None

4 Legal – None

5 Property/Assets – None

6 Information Technology – None

7 Equality & Human Rights – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.

8 Health & Safety – None

9 Procurement – None

10 Risk - None.

11 Privacy Impact – None

12 COSLA Policy Position Implications – None

13 Climate Risk – None

14 Children's Rights - None

List of Background Papers

- (a) Background Paper 1 - SPSO Annual Report and Financial Statements 2024/25. SPSO's website
https://www.spsso.org.uk/sites/spsso/files/communications_material/annual_report/SPSO%20Annual%20Report%20and%20Financial%20Statements%202023-24.pdf.
- (b) Background Paper 2 - Data tables for the 2023/24 annual statistics - [Statistics 2024-25 | SPSO](#) website
- (c) Background Paper 3 – SPSO database – Investigation Reports - [Investigation Reports | SPSO](#)
- (d) email from SPSO (5/12/24) detailing confidential data list for closed complaints for Renfrewshire Council for 2024/25

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Decision Report 202210537

Case ref: 202210537
Date: August 2024
Body: Renfrewshire Council
Sector: Local Government
Outcome: Upheld, recommendations
Subject: Handling of application (complaints by opponents)

Summary

C complained that the council approved an application for non-material variation (NMV) to a planning consent, despite the variation significantly altering the originally agreed plot levels and having major effects on existing properties that bordered onto the new development. We took independent planning advice, which highlighted that it is ultimately a matter for the planning authority to determine whether or not a proposed change to a planning application is material. However, there should be clear and transparent records to support the council's decision making and justify their decision. The council accepted that was lacking in this case, in terms of the content of the worksheet for the NMV.

We found that the NMV worksheet did not contain sufficient information to explain why the council concluded that the change was non-material. The records did not adequately demonstrate that the council considered

the potential impact on neighbouring properties, and continued compliance with the relevant Development Plan in this regard. It was not demonstrated e.g. via adequate / relevant cross sections through the site, how the council concluded that there was sufficient separation distances between new and existing properties. It would also have been good practice for the council to keep a record of any site visit carried out, recognising that there is no statutory requirement to visit the site.

While we found that the council failed to keep adequate records to justify their decision, it was not possible for us to determine that the decision to approve the changes as a NMV was incorrect. That remained a discretionary matter for the council. However, on the basis of poor record keeping, we concluded that the council's handling of the NMV application was unreasonable, and we upheld this complaint.

Recommendations

What we asked the organisation to do in this case:

- Apologise to C for the issues identified in this decision notice. The apology should meet the standards set out in the SPSO guidelines on apology available at www.spsso.org.uk/information-leaflets.

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

- Worksheets for future applications for NMVs should provide sufficient detail to make it clear why a particular conclusion has been reached, including continued compliance with all relevant Development Plan policies. When a site visit is carried out in respect of an application, a record should be kept of that visit. The council should ensure that they have sufficient information to determine the application e.g. adequate / relevant cross sections.

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.

Related reading

[View Decision Report 202210537 as a PDF \(26.85 KB\)](#)

Updated: August 21, 2024

Making a complaint

[How to complain](#)
[How we handle complaints](#)
[Online complaint form](#)
[FAQs](#)

For organisations

[Child Friendly Complaints](#)
[Training & SPSO Conference](#)
[What to expect when we receive a complaint about your organisation](#)
[How to handle complaints](#)
[How we offer support](#)

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[Current complaint allocation time: 16 weeks](#)
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To: Audit, Risk & Scrutiny Board

On: 19 January 2026

Report by: Director of Finance & Resources

**Heading: AUDIT, RISK & SCRUTINY
ANNUAL PROGRAMME 2025/26**

1 Summary

- 1.1 Each year the Audit, Risk & Scrutiny Board prepares a report on the Programme of Reviews. The guidelines suggest that in relation to (a) scrutiny of service delivery and performance and (b) monitoring and reviewing service delivery, performance, policies and practices, the Board may select particular areas for investigation as part of its annual programme, thereafter making recommendations to the Council.
- 1.2 In relation to the Council's role in community leadership, the guidelines recognise that this is not clear cut and requires to be considered carefully to ensure that the respective functions and responsibilities of other public bodies are not compromised but that the Board allows the Council to provide a forum for an informed public debate on these issues.
- 1.3 Each year it has been the practice that members of the Board are asked to suggest topics for investigation and to provide information in relation to why the investigation should be undertaken and the anticipated outcome.
- 1.4 This report and attached appendix details the Review topics which were discussed at the Programme of Reviews 2025/26 development session which was held on 20 October 2025 and outlines the possible timescales.
- 1.5 Members are asked to agree the phased implantation plan attached as an appendix to this report.

2 Recommendations

- 2.1 That Members agree the phased implantation plan attached for the annual Programme of Reviews 2025/26.
-

3 Background

- 3.1 In terms of the 2024/25 Annual Programme, the following reviews went forward as part of the Annual Programme:
- Neighbour disputes;
 - Lack of house and garden maintenance by some tenants and residents;
 - Lead piping in public and private housing in Renfrewshire;
 - Cyber security; and
 - City Deal governance and arrangements.
- 3.2 The review on neighbour disputes was presented to the Board on 23 September 2024 and noted by Council on 12 December 2024; the review of lack of house and garden maintenance by some tenants and residents is currently underway by Lead Officer Maurice Gilligan; the lead piping in public and private housing in Renfrewshire review is next on the list for review; a presentation was given to the Board on 19 August 2024 in relation to City Deal governance and arrangements; and a presentation was given to the Board on 20 May 2024 in relation to cyber security.
- 3.3 Members also agreed at the Audit, Risk & Scrutiny meeting held on 19 May 2025:
- That a briefing be brought to a future meeting of this Board after the Council meeting on 25 September 2025, as part of the Programme of Reviews, on the financial risks for the Council, in relation to the Integration Joint Board;
 - That a briefing on the IJB and transformative change be brought to a future meeting of the Audit, Risk & Scrutiny Board.
- 3.4 It had previously been agreed that officers would assist Members to develop the Board's Annual Programme of Reviews to ensure that due consideration was given to the corporate risks and priorities. Members would also have due regard to the requirement set out in the Guidelines for Operation of the Audit, Risk & Scrutiny Board that all matters be considered objectively and impartially and that the party whip will not apply.
- 3.5 It was further agreed that Members would still have the ability to submit written intimations to the Board to consider matters they would like reviewed. A session would be held annually with officers and members to consider strategic and corporate risks and Council priorities to inform the development of the annual Programme of Reviews.

- 3.6 At the development session held on 20 October 2025 to discuss the Programme of Reviews for 2025/26 the reviews which were ongoing; still to commence; and new suggestions were discussed in detail and as a result, the appendix to this report was formulated which outlines the reviews and timescales which will form the basis of the Programme of Reviews for 2025/26.

Implications of the Report

Financial – none

HR & Organisational Development – none

Community Planning – none

Legal – none

Property/Assets – none

Information Technology – none

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.

Health & Safety – none

Procurement – none

Risk – none

Privacy Impact – none

Cosla Policy Position – not applicable

Climate Risk – none

Children's Rights - none

List Of Background Papers

None

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Audit, Risk & Scrutiny Board
Programme of Reviews 2025/26
Development Session – 20 October 2025

Current Programme					
No	Review Suggestion	Comments	Further Action	Responsible Officer	Timescale
Ongoing					
1	Lack of Housing and Garden Maintenance	Discussed at Board on 21 September 2025. Members asked for further work to be undertaken and a report to be submitted to a future board	Further Work Ongoing.	Maurice Gilligan	January 2026.
Still to Commence					
2	Lead Piping in Public and Private Housing in Renfrewshire	This was a result of a Council Motion by Councillors Doig/Hannigan.	Officer now nominated to lead review.	Rachael Flanagan	To commence January 2026
3	Financial Risks for the Council in relation to the IJB	This was requested by the Board as a result of Internal Audit Report/Risk Report in May 2025.	At the Development meeting held on 20 October 2025 Members agreed that Reviews 3, 4 and 5 would be dealt with together and a briefing brought to the Board in early 2026 after the Scottish Government had published their Budget at the end of January 2026. It would then be decided if further work was required. To consider the statutory duties of IJB and whether additional services were being provided.	Alastair MacArthur	May 2026
4	IJB and Transformational Change	This review was requested by the Board as a result of an Internal Audit Report/Risk Report in May 2025.	As item 3	N/A	N/A

New Suggestions				
5	Scope of Arms Length Arrangement with IJB and Council Priorities to be managed		As item 3	N/A
6	Review relevance and risks of subsidiary work – many overlaps between OneRen and IJB re prevention and early intervention		At the Development meeting held on 20 October 2025, Members agreed that this review should be delayed until the OneRen Review had been completed and reported to the Leadership Board. Officers will submit report to May 2026 Board after OneRen Review completed and Report submitted to Leadership Board.	TBA May 2026
7	Scope of Partnership/Arms Length arrangement with OneRen & risks	Members agreed that this review should take a sequential approach in relation as to how the learning estate looks/ which may have an effect on schools/sports estate development.	At the Development meeting held on 20 October 2025, Members agreed that this review should be delayed until the OneRen Review had been completed and reported to Council. The Board would then decide if any further work was required.	Alastair MacArthur May 2026
8	Strategic Plan for Social Economy and Community Investment	To look at the strategies for Participatory Budgeting/Asset Transfers/Social Economy Strategy. What is the sustainable strategy for supporting Community Groups to participate in these processes eg Are there available Funding Streams and what is their accessibility eg If asset transfer, what assistance is available to maintain building etc.	At the Development meeting held on 20 October 2025, Members agreed that a briefing would be arranged by Chief Executive's Service on this area and then a decision taken by Board Members if any further work is required.	Alastair MacArthur/Laura McIntyre/Alasdair Morrison March 2026

<p>9</p> <p>Houses to be Demolished – Plans for Demolition/ Temporary Use options /Redevelopment of Areas</p>	<p>To look at whether houses to be demolished could be used for any other purpose on a temporary basis; number of properties; time taken for demolition etc It was hoped that this would show whether there had been improvements since the Ferguslie Park project where houses were boarded up for some time awaiting demolition and also highlight any good initiatives. A quick recap on the position in relation to private dwellings was also requested.</p>	<p>At the Development meeting held on 20 October 2025, Members agreed to request a briefing from Director of Environment, Housing & Infrastructure. A decision will then be taken by Board Members is any further work is required.</p>	<p>Gordon McNeil</p>	<p>March 2026</p>
<p>10</p> <p>Waste Services - Percentage of Bins Emptied First Time; Process for calculation; Street Cleanliness Rating; Waste Uplift; Frequency of Bins left on Street; Non uplift of Contaminated Bins</p>	<p>To look at problem of bins not being emptied; rubbish on streets and bins overflowing. Also, what the process is if waste contaminated? Why are same crews or at least same supervisor not allocated to same route? Members were looking for an overview on how:</p> <ul style="list-style-type: none"> • the rotation of the crews work • how the three-team system works • bin labelling is operated. 	<p>At the Development meeting held on 20 October 2025, Members agreed to request a briefing from Director of Environment, Housing & Infrastructure. A decision will then be taken by Board Members is any further work is required.</p>	<p>Gordon McNeil</p>	<p>June 2026</p>
<p>11</p> <p>Maintenance of Non-Council Infrastructure including listed Buildings – Possible Actions to ensure Owners take responsibility</p>	<p>To ascertain what powers/legislation is available to enforce private owners and companies eg Network Rail to take action to maintain properties/listed buildings. To determine if there are any Trust organisations which repairs listed buildings and to establish if a similar arrangement could be put in place in Renfrewshire. To determine if there a list of buildings within Renfrewshire that are in disrepair?</p>	<p>Director of Finance & Resources agreed to ascertain the outcome of a piece of work undertaken previously in relation to options for ensuring listed building were maintained and this suggestion would be reviewed further.</p>	<p>Alastair MacArthur</p>	<p>August 2026</p>

