Notice of Meeting and Agenda

Audit, Risk and Scrutiny Board

Date	Time	Venue
Monday, 24 August 2020	10:00	Remotely via Microsoft Teams,

KENNETH GRAHAM
Head of Corporate Governance

Membership

Councillor Tom Begg: Councillor Stephen Burns: Councillor Michelle Campbell: Councillor Neill Graham: Councillor Jim Harte: Councillor John Hood: Councillor Emma Rodden:

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

Apologies

Apologies from members.

Declarations of Interest

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

Audit

Monitoring and Reviewing Service Delivery Performance, Policies & Practices

Annual Programme

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.

9 Summary of Internal Audit Investigations Report for Period 01 January to 30 June 2020

Report by Chief Auditor.

To: Audit, Risk and Scrutiny Board

On: 24 August 2020

Report by: Chief Auditor

Heading: Summary of Internal Audit Reports for period 01 January to 30 June 2020

1. **Summary**

1.1 In line with the Public Sector Internal Audit Standards, Internal Audit must communicate the results of each engagement to the Board. To comply with this requirement Internal Audit submits regular reports on the findings and conclusions of audit engagements to the Audit, Risk and Scrutiny Board.

1.2 Appendix 1 provides details those audit engagements completed during the period 01 January to 30 June 2020 with the overall assurance rating and the number of recommendations in each risk category. The committee summary for each report is also attached. For each audit assignment where recommendations have been made, the relevant managers have put action plans in place to address the issues raised.

1.3 In addition to the reports listed in the Appendix, Internal Audit has an ongoing commitment to:

- A range of corporate and service initiatives;
- Progressing of information security matters in partnership with ICT and Legal Services;
- The regular provision of advice to departmental officers;
- The provision of internal audit services to the associated bodies for which Renfrewshire Council is the lead authority and to Renfrewshire Leisure Ltd and Renfrewshire Health and Social Care Integrated Joint Board;

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

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2. Recommendations

2.1   Members are invited to consider and note the Summary of Audit Reports finalised during the period from 01 January to 30 June 2020.

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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

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Author: Karen Campbell – 07768354651

Appendix 1

Category	Service	Engagement	Assurance Rating	Recommendation Ratings			
				Critical	Important	Good Practice	Service Improvement
Assurance	FAR	ICT Monitoring – Payment Card Industry Standards	Limited	0	5	3	0
	FAR	General Ledger Processes	Reasonable	0	2	2	1
	FAR/Adult Services	Corporate System Access	Reasonable	0	2	2	1
	Children's Services	Fostering & Kinship - Payments	Reasonable	0	2	2	0
Governance	Adult Services	Information Security	Reasonable	0	2	2	0
Investigation	Environment & Infrastructure	Atrium Card Payment Variances	N/A	0	3	1	0

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

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Assurance Level	
Substantial Assurance	• 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	• 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	• 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	• Control processes are generally weak with significant risk to the achievement of the objectives of the area being reviewed. • Significant non-compliance with control processes leaves the processes/systems open to error or abuse.

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

Internal Audit Report
Finance and Resources
ICT - Payment Card Industry Standards (A0075/2020/001)

Date: June 2020

COMMITTEE SUMMARY

Audit Objectives
The objectives of this audit are to ensure that: 1. Supervisors train staff in how to check that chip and pin devices have not been tampered with and this training is renewed annually. 2. Retained cardholder data is the absolute minimum necessary. 3. Merchant receipts are stored in a secure area and are clearly marked with their scheduled due destruction date. 4. The retention policy for Merchant receipts retained in a digital and paper format is being followed. 5. Card handling staff concerns are appropriately escalated to the appropriate Council Officers 6. Installation, maintenance, replacement and return of devices is done with assistance and verification of ICT Services. 7. Leaver accounts are deactivated and long term absence accounts rendered inactive. 8.

Audit Scope
The following work was carried out: 1. Following discussion with the Cyber Security Architect the focus of the audit was to test compliance with the PCI Compliance Policy for Card Handling Teams. 2. We selected a sample of council teams who process credit and debit card payments using Chip and Pin machines and tested that they comply with the requirements of the policy. We did not test payments made on the internet, by telephone or using kiosks.

Key Audit Assurances
1. At the locations visited, retained cardholder data was kept to the minimum necessary. 2. Merchant receipts were securely stored and filed in date order.

Key Audit Risks
If staff are not regularly made aware of Card Handling and Chip and Pin Device Tampering policies, they may not carry out instructions in these policies to the required standard.

Internal Audit Report
Finance and Resources
ICT - Payment Card Industry Standards (A0075/2020/001)

Date: June 2020

Overall Audit Opinion
The audit has shown that retained cardholder data was appropriate and merchant receipts were securely stored. Some recommendations have been made including to regularly make staff aware of Card Handling procedures and to inform IT of any changes to card payment equipment. If implemented, these actions will enable staff to fully comply with Payment Card Industry Data Security Standards (PCI DSS).

Management Commentary
Management are implementing the recommendations made by updating their procedural manuals and arranging refresher training programmes for the staff involved in processing card payments. Daily control sheets have been introduced to confirm chip and pin machines have been checked for tampering.
Procedures have been implemented to ensure that Services are aware of the need to inform ICT/Cyber Security if any proposed card payment equipment changes. The Cyber Security team will then assess and advise on the suitability of the proposed equipment to ensure it aligns with PCI requirements.

Internal Audit Report
Finance and Resources
General Ledger Processes (A0080/2020/001)

Date: May 2020

COMMITTEE SUMMARY

Audit Objectives
The objectives of the audit were to ensure that: 1. Adequate controls have been established to protect information and data from unauthorised access. 2. Coding Structures are being adhered to and strictly controlled with transactions being correctly coded and recorded. 3. The Policies and procedures detail the accounting procedures to be followed and are available to all necessary staff. 4. Journals and Internal Transactions are appropriately authorised and recorded.

Audit Scope
The following work was carried out: 1. Obtained the current policies, procedures, Business World staff guidance and coding structure and assessed for adequacy. 2. Interviewed the appropriate members of staff to ascertain the processes for journals. 3. Prepared a programme of tests covering these areas.

Key Audit Assurances
1. The Business World ledger staff guidance provides comprehensive instructions for individual tasks.

Key Audit Risks
1. Where password controls are not completely operational, there is a risk that Business World information is not fully protected from unauthorised access.

Overall Audit Opinion
The Business World ledger staff guidance was found to be satisfactory. Recommendations have been made within the report to strengthen the controls surrounding general ledger password access, transaction coding and journal entry authorisation.

Management Commentary
The password policy within Business World has been amended in line with other Council Applications and ICT Guidance. Reminders will be sent to users of the system regarding accurate transaction coding and good practice to be followed when processing journals. The roles established for financial tasks are against the Business World Finance positions and this provides further security that only those identified to carry out certain tasks will be able to undertake these. The Business World Team have worked with the Finance service and understand that the system steps within the guidance available meets all their needs and requirements.

Internal Audit Report
Finance and Resources/Adult Services

Corporate System Access (A0074/2019/002)   **Date: March 2020**

COMMITTEE SUMMARY

Audit Objectives
The objectives of the review were to ensure that in relation to SWIFT: 1. There is an adequate process in place to approve and allocate system access to Business Services employees. 2. Employees are made aware of and acknowledge their responsibilities in relation to systems access, particularly for systems containing sensitive or personal information. 3. There is a process in place to identify and remove access that is no longer required, including transfers, terminations and temporary cover arrangements. 4. Periodic checks are undertaken on system access to ensure that it is appropriate to the employees' role. 5. Administrator access is only granted where this is appropriate to the employees' role. 6. To establish the current processes in place for Business World in relation to the above objectives to enable future testing of the system.

Audit Scope
The following work was carried out: 1. Interviewed the appropriate officers to ascertain background information. 2. Established the current processes in respect of user access management for Business Services employees relative to the engagement objectives. 3. Obtained relevant information and undertook a programme of audit tests.

Key Audit Assurances
1. There is an adequate process in place to approve and allocate system access to Business Services employees through completion and authorisation of user access forms. 2. There is an e-learning course that employees should complete annually so that they have an up to date awareness of their responsibilities in relation to systems access. 3. Periodic checks are undertaken on access to SWIFT to ensure that it is appropriate to the employees' role. 4. There are no Business Services employees with inappropriate administrator access. 5. Processes are in place or are currently being established in relation to the above objectives for Business World.

Key Audit Risks
1. There could be financial and reputational risks to the council if employees with access to personal information are not familiar with the most up to date General Data Protection Regulations and Information Security protocols.

Internal Audit Report
Finance and Resources/Adult Services

Corporate System Access (A0074/2019/002)   **Date: March 2020**

Overall Audit Opinion
There are processes in place to ensure that appropriate access is granted to employees aligned with their job role and to ensure that employees are made aware of their responsibilities in relation to information security. However, these could be improved upon and the auditor has made recommendations to increase the robustness of current controls. The auditor has therefore given a level of reasonable assurance in this area.

Management Commentary
Management have taken action to ensure all user access request forms are fully and accurately completed, and all employees complete the required training.

Internal Audit Report
Childrens Services

Fostering & Kinship - Payments (A0098/2020/001) **Date: February 2020**

COMMITTEE SUMMARY

Audit Objectives
The objectives of the review were to ensure that: 1. Processes are in place to ensure that new carers have been appropriately approved and they are added timeously and accurately to the payment run; 2. There is evidence that all required review processes have been satisfactorily undertaken to ensure that correct payments continue to be processed; 3. Adequate and authorised documentation is retained to support discretionary payments made; 4. Processes are in place to ensure that when carers terminate they are removed from the payment run timeously and accurately.

Audit Scope
The following work was carried out: 1. Obtained details of relevant procedural and legislative guidance. 2. Following discussions with the appropriate officers, prepared a series of tests to meet the audit objectives. We did not test any adoption cases.

Key Audit Assurances
1. Adequate processes are in place to ensure that new carers have been added accurately to the payment run. 2. Suitable processes are in place to ensure that when carers finish, they are removed from the payment run timeously and accurately.

Key Audit Risks
1. Evidence of adequate documentation is not being retained in relation to authorising Foster Carers, Independent Foster Carers and Kinship Carers applications. 2. There is not adequate evidence that all required review processes have been satisfactorily undertaken for Kinship Carers.

Overall Audit Opinion
There were adequate processes in place to add new carers and to remove carers from payruns when they finish. However, the audit has identified that evidence of authorising Foster Carers, Independent Foster Carers and Kinship Carers applications are not always retained in the expected files. Evidence of approval of some Foster Carers invoices and reviews of Kinship Carers were also lacking. The auditor has made a provision of reasonable assurance in relation to the area under review.

Internal Audit Report
Childrens Services

Fostering & Kinship - Payments (A0098/2020/001)   **Date: February 2020**

Management Commentary
Management are implementing the recommendations made, including reminding the appropriate locality managers of the processes to be followed and ensuring all appropriate training is completed.

Internal Audit Report
Adult Services

Information Security (B0010/2020/001)   **Date: May 2020**

COMMITTEE SUMMARY

Audit Objectives
The objectives of the review were to ensure that client information: 1. Is protected from unauthorised use and is securely stored when not in use; 2. Is archived in line with the council's Records Management Policy; 3. Arrangements are in place to ensure that Data Privacy Impact Assessments are undertaken when required; 4. Arrangements are in place to provide training on GDPR to relevant employees: 5. Procedures are in place to identify data breaches and report them to the council's Data Protection Officer

Audit Scope
The following work was carried out: 1. Ascertained the information that adult services hold, assessed the sensitivity of the information and how it is stored. 2. Selected a sample of two adult service's locations and discussed with appropriate staff the arrangements in place to demonstrate compliance with information security good practice. 3. Reviewed and assessed the evidence to support compliance and identify any possible improvements. 4. Adult Services records are required to be retained for the Scottish Historic Child Inquiry. Adult Services currently have an unlimited retention period and so the auditors did not test retention periods in line with council retention periods.

Key Audit Assurances
1. Arrangements are in place to ensure that Data Privacy Impact Assessments are undertaken when required. 2. Staff demonstrated good awareness of procedures to be followed in relation to information security incidents.

Key Audit Risks
1. When staff do not complete Data Protection and Information Governance ilearn modules and annual refresher training, they may not be aware of GDPR procedures. 2. When there are some staff with access to restricted folders which management were unaware of, there is a risk that staff may have access to information they should not have access to.

Internal Audit Report
Adult Services

Information Security (B0010/2020/001)   **Date: May 2020**

Overall Audit Opinion
The audit review provided reasonable assurance over arrangements in place for security of Adult Service's client information. It is recommended that Adult Service's management take steps to significantly increase the number of officers completing Data Protection and Information Governance ilearn modules and annual refresher training and review access to restricted folders.

Management Commentary
RHSCP comply with the mandatory data protecting training and refresher training currently available via ilearn. All Renfrewshire Council staff working within the partnership are also mandated to review the SIRO bulletin and remain up to date in this area. The HSCP ensure that staff are not provided full operational access to social work systems unless data protection courses have been completed. User management process also cross reference with business world reporting to ensure all employees no longer working in social work are removed from the system.
In addition, the HSCP have recently worked with Information Governance colleagues to ensure the acceptable use policy is explicit in misuse e.g. accessing friends and family social work records. This friends and family revision is routinely circulated within the HSCP and additional consideration will be given to the use of iLearn to support the partnership in demonstrating all staff remain up to date and aware of SIRO instructions. In the meantime all staff are guided to the relevant intranet pages.

Internal Audit Report
Environment & Infrastructure
Atrium Card Payment Variances (C0003/2020/018)   **Date: March 2020**

COMMITTEE SUMMARY

Audit Objectives
Treasury section staff brought variances between card payment amounts recorded at the Atrium café and card payment amounts shown in the ledger, which appeared to be outside the normal range, to the attention of Internal Audit. The objectives of the audit therefore were to: 1. Ascertain the circumstances surrounding variances between card payment amounts recorded at the Atrium café and card payment amounts shown in the ledger which appeared to be outside the normal range. 2. Ascertain the processes for cashing up and security of monies, identify any weaknesses and make recommendations for improvements where necessary.

Audit Scope
The following work was carried out: 1. Identified any control weaknesses, any non compliance with procedures and make recommendations for improvement where necessary.

Key Audit Assurances
1. The auditor was satisfied that variances tested were as a result of timing differences.

Key Audit Risks
1. Where one person counts cash by themselves, there is an increased risk of loss or errors. 2. Revised security arrangements over keys and cash is required to be considered by management.

Overall Audit Opinion
At the time of the review Atrium café staff were cashing up before the café closes and some cash and card payments are included in the next day's takings. Therefore, although it was established that most variances between card payments recorded in the café and recorded by the bank (in the ledger) are timing differences, it is advisable that tills should be cashed up after the café closes. Some other matters were identified by the auditor which should be addressed to improve controls in the cashing up and banking process.

Internal Audit Report
Environment & Infrastructure
Atrium Card Payment Variances (C0003/2020/018)   **Date: March 2020**

Management Commentary
Management have amended working practices in order to implement the recommended audit actions with one exception. Following management consideration of the risk and the level of cash held overnight, for operational reasons no changes have been made to the security arrangements.

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

On: **24 August 2020**

Report by: **Chief Auditor**

Heading: **Internal Audit and Counter Fraud Progress and Performance for Period to 30 June 2020**

1. **Summary**

1.1   The Internal Audit Annual Plan was approved by the Audit, Scrutiny and Petitions Board on 16 March 2020. 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 2020 to 30 June 2020, in terms of the delivery of the Audit Plan for the year and compares actual performance against targets set by the Director of Finance and Resources.

1.2   In terms of Counter Fraud, no formal performance targets for fraud investigation have been established for the following reasons. A major part of their work involves being the single point of contact for DWP's Single Fraud Investigation Service and the Service Level Agreement for this work contains time targets for completing this work. A great deal of effort has also been on increasing fraud awareness amongst employees to prevent fraud from occurring against the Council. The types of fraud referrals received to date are wide ranging and the team's objective is to concentrate on investigating those referrals considered to contain the greatest fraud risk.

1.3   As a result of the COVID-19 Pandemic, the majority of fraud investigation work was suspended during the whole of this quarter and we plan to recommence this work in August 2020. Joint working with the DWP's Single Fraud Investigation service has also temporarily

ceased and we are awaiting a date for this work to recommence. All of the Counter Fraud Team are currently working at home.

1.4 The Internal Audit team are also home working full time and are continuing to work on planned audit assignments and providing advice and support where necessary to council services.

1.5 The report details progress against local and national initiatives involving Internal Audit and the Counter Fraud Team from 1 April 2020 to 30 June 2020.

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2. **Recommendations**

2.1 Members are invited to note the Internal Audit and Counter Fraud Team progress and performance to 30 June 2020.

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3. **Background**

3.1 The progress and performance of the Internal Audit Team is subject to regular monitoring using a number of performance measures. The Director of Finance and Resources has set annual targets for the team to demonstrate continuous improvement. In terms of the Counter Fraud team, 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 is regularly monitored by management.

3.2 Internal Audit and the Counter Fraud Team support a variety of local and national initiatives through participation in professional practitioner groups and co-ordination of national initiatives such as the National Fraud Initiative.

3.3 This report measures the progress and performance of both the Internal Audit and Counter Fraud Team for the period from 1 April 2020 to 30 June 2020.

4. Internal Audit Team Performance

(a) **Percentage of audit plan completed as at 30 June 2020**

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

Actual 2019/20	Annual Target 2020/21	Audit Plan Completion Target to 30 June 2020	Audit Plan Completion Actual to 30 June 2020
95.4%	95.0%	19%	24.4%

Actual performance is currently ahead of target.

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

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

Target 2020/21	Actual to 30 June 2020
95.0%	100%

Actual performance is ahead of the target set for the year. It should be noted that target dates have been extended where necessary as it is taking longer to obtain information due to the priorities of services during the pandemic and the practicalities of home working.

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

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

Target 2020/21	Actual to 30 June 2020
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.

(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 2020/21	Actual to 30 June 2020
95.0%	94.7%

Actual performance is slightly below the target set for the year. This was due to other work commitments during this quarter.

5.   Review of the 2020/21 Internal Audit Plan

5.1   All of our staff are currently home working and utilising the Council's various tools and techniques to continue to undertake audit assignments.

5.2   We are currently undertaking a full review of the 2020/21 Audit Plan in light of the emerging risks arising from COVID-19 and also to determine whether any assignments will have to be amended or cancelled as result of being unable to visit certain premises or retrieve hard copy documentation.   Any amendments or cancellations to our planned assignments will be discussed with members of the Corporate Management Team and then brought to this Board for approval.

6   Counter Fraud Team Progress and Performance

6.1   In line with the Service Level Agreement, the Counter Fraud Team act as the Single Point of Contact (SPOC) to route potential housing benefit fraud referrals to the DWP, liaise with the Council's Housing Benefit Team and DWP Fraud Officers and retrieve the necessary evidence for the DWP Fraud Officers from the Housing Benefit System. In addition, we also work jointly work with DWP Fraud Officers on criminal fraud investigations which focuses on the investigation and prosecution of the LA administered Council Tax Reduction Scheme (CTRS) and Social Security benefit fraud.   All of this work has been currently suspended by the DWP.

6.2   Two out of the 3 members of the Counter Fraud Team during this quarter were seconded to the Local Assistance Team which was established to assist Renfrewshire residents during the pandemic.   The team was returned to full capacity as of the 4th August 2020.

6.3   For all of this quarter in order to protect the health of residents and staff, all council led fraud investigations which require interviews or home visits were suspended.   It is hoped to resume some of this work during August after amended procedures to protect the health and safety of both clients and staff have been finalised and agreed upon.

6.4   The financial and non-financial results for quarter 1 (April 2020 to June 2020) are noted in the table below.   These investigations were finalised during the early part of this quarter:-

Financial Outcomes	Quarter 1 (£)
Cash savings directly attributable to preventative counter fraud intervention	0
Cash recoveries in progress directly attributable to counter fraud investigations	5,403
Housing Benefit savings directly attributable to counter fraud investigation	3,885
Notional savings identified through counter fraud investigation, (e.g. housing tenancy and future council tax)	190,832
Non-Financial Outcomes	**Quarter 1**
Housing properties recovered	2
Housing applications amended/cancelled	0

| Blue badge misuse warning letters issued | 0 |
| Licences revoked | 0 |

6.5 The remainder of the corporate counter fraud resource is currently being utilised to offer advice on queries which have arisen from Small Business and Retail, Hospitality & Tourism Grant Applications received by the Council and investigate any suspected fraudulent activities in relation to these business grants applications, including referral to Police Scotland where appropriate. To assist in this work, daily lists are being collated and being sent to all Scottish Local Authorities detailing suspected fraudulent applications received throughout Scotland.

6.6 Work is also ongoing documenting all our working practices into flowcharts to enable us to have a formal procedural guide and we are currently developing a fraud awareness i-learn package for staff.

7. Local and National Initiatives

7.1 The guidance and timetable for the next National Fraud Initiative has just been arranged and we are about to commence actioning planning the tasks that have to be undertaken in order to participate in this exercise.

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Implications of the Report

1. **Financial** - The Council has in place arrangements to recover the any overpayments identified from the work of the Counter Fraud Team and the National Fraud Initiative.

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

3. **Community Planning –**
  Safer and Stronger - effective internal audit is an important element of good corporate governance.

4. **Legal** - None

5. **Property/Assets** - None

6. **Information Technology** - None

7. **Equality & Human Rights** - None

8. **Health & Safety** – None

9. **Procurement** - None

10. **Risk** - The progress and performance reported relates to the delivery of the risk-based internal audit plan and the mitigation of the risk of fraud and error.

11. **Privacy Impact** – None

12. **COSLA Implications** – None

13. **Climate Risk** - None

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Author: Karen Campbell – 07768354651

Renfrewshire
Council

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

On: **24 August 2020**

Report by: **Chief Auditor**

Heading: **Internal Audit Annual Report 2019 - 2020**

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1. **Summary**

1.1 The Public Sector Internal Audit Standards require the Chief Auditor to prepare a report, at least annually, to senior management and the Board on the internal audit activity's purpose, authority, and responsibility, as well as performance relative to its plan.

1.2 The annual report must also provide an annual audit opinion on the overall adequacy and effectiveness of the Council's internal control environment, and include details of any significant risk exposures and control issues, including fraud risks, governance issues, and other matters that can be used to inform the governance statement.

1.3 The Annual Report for 2019-20 is attached and outlines the role of Internal Audit, the performance of Internal Audit, the strategic and operational issues which influenced the nature of the work carried out, the key audit findings, and contains the annual audit assurance statement.

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2. **Recommendations**

2.1 Members are invited to consider and note the contents of the Annual Report.

Implications of the Report

1.   **Financial** - None

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

3.   **Community Planning –**
         Safer and Stronger - effective internal audit is an important element of good corporate governance.

4.   **Legal** - None

5.   **Property/Assets** - None

6.   **Information Technology** - None

7.   **Equality & Human Rights** - None

8.   **Health & Safety** – None

9.   **Procurement** - None

10**.**   **Risk** - The summary reported relates to the delivery of the risk-based internal audit plan.

11.   **Privacy Impact** – None

12.   **COSLA Implications** - None

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Author: Andrea McMahon – 01416187017

Annual Report
2019-2020

**Renfrewshire Council
Internal Audit**

May 2020

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Internal Audit Annual Report 2019/2020</td></tr>
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Renfrewshire Council
Renfrewshire Council
Internal Audit Annual Report
1 April 2019 – 31 March 2020

1.1 Internal Audit is an independent and objective assurance and consulting activity designed to add value and improve the operations of Renfrewshire Council. It assists Renfrewshire Council in accomplishing its objectives by bringing a systematic and disciplined approach to evaluate and improve the effectiveness of the organisation's risk management, control, and governance processes.

1.2 The Chief Auditor will report functionally to the Audit, Risk and Scrutiny Board and administratively (i.e. day to day operations) to the Director of Finance and Resources. In accordance with the principles of good corporate governance, regular reports on internal audit work and performance are presented to the Audit, Risk and Scrutiny Board.

1.3 The purpose, authority and responsibility of the internal audit activity is defined in the internal audit charter, approved by the Audit, Risk and Scrutiny Board; and provides that the Chief Auditor has independent responsibility for the conduct, format and reporting of all internal audit activity and findings.

1.4 The service operates in accordance with the Public Sector Internal Audit Standards (PSIAS). The Standards define the basic principles for carrying out internal audit. They establish the framework for providing internal audit services, which add value to the organisation, leading to improved organisational processes and operations.

1.5 The Standards require the Chief Auditor to prepare a report, at least annually, to senior management and the Board on the internal audit activity's purpose, authority, and responsibility, as well as performance relative to its plan. The annual report must also provide an annual audit opinion, on the overall adequacy and effectiveness of the Council's internal control environment. It must include details of any significant risk exposures and control issues, including fraud risks, governance issues, and other matters that can be used to inform the governance statement.

1.6 The aim of this report is to provide an opinion on the overall adequacy and effectiveness of the council's framework of governance, risk management and control and provide a summary of the work undertaken during the year to support that opinion. The report also provides details of the performance of the internal audit service during the past year, and the results of the quality assurance and improvement programme.

1.7 In addition to the work carried out in relation to council services, we also provide an internal audit service to the following organisations:

1

- Renfrewshire Leisure Limited
- Renfrewshire Valuation Joint Board
- Clyde Muirshiel Park Authority
- Scotland Excel
- Clydeplan
- Renfrewshire Health and Social Care Partnership – Integration Joint Board

1.8 The outcome of the audit assignments undertaken for these organisations is reported separately as part of their annual report which also contains an assurance statement to their Boards.

2. Responsibilities of Management and Internal Audit

2.1 It is the responsibility of the Council's managers to ensure that the management of the areas under their control is adequate and effective and that their services have a sound system of internal control which facilitates the effective exercise of the organisation's functions and which includes arrangements for the management of risk.

2.2 Internal audit is not a substitute for effective control exercised by management as part of their responsibilities. Internal audit's role is to independently assess the adequacy of the risk management, internal controls and governance arrangements put in place by management and to undertake sufficient work to evaluate and conclude on the adequacy of those controls for the period under review.

3. Internal Audit Activity during 2019/2020

3.1 The internal audit plan for 2019/2020 was approved by the Audit, Risk and Scrutiny Board on 18 March 2019. The plan was risk-based and took into account the outcomes of the service and corporate risk evaluation processes, the significant changes in council operations over the period, and the impact of developments in national policy and regulation. The plan also took into account key external audit reports including their Annual Audit Plan for the council. Set out below are the significant risks which influenced the content of the plan and the nature of the work undertaken in recognition of these. The key audit findings relied upon for the assurance statement are detailed in section 4 of this report.

(1) Brexit

The UK left the European Union on 31 January 2020 and the council has extensive planning arrangements in place with key partners. During 2019/20, there have been no new or amended statutory duties and no specific impact on the council's internal control procedures, as such no specific internal audit work was undertaken during the year.

(2)   Financial Sustainability

The council is continuing to face significant financial pressures. Consequently, the financial sustainability risk remains very high and continues to be subject to significant and regular scrutiny. The council has developed a range of projects to deliver transformational change to service delivery and savings. Work undertaken during 2019/20 included:

- A review of key processes now operating in the Business World environment, specifically the review of the general ledger was completed and a planned review of payroll, has commenced and will be completed early in the 2020/2021 audit year;
- Review of the newly introduced online payment processes within schools.
- A review of the quick quote procurement process;
- Participation in internal project work which supports the Right for Renfrewshire programme, as required.

(3)   Information Governance

The General Data Protection Regulations placed new duties on the council in relation to the information it holds on individuals. There are significant financial penalties for organisations that do not comply with the new duties. Work undertaken during 2019/20 included:

- A review of compliance with payment card industry standards;
- A review of information security within adult social care establishments.

(4)   Public Protection

Public protection is a wide-ranging agenda relating to the protection of vulnerable people, communities, businesses and organisations. The 2019/20 audit plan included a review of the arrangements in place for undertaking employee disclosure checks.

(5)   Serious Organised Crime, Cyber Security and Counter Fraud

The council needs to protect its business resources from the threats posed by serious and organised crime, corruption and fraud. A planned review of cyber security arrangements which was due to be undertaken by an external contractor had to be postponed due to the current pandemic.

(6)   Community Empowerment

Legislative changes arising from the Community Empowerment (Scotland) Act 2015, places a wide range of requirements on local authorities. The Act is intended to empower community bodies through the ownership or control of land or buildings and by strengthening the voice of communities in the planning and delivery of public services. Work commenced in 2019/20 to review of the governance arrangements for community asset transfers.

The Council has ambitious plans to develop Renfrewshire's cultural assets and investment in securing the cultural legacy with an enhanced events and marketing programme to support regeneration across the area. Work undertaken included:

- A review of contract management and monitoring arrangements for community benefits; and
- A review of the governance arrangements for events management.

3.2   In line with the council's procedures, instances of suspected theft, fraud or other irregularity are reported to internal audit. Depending on the nature of the allegations, they are investigated either by the internal audit service or by the Corporate Counter Fraud service. All referrals were evaluated and investigated as appropriate.

3.3   During 2019/20, Internal audit conducted a number of investigations in relation to employee conduct and service management has undertaken disciplinary procedures and strengthened internal controls where necessary.

3.4   At the request of the Director of Finance and Resources, two investigations were undertaken in relation in relation to capital and revenue budgetary control within Environment & Infrastructure. Subsequently, project management, oversight, communications and clarification of roles and responsibilities in relation to capital projects have been strengthened, and no further action is required. Recommendations in relation to revenue monitoring are being progressed by management.

3.5   The Director of Environment & Infrastructure also requested a review of overtime payments within Roads Services. This review highlighted capacity pressures to fulfil the roads function and a need to review resource allocation to ensure they efficiently meet the requirements of the service and a need to address over reliance on specific employees.

3.6   The outcomes of all investigation reviews are reported to the Audit, Risk and Scrutiny Board.

4.   Summary of Internal Audit Work

4.1   Appendix 1 details the assurances arising from the internal audit work carried out in line with the 2019/20 audit plan which supports the annual assurance statement. These include the conclusions in relation to the overall system of internal control, risk management and governance arrangements.

4.2   The Audit, Risk and Scrutiny Board, at its meeting on 16 March 2020 approved cancelling two audit engagements relating to the Community Learning Service and the administration of grants and reallocating those resources to supplement the contingency budget.

4.3   All other planned work as detailed in the 2019/2020 audit plan was undertaken and those assignments not finalised by 31 March 2020 are prioritised in the first quarter of the current year.

4.4   Following the outbreak of coronavirus- Covid19, the Scottish Government announced various emergency relief packages which are being administered by Local Government. Some of these measures carry a risk of fraud and internal audit and corporate counter fraud have been working with services to ensure that our internal control checks are as robust as possible while ensuring that the reliefs can be processed as quickly as possible. There is also ongoing engagement with the Cabinet Office through Audit Scotland to develop mechanisms for post payment checks.

5.   Internal Audit Resources

5.1   For the year to 31 March 2020, the audit plan was based on an establishment of 6.00 full time equivalent employees plus 60 days to be provided from other service providers. The actual staffing complement during the year was as planned throughout the year.

6.   Review of Internal Audit Activity

6.1   The Audit Plan for 2019/20 set out our risk-based plans across a range of audit categories, the results of which have been reported quarterly to Audit, Risk and Scrutiny Board. Table 1 below compares the actual days spent on each category of audit work against that planned for the year.

Table 1

Type of Audit	Planned Days	Actual Days	Variance	
			Days	**%**
Governance	128	103	(25)	(20%)
Assurance	399	349	(50)	(13%)
Contingency	345	357	12	3%
Audit Planning & Reporting	119	115	(4)	3%
Total Operational Days	**991**	**924**	**(67)**	**(7%)**
Training	74	74	0	0%
Strategic Management	30	24	(6)	(20%)
Team Administration	94	94	0	0%
Development	69	27	(42)	(61%)
Total Non-operational Days	**267**	**219**	**(48)**	**(19%)**
Gross Available Days	**1258**	**1143**	**(115)**	**(18)**
Operational %	**79%**	**81%**		
Management of Risk Management and Insurance and Corporate Counter Fraud	80	62	(18)	(23%)

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including the co-ordination of NFI				

6.2 Material differences (over 20% and over 20 days) from the plan are explained below:

1) **Governance**

The planned review in relation to the administration of grants was approved for cancellation from the audit plan.

2) **Development**

Anticipated development of the audit management software included in the plan for 2019/20 have been deferred.

7. Quality Assurance and Improvement Activity

7.1 Internal audit measures performance against a range of measures set annually by the Director of Finance and Resources. The Audit, Risk and Scrutiny Board received quarterly reports on progress and performance during the year. Table 2 shows the actual performance against targeted performance for the year.

Table 2

Internal Audit Performance 2019/20

Performance measure	Target 2019/20	Actual 2019/20
% completion of audit plan for the year*	95%	95.4%
% engagements completed by target date	95%	96.9%
% engagements completed within time budget	95%	98.5%

*   this measures the completion percentage as at 31 March. 100% of the plan is ultimately delivered through the finalisation of the outstanding elements in the new financial year.

7.2 Actual performance for the year, is above the target performance level.

7.3 The Chief Auditor is required to develop and maintain a quality assurance and improvement programme that covers all aspects of internal audit including conformance with the PSIAS. The review did not identify any areas of non-conformance that require to be addressed.

8. Implementation of Audit Recommendations

8.1 During 2019/20, 288 recommendations were followed up, with 87% of all recommendations being completed. The implementation status of the recommendations across each service area is detailed in Table 3 below.

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Table 3

Implementation of Audit Recommendations 2019/20					
Service	**No. Followed up**	**Complete**	**Partially Complete (new date)**	**Not Implemented (new date)**	**Redundant**
Adult Services	3	3 (100%)	N/A	N/A	N/A
Chief Executive's	26	18 (69%)	8 (31%)	N/A	N/A
Children's Services	11	9 (82%)	N/A	2 (18%)	N/A
Environment & Infrastructure	38	35 (92%)	3 (8%)	N/A	N/A
Finance & Resources	93	69 (75%)	17 (18%)	3 (3%)	4 (4%)
Communities, Housing & Planning	9	8 (89%)	1 (11%)	N/A	N/A
Total	**180**	**142 (79%)**	**29 (16%)**	**5 (3%)**	**4 (2%)**

9. Performance of Non-Audit Activities

9.1   Risk Management

The responsibility for co-ordinating risk management and insurance activity across the council lies with internal audit. Risk management performance is detailed in the risk management annual report.

9.2   Corporate Counter Fraud

The Corporate Counter Fraud team report to the Chief Auditor. The aim of the team is to raise awareness to promote an anti-fraud culture and investigate instances of suspected fraud against the Council, such as council tax reduction fraud, tenancy fraud and other corporate fraud. They also
jointly work with the DWP to investigate potential high value fraud cases which involve both benefits payments and council tax reduction, as well as undertaking the role of being the Council's single point of contact with the DWP, for all enquiries/information they require from the Council to enable them to undertake housing benefit investigations. A business plan has been prepared and agreed with the Director of Finance and Resources. The outcomes for the year are detailed on Table 4 below.

Table 4

Corporate Counter Fraud Performance 2019/20	
Financial Outcomes	**2019/20 (£)**
Cash savings directly attributable to preventative counter fraud intervention	44,941
Cash recoveries in progress directly attributable to counter fraud investigations	58,427
Notional savings identified through counter fraud investigation, (e.g. housing tenancy and future council tax)	5,418,010
Housing Benefit Savings identified through other counter fraud work or through joint working with the DWP	96,644
Non-Financial Outcomes	**2019/20**
Housing properties recovered	7
Housing applications amended/cancelled	51
Blue badge misuse warning letters issued	50

9.3   The National Fraud Initiative

The National Fraud Initiative (NFI) in Scotland is a counter-fraud exercise led by Audit Scotland and overseen by the Cabinet Office for the UK. It uses computerised techniques to compare information about individuals held by different public bodies, and on different financial systems that might suggest the existence of fraud or error.

Internal audit is responsible for the co-ordination of the exercise which is undertaken every second year. The Council's data, as required by the NFI, was submitted in October 2018, the resulting matches were received in February 2019 and investigation of those matches is progressing on a priority basis. The outcomes arising from the exercise are regularly reported to the Audit, Risk and Scrutiny Board.

10. External evaluation of Internal Audit

10.1   Auditing standards require internal and external auditors to work closely together to make optimal use of available audit resources. Audit Scotland, as external auditor, seeks to rely on the work of internal audit wherever possible, and as part of their planning process they carry out an assessment of the internal audit service.

10.2 External audit plan to place formal reliance on the work of internal audit in relation to our review of Non-Domestic Rates, payroll and the general ledger for the annual audit of the 2019/20 financial statements.

11. Audit Assurance Statement

11.1 Internal audit has performed its work in accordance with the role defined in paragraph 1.4. The audit work performed has been reported to senior managers and where areas for improvement in internal control have been identified appropriate recommendations have been made and accepted for action by management.

11.2 In view of the continued challenges common to all local authorities, the Council recognises the need to exercise very close scrutiny over financial management and compliance with overarching governance arrangements, and will continue to take appropriate action to further strengthen control in these areas.

11.3 Internal audit contributes to the promotion of sound corporate governance in the Council. The scrutiny function within the council performed by the Audit Panel and the Audit, Scrutiny and Petitions Board further demonstrates strong commitment in this area.

11.4 It is not feasible for the system of internal control in the Council to be without any weakness. It is important to balance the risks involved in accepting systems limitations with the consequences if a problem emerges. Internal audit recognises this and assesses this in its reporting mechanism.

11.5 In this context, it is considered that reasonable assurance can be placed upon the adequacy and effectiveness of the Council's internal control, risk management and governance arrangements, as evidenced by:-

(i)   the results of the planned audit work in 2019/20;
(ii)   the results of investigative work in 2019/20;
(iii)   management self assessment of internal control, risk management and governance arrangements;
(iv)   management action to respond to audit recommendations to mitigate the risks areas highlighted in this report;
(v)   the regular review of the Local Code of Corporate Governance.

Signed   *Andrea McMahon*

Chief Auditor

Date   14 May 2020

Audit Engagement	Risk Area	Assurance Level	Conclusion
Supporting Attendance – Absence Management	Assurance	**Limited**	• The audit identified that, within the service area reviewed, there was insufficient evidence available to demonstrate that the council's Supporting Attendance at Work Policy was being followed consistently. Absences were not always recorded correctly and the expected evidence was not always available. The limited assurance rating should be taken in context of the scope of the review being restricted to a small number of service areas.
Cloud Services	Assurance	**Limited**	• The review identified that there was scope to improve the cloud security control environment, a number the areas identified were already known to management and work was underway to address. Recommendations were made in relation to formal Cloud Security Assessments for all contractors. We also identified processes that would benefit from completion and implementation of a formal framework for supplier assurance and performance.
Payment Card Industry Standards	Assurance	**Limited**	• The provision of limited assurance is in the context of the scope of the review being restricted to a small number of locations. Data was found to be stored securely although some improvements were required in relation to staff awareness training, and the processes for dealing with the physical equipment.
Procurement – Quick Quote process	Assurance	**Reasonable**	• The audit has identified that small number of improvements are required to the execution of the council's quick quote processes surrounding retaining evidence, approval of successful quotes and analysing spend to ensure the quick quote process is used when required.
Fostering and Kinship Payments	Assurance	**Reasonable**	• The audit provided for reasonable assurance over the payment processes. Recommendations were, however,

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			made to ensure that adequate evidence is retained for all approval processes.
General Ledger	Assurance	**Reasonable**	• The audit highlighted that the guidance available to staff was satisfactory. Recommendations were made to strengthen the controls surrounding password access, transaction coding and journal entry authorisation.
ICT Fraud Controls	Assurance	**Reasonable**	• The audit review was undertaken during a period when the Council was transitioning between two financial systems. Recommendations were made to improve the robustness of controls in relation to monitoring and review of access privileges within some financial systems.
Housing Allocations	Assurance	**Reasonable**	• The audit provided reasonable assurance. A small number of recommendations were made in relation to declarations of interest and programmed checks on tenancies.
LEADER Programme	Assurance	**Substantial**	• The audit identified that satisfactory arrangements are in place for issuing, monitoring and managing the External Funding Applications through the LEADER grant funding programme.
Registration System	Assurance	**Substantial**	• The system in place for the registration of births, deaths and marriages within the council is operating satisfactorily.
Performance Indicators	Governance	**Reasonable**	• The processes in place for the preparation for the PI's chosen for review were reasonable although issues were identified in verifying the accuracy of some of the selected PI's to source data and there was no evidence that all the PIs were checked by an independent officer.
Education Establishments Management – Staff and Pupil information	Governance	**Reasonable**	• The audit review provided reasonable assurance over arrangements in place for the security of information at schools. Management need to evaluate the risks and decide on the appropriateness of the use of externally hosted websites in consultation with ICT Services.

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Information Security – Adult Services	Governance	**Reasonable**	• The audit review provided reasonable assurance over arrangements in place for security of Adult Service's client information. Recommendations were made in relation to maintaining staff training up to date.
Children's Services Social Work Complaints	Governance	**Reasonable**	• The audit has provided reasonable assurance over the awareness and compliance with complaint handling procedures. Recommendations were made in relation to accurately logging complaints and the accuracy of the performance calculations.

Assurance Level	
Substantial Assurance	• 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	• 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	• 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	• 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.

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

On: **24th August 2020**

Report by: Director of Finance and Resources

Heading: Absence Statistics – Quarter 4 of 2019/2020

1.   Summary

1.1   The purpose of this report is to advise the Audit, Risk and Scrutiny Board of the absence statistics for the period 1 January to 31st March 2020. The report details the absence statistics by service and by category of staff.

1.2   The report provides information in relation to absence targets and how services have performed against them. An analysis of the reasons for absence has also been compiled and details are included within the report. Information is also provided on supporting attendance activity.

2.   Recommendations

2.1   It is recommended that the Board notes the content of this report.

3.   Background

3.1   The Scrutiny Board agreed that absence levels will be reported on a quarterly basis. It was agreed that the report will include the following information relating to supporting attendance: -

- Absence statistics broken down by service and category of staff.
- Reasons for absence broken down by service and category of staff.

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

4. Absence Statistics

4.1 Service and Council overall absence performance from quarters ending March 2018 to March 2020 is detailed in the table below. In line with the reporting requirements for Scottish Councils, absence is expressed as a number of work days lost per full time equivalent (FTE) employee.
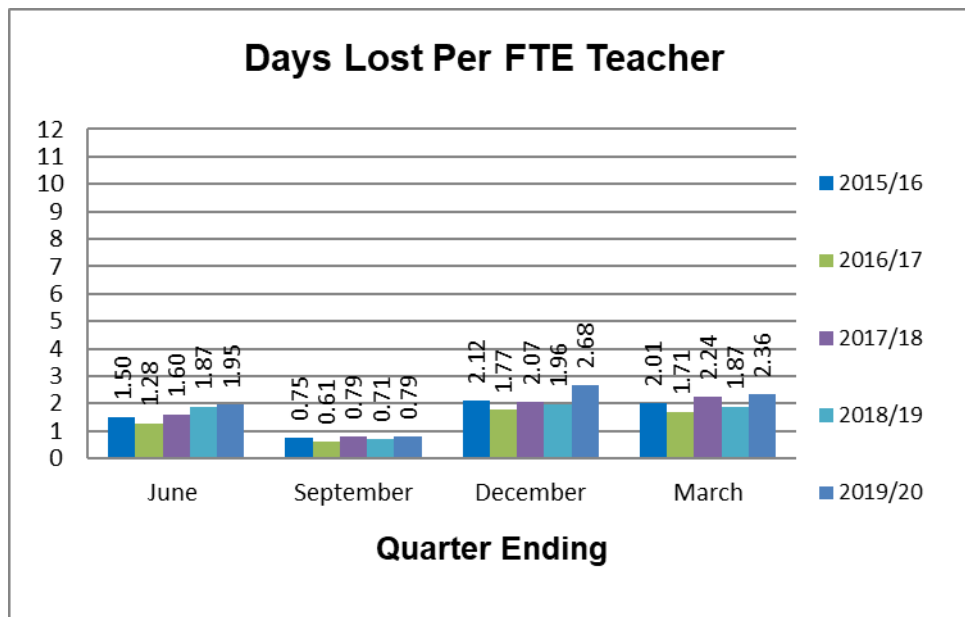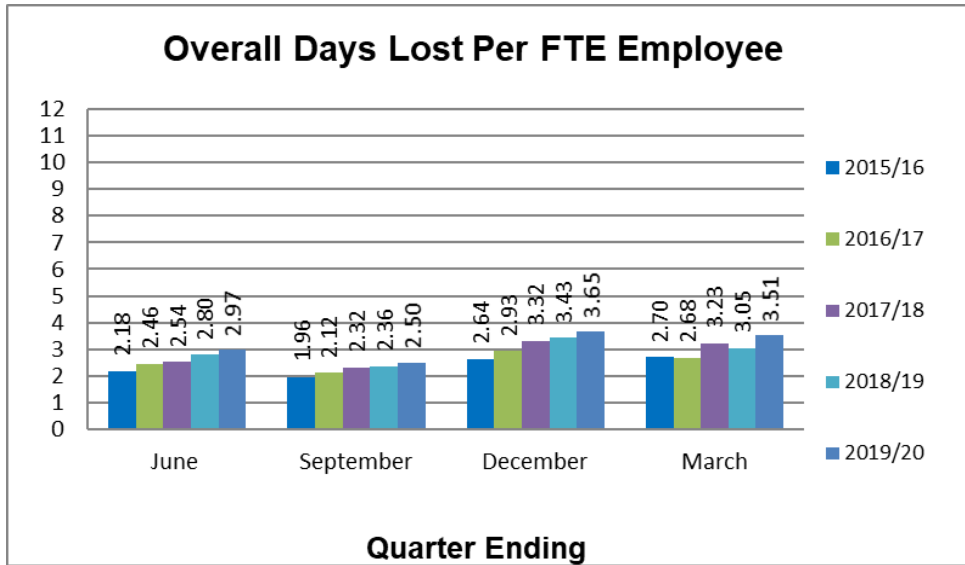
Service/Area	Quarter Ending March 2018	Quarter Ending June 2018	Quarter Ending Sept. 2018	Quarter Ending Dec. 2018	Quarter Ending March 2019	Quarter Ending June 2019	Quarter Ending Sept. 2019	Quarter Ending Dec. 2019	Quarter Ending March 2020
Chief Executive's Services	2.78	1.57	1.05	2.18	2.12	2.6	1.46	2.05	2.15
Children's Services	2.71	2.13	1.29	2.97	2.78	2.56	1.64	3.32	2.94
Environment & Infrastructure	4.49	3.75	3.18	4.51	3.53	3.22	3.29	4.86	5.08
Finance and Resources	2.59	2.56	2.62	2.78	2.42	2.49	2.10	2.56	2.79
Communities, Housing and Planning	1.88	2.04	2.72	2.61	2.36	2.55	2.88	3.69	2.63
Health and Social Care Partnership	4.34	4.02	4.64	4.64	4.13	4.64	4.61	4.39	4.44
Council Overall	3.23	2.80	2.36	3.43	3.05	2.97	2.50	3.65	3.51
Council Overall Targets	2.69	1.79	1.79	2.69	2.69	2.40	2.10	2.80	2.60

5. Analysis and Trends – Quarter Ending March 2020

5.1 Council overall absence performance in work days lost per FTE employee from March 2018 to March 2020 compared to the previous year is as follows: -

Quarter ending	Days lost per FTE	Quarter ending	Days lost per FTE	Variance
March 2018	3.23	March 2019	3.05	-0.18
June 2018	2.80	June 2019	2.97	+0.17
September 2018	2.36	September 2019	2.50	+0.14
December 2018	3.43	December 2019	3.65	+0.22
March 2019	3.05	March 2020	3.51	+0.46

5.2 The following tables detail the work days lost due to absence by employee category for the quarter ending March 2020 namely: overall, teachers and local government employees.

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Overall Days Lost Per FTE Employee

Legend: 2015/16, 2016/17, 2017/18, 2018/19, 2019/20

Quarter Ending	2015/16	2016/17	2017/18	2018/19	2019/20
June	2.18	2.46	2.54	2.80	2.97
September	1.96	2.12	2.32	2.36	2.50
December	2.64	2.93	3.32	3.43	3.55
March	2.70	2.68	3.23	3.05	3.51

Quarter Ending

Days Lost Per FTE Teacher

Legend: 2015/16, 2016/17, 2017/18, 2018/19, 2019/20

Quarter Ending	2015/16	2016/17	2017/18	2018/19	2019/20
June	1.50	1.28	1.60	1.87	1.95
September	0.75	0.61	0.79	0.71	0.79
December	2.12	1.77	2.07	1.96	2.68
March	2.01	1.71	2.24	1.87	2.36

Quarter Ending

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Days Lost Per FTE Local Government Employee

Chart: Days Lost Per FTE by Quarter Ending, years 2015/16 to 2019/20

Quarter Ending	2015/16	2016/17	2017/18	2018/19	2019/20
June	2.38	2.80	2.80	3.09	3.28
September	2.31	2.59	2.79	2.96	3.03
December	2.80	3.26	3.70	3.92	3.94
March	2.92	2.97	3.53	3.44	3.86

6. Absence Targets Analysis – Quarter Ending March 2020

6.1 The Council has recorded an overall absence rate of 3.51 days lost per FTE employee, which is 0.91 days **above** the target figure of 2.60 days.

6.2 In addition, the Teacher absence level of 2.36 days lost per FTE employee is 0.06 days **above** the target of 2.30 days.

6.3 Local Government employee absence level of 3.86 days lost per FTE employee is 1.94 days **above** the target of 1.92 days.

7. Reasons for Absence Overview and Related Interventions

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

Quarter ending	Illness categories
March 2019	Psychological (non-work related) Musculoskeletal and Joint Disorders
March 2020	Psychological (non-work related) Musculoskeletal and Joint Disorders

7.2 To address Psychological (non-work related) absences the Council provide a range of support services that employees can be referred to at an early stage for assistance, such as the Council's Occupational Health Service and the Time for Talking employee counselling service.

7.3 Through the Occupational Health Service access can be provided to Cognitive Behavioural Therapy for more complex psychological issues. The Time for

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Talking counselling service can provide confidential support to employees with a range of personal health and well-being issues. It operates a flexible approach to appointments offering telephone consultations in the early mornings or evenings as well as throughout the day and face to face sessions at their offices in Paisley.

7.4   Over the reporting period, 67 cases were supported by the Time for Talking counselling service.

7.5   The presenting issues to the counselling service over the period were;

Issue type	Number of cases
Personal	
Loss/Bereavement	6
Stress/anxiety/panic	12
Depression/Self-worth	12
Family Relationships	17
Health	2
Work & Personal	
Stress/anxiety	9
Traumatic incident/ PTSD	2
Work related	
Demands (Workload/Stress/Anxiety/Depression)	1
Role (Understanding of)	1
Other	
Miscellaneous	5

7.6   If an employee suggests to their manager that they are experiencing Psychological (non-work related) issues, then they should be given time to speak to a Mental Health First Aider and also provided with the Time for Talking counselling service information.

7.7   If an employee suggested that the stress is work related, a stress risk assessment should be undertaken to identify the perceived issues and an action plan agreed to try and resolve the issue. This can be undertaken at a local level or with the specialist support from HR and OD.

7.8   During the period January to March there were 905 appointments to the Occupational Health service, this includes health surveillance, management referrals and wellbeing referrals.

7.9   The Council continues to deliver Mindfulness Courses and Scottish Mental Health First Aider courses to raise awareness of mental health issues and provide support.

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7.10   HR and OD are working with the counselling service to provide other types of training which can be delivered, for example personal resilience. There are also Council policies, guidance and training to assist managers and employees that are specific to stress related issues. There are some well-being courses available on the iLearn system that anyone can access.

7.11   HR and OD continue to promote the NHS Choose Life Team, who offer safeTalk and ASIST on suicide awareness and prevention. There is also continued work with NHS colleagues to promote the "Doing Well" service which helps people with depression and low moods.

7.12   Specialised PTSD counselling sessions were offered to employees who were operating the COVID support lines during March.

7.13   In relation to addressing musculoskeletal and joint disorders the Council offers a Physiotherapy service through the Council's Occupational Health Service however as part of the Covid measures, the service was temporarily suspended in line with UK Government guidance.

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

7.15   HR and OD continue to investigate the practical options for further training and interventions available that may reduce the impact of musculoskeletal and joint disorders.

8.   **Supporting Attendance Activity**

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

- HR and OD continue to work closely with service management teams on supporting attendance activity. In December 2019 a specialist Supporting Attendance Team was established in HR and OD to work in partnership with services and increase focus on employee health, well-being and attendance at work.

- HR and OD proactively contact and support managers who have absence cases of 2 to 4 weeks in duration, to monitor action taken to date and proposed next steps. This approach has been very successful in assisting and supporting employees back to work, particularly those who have been on restricted duties.

- Within the Renfrewshire Health and Social Care Partnership, both the Council and NHS HR teams have presented statistics and held interactive sessions

that allowed managers the opportunity to discuss and share good practice. Further training has taken place with the operational managers.

- A review of the current supporting attendance policies covering all employees, including teachers continues. Meetings have taken place with the respective Trade Unions to ensure this is a fully collaborative process.

- Ongoing health promotion activities aimed at raising employee awareness of health issues continue.

- HR and OD are currently revising the supporting attendance training for managers and employees.

- HR and OD and the Business World Team are working to improve the absence information available to managers, and to streamline supporting attendance related processes to facilitate prompt absence reporting, recording and updating of relevant systems. Early intervention reminders are also displayed for managers on Business World when inputting sickness absence.

- Meetings continue with Directors and their management teams to discuss their service's supporting attendance performance**.**

- HR and OD continue to work closely with the absence champions for every service and identified link officers for supporting attendance issues in Environment and Infrastructure and Renfrewshire Health and Social Care Partnership. This is to help develop supportive strategies and interventions that will enable employees to be supported back to work.

Implications of this Report

1   **Financial Implications** - Improvement in attendance impacts on the financial costs of absence.

2   **HR and Organisational Development Implications** - HR and Organisational Development Practitioners will continue to work with service managers and consult with the Trade Unions, on the implementation of the Supporting Attendance at Work Policy and Guidance and initiatives detailed in this report.

3   **Community Planning**

Children and Young People - none.

Jobs and the Economy - none.

Community care, health and wellbeing - provides for continuous improvement in health and attendance.

Safer and Stronger - provides for improved service performance across the Council.

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Greener - none.

Empowering our Communities - none.

4   **Legal Implications** - none.

5   **Property/Asset Implications** - none.

6   **Information Technology Implications** - none.

7   **Equality and Human Rights Implications** - none.

8   **Health and Safety Implications** - it is integral to the Council's aim of   securing
     the health and well-being of employees.

9   **Procurement Implications** - none.

10   **Risk Implications** - Without continued effective supporting attendance focus, there
     is a risk that sickness absence levels will adversely impact on the Council both
     financially and in terms of service delivery. Consequently, supporting attendance
     activities are monitored via the Corporate Risk Register.

11   **Privacy Impact Implications** - none.

12. **Cosla Policy Position –** none

13. **Climate Risk** - none

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List of Background Papers - none.

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

On: **24 August 2020**

Report by: Director of Finance & Resources

Heading: **AUDIT, RISK & SCRUTINY BOARD ANNUAL REPORT 2019/20**

1 Summary

1.1 The annual report highlights the issues considered by the Board during the period August 2019 to March 2020 when the Audit, Risk & Scrutiny Board met five times. The report is submitted to the Board in terms of the Council's Code of Corporate Governance. This is a reduced reporting period as it is normal within the year that the Board would meet six times. However, due to the situation in relation to Covid19, all Board meetings including meetings of the Audit, Risk and Scrutiny Board were cancelled from 20 March 2020.

1.2 During the course of the year members looked at various subjects, including annual reports from other bodies and considered reports from the chief internal auditor and other audit-related matters.

1.3 Scrutiny enables members to review decisions, policies and performance that affect the Council and helps to ensure that the services and policies meet the Council's aims and standards. The scrutiny process not only provides a means of reviewing the Council's own services but enables examination of services provided by other organisations on issues causing public concern.

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2   Recommendation

2.1   That the Audit, Risk & Scrutiny Board annual report 2019/20 be noted.

Issues considered by the Board during 2019/20

3   Annual Programme of Reviews

3.1   The Board undertakes reviews by examining a subject through consideration of evidence from Council officers, other organisations and service users. Once all the evidence has been collected, the lead officer prepares a report on the Board's behalf outlining the findings and recommendations and following approval by the Board, the report is submitted to the Council for consideration.

3.2   At the Audit, Risk & Scrutiny Board meeting held on 26 August 2019 the following reviews were agreed to be included in the 2019/20 programme:

(i)   maintenance of multi-occupancy accommodation – this review was completed and submitted to Council on 27 February 2020;

(ii)   bus deregulation and its effect on transport services in Renfrewshire – the final report on this review was presented to the Board on 16 March 2020 but was continued for further information and is on the agenda for this meeting of the Board. However, given the current situation with Covid19, the report has made a recommendation to pause the Review to allow future consideration of the impact of the pandemic on bus services in Renfrewshire;

(iii)   the effectiveness of Fair Trade – this review was completed and will be submitted to a future meeting of the Council; and

(iv)   Conversion of grass areas to parking – this review commenced at the meeting of the Board held on 4 November 2019.

3.3   The Annual programme 2020/2021 is the subject of a separate report on the agenda for this meeting.

4   Training

4.1   In line with national guidance by the Chartered Institute of Public Finance and Accountancy (CIPFA) on the implementation of audit committee principles in Scottish local authorities, briefings on audit and risk-related matters is provided to members of the Board. During the period covered by this report, Board members agreed and commenced a programme of briefings which included: Performance Reporting and Following the Public Pound.

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5   Audit and Related Matters

5.1   <u>Audit of Accounts</u> - The Board at the meeting held on 23 September 2019 considered a report relative to the audit of the Council's 2018/19 accounts. The report intimated that the audit process was not fully complete owing to the complexity experienced in the work associated with some of the amendments, predominantly classification adjustments, and had resulted in the external auditor being unable to issue his formal opinion with regard to the annual accounts. Notwithstanding this, there were no material changes anticipated to emerge from the audit process.

The audited Annual Accounts for 2018/19 were approved for signature by Council on 26 September 2019, subject to any final adjustments to the accounts being agreed by the Director of Finance & Resources in agreement with the Convener of the Finance, Resources and Customer Services Policy Board. The audited accounts were signed on 8 October 2019, with the audit certificate being signed by Audit Scotland on 9 October 2019. There were no material changes to the annual accounts submitted to Council on 26 September 2019.

The Audited Accounts 2018/19 and the 2018/19 Audit Scotland Annual Audit Report were considered at the Board held on 4 November 2020. It was noted that the Audit Director had provided an unqualified opinion that the accounts provided a true and fair view of the Council's financial position. However, this opinion had been modified to reflect that adequate accounting records in respect of 2018/19 year end debtor and creditor balances had not been kept by the Council. Ensuring the records were accurate prior to the final accounts being certified and the complexity experienced in the work associated with some of the amendments, predominantly classification adjustments contributed to the delay experienced in concluding the annual accounts process. This had resulted in the Council missing the statutory deadline of 30 September to authorise the audited annual accounts for issue. Council finance officers, along with Audit Scotland, had now put measures in place to ensure that the issues and delays encountered in completing the 2018/19 annual accounts would not be repeated.

5.2   <u>Annual Internal Audit Plan 2020/21</u> – The Board at the meeting held on 16 March 2020 agreed a risk-based audit plan for 2020/21. The plan considered the outcomes of the internal corporate and service risk identification and evaluation processes, and the current business environment. In addition to undertaking work which would provide assurance on the robustness of key internal controls, the plan sought to reflect the key priorities and challenges for the Council. Progress on the 2020/21 annual audit plan and summaries on the findings and conclusions of each audit assignment are reported to the Board on a quarterly basis.

5.3   <u>Audit Scotland Annual Audit Plan 2019/20</u> – The Board at the meeting held on 16 March 2020 considered a report which outlined Audit Scotland's approach to the audit of the 2019/20 financial statements of the Council and the charities it controlled to assess whether they provided a true and fair view of the financial position of the Council, and whether they had been prepared in accordance with proper accounting practice. The plan outlined the responsibilities of Audit Scotland and the Council, their assessment of key challenges and risks and the approach and timetable for completion of the audit.

5.4   Strategic, Corporate and Service Risks – The Board at the meeting held on 4 November 2019 considered the Strategic, Corporate and Service Risks and Risk Management mid-year plans for each service of the Council. Each service identified risks for ongoing monitoring and review and advised of planned management actions to prevent and/or mitigate those risks.

5.5   Accounts Commission and Audit Scotland Reports – during the period covered by this report, the Board considered reports concerning findings from the audit of the 2018/19 Council statements, annual accounts, Common Goods and Charities and other audit activity; Local Government in Scotland – financial overview; preparing for withdrawal from the European Union; and safeguarding public money – are you getting it right. Each report highlighted key points and the Council position where available.

5.6   Annual Complaints 2018/19 – The Board at the meeting held on 16 March 2020 considered a report which detailed complaints received by the Council during 2018/19 and how this information had been used to ensure that the Council delivered high quality, efficient and responsive services. A summary was included of the numbers and types of complaints received; responded to within timescales; customer satisfaction monitoring; and key complaint areas including what was being done to address the issues raised. The report advised that there had been an increase in the number of complaints the Council had received from 6752 for 2017/18 to 8200 in 2018/19 and advised of performance on key indicators, as well as highlighting improvements made to the complaints handling process over the past year to ensure that complaints were handled well.

5.7   Corporate Governance – The Board at the meeting held on 16 March 2020 considered a report which reviewed the Council's Local Code of Corporate Governance and provided evidence of how the Council complied with the code. The report advised that the code placed emphasis on relationships and behaviours between elected members and senior management; performance reporting; and council and service level plans. The code also reflected the increased importance placed by the Council on self-assessment and activities involving scrutiny of services. It also linked in with the Best Value criteria where governance and accountability were key elements against which the Council was assessed.

5.8   Local Government Benchmarking Framework Indicator Profile 2018/19 – The Board at the meeting held on 16 March 2020 considered a report which provided an overview of Renfrewshire's performance for 2018/19, as well as outlining the wider context and trends for local authorities across Scotland. The purpose of the Framework was to support evidence-based comparisons and encourage shared learning and improvement.

The report set out the mechanisms by which the monitoring of Council services was undertaken and provided key messages for the Council from the 2018/19 indicator profile against each of the 90 indicators. The report provided detailed information relating to the performance of similar councils which had been placed into 'family groups' with Renfrewshire and provided further context on performance across the broad service areas for elected members' scrutiny.

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5.9   Internal Audit Findings – The Board considered quarterly reports on the findings of internal audit in terms of national guidance produced by CIPFA on the implementation of audit committee principles in Scottish local authorities, in line with which internal audit submitted regular reports on the findings of audit work to the Board based on the work of internal audit and detailing the key issues arising.

5.10   Internal Audit and Counter Fraud Progress and Performance – The Board considered regular reports which detailed progress and performance in terms of delivery of the audit plans for the internal audit and counter fraud teams. The Director of Finance & Resources had set annual targets to demonstrate continuous improvement. In terms of counter fraud, due to the diverse nature of fraud referrals, no formal performance targets had been established and the outcomes from investigations were monitored on a regular basis by management.

5.11   Absence Statistics - The Board considered quarterly reports on absence returns with the statistics broken down by service and category of staff, including information relative to absence targets and how services had performed against them. Information was also provided on supporting attendance activity and the costs of sick pay.

5.12   Records Management Plan Update – the Board at the meeting held on 16 March 2020 considered a report which detailed the annual review of the Council's Records Management Plan (RMP) to guide continual improvement of its record keeping. The report noted that the Council achieved green status for 12 of the 14 elements assessed through the RMP. The feedback from the Assessment Team was positive with one of the two remaining amber elements being upgraded to green.

5.13   Fair Tax Declaration – the Board at the meeting held on 20 January 2020 considered a report related to a motion submitted to Council on 26 September 2019 in relation to the potential adoption of the "Councils for Fair Tax declaration". It was agreed that the adoption be referred to the Board for further investigation in order to provide a comprehensive understanding of the declaration and implications for the Council and its services.

        The report provided an overview of the current information available to officers on the Fair Tax declaration and highlighted key initial areas for exploration. A final report was submitted to the Board held on 16 March 2020. The report provided a summary of all available information and provided a recommendation to Members that the Council noted the content but not adopt the Councils for Fair Tax Declaration at present.

6   Annual Reports by other Bodies

6.1   Scottish Public Services Ombudsman (SPSO) – Annual Report 2018/19 – The Board at the meeting held on 20 January 2020 considered a report which highlighted that the health sector was the sector about which the SPSO received most complaints being 35% of the SPSO's total caseload for 2018/19 with a decrease in local authority cases receiving the second highest number 31%.

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The report advised that information received separately from the SPSO indicated that the number of complaints received relative to Renfrewshire was 47 compared with 48 in 2017/17. Of the 47 complaints determined by the SPSO during 2018/19, one was upheld, and one was partly upheld.

6.2 <u>Commission for Ethical Standards in Public Life in Scotland: Annual Report 2018/19</u>
The Board at the meeting held on 20 January 2020 considered a report which detailed the work of the Commissioner during the year, provided details of the investigation of complaints about the conduct of councillors, members of devolved public bodies, MSPs and scrutiny of Scotland's ministerial public appointments process.

The report advised that nationally the Commission experienced an increase in the number of complaints received by approximately 18%. The largest category of complaints related to disrespect towards employees/public. During 2018/19 the Commissioner received a total of 173 complaints, compared with 146 in 2017/18.

On 1 April 2019 Caroline Anderson commenced her term as Ethical Standards Commissioner. The annual report indicated that over the early months of her term she faced a number of key legacy issues which presented a challenge to the successful delivery of the complaints handling function. As a consequence of the issues, a restructuring proposal was developed to reshape the complaints handling function to better meet the needs of MSPs, Councillors, Board Members and members of the public. As part of the restructure a new complaints case management system was deployed, replacing the former complaints database.

6.3 <u>Scottish Information Commissioner Annual Report 2018/19</u> – The Board at its meeting held on 20 January 2020 considered a report which intimated that the Freedom of Information (Scotland) Act 2002 (FOISA) created a general right to obtain information from any designated Scottish public authority subject to limited exemptions. The annual report explored the performance of the Office of the Scottish Information Commissioner across the year and how FOISA could 'add demonstrable value to public services' within Scotland. It was noted that there had been a total of 560 appeals to the Commissioner which was an increase of 10% on 2017/18. In the 2018/19 period covered by the report, Renfrewshire Council had two appeals, both of which were decided in favour of the Council.

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

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

8. Health & Safety – none

9. Procurement – none

10. Risk – none

11. Privacy Impact – none

12. Cosla Policy Position – not applicable

13. Climate Risk - none

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Renfrewshire Council

| To: | Audit, Risk & Scrutiny |
| Board On: | 24 August 2020 |

| Report by: | Director of Finance & Resources |

| Heading: | AUDIT, RISK & SCRUTINY BOARD
ANNUAL PROGRAMME 2020/21 |

1 Summary

1.1 In terms of the guidelines for its operation, the Audit, Risk & Scrutiny Board prepares an annual programme which may include consideration of routine reports, as well as areas of specific investigation. A lead officer is appointed by the Chief Executive for each investigation.

1.2 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. A report is thereafter submitted to the Board outlining the suggestions received in order that the Board can agree its annual programme.

1.3 This report highlights the issues encountered this year in terms of Covid19 and updates Members on the progress of the Annual Programme for 2019/20.

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2 Recommendations

2.1 That the report be noted.

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3   **Background**

3.1   The guidelines for the Board's operation 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. 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.

3.2   An invitation to submit suggestions for areas of investigation is normally sent to Members of the Board in May.   However, the Convener of the Board agreed that given the current circumstances in relation to Covid19 that the programme would be looked at again later in the year and that the Board continue with the one outstanding review, Conversion of grass areas to parking, with evidence being submitted by any witnesses in writing.

4   **Progress of Annual Programme 2019/20**

4.1   At the Audit, Risk & Scrutiny Board meeting held on 26 August 2019 the following reviews were agreed to be included in the 2019/20 programme:

(i)   maintenance of multi-occupancy accommodation;
(ii)   bus deregulation and its effect on transport services in Renfrewshire;
(iii)   the effectiveness of Fair Trade; and
(iv)   Conversion of grass areas to parking

4.2   The maintenance of multi-occupancy accommodation review was completed and submitted to Council on 27 February 2020.

4.3   The effectiveness of Fair Trade report is complete and will be submitted to a future meeting of the Council.

4.3   The final report on de-regulation of buses was presented to the Board on 16 March 2020 but was continued for further information and is on the agenda for this meeting of the Board. However, given the current situation with Covid19, the report has made a recommendation to pause the Review to allow future consideration of the impact of the pandemic on bus services in Renfrewshire.

4.5   The conversion of grassed areas to parking review has just commenced and the scoping report was considered at the meeting of the Board held on 4 November 2019.

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

8. **Health & Safety** – none

9. **Procurement** – none

10. **Risk** – none

11. **Privacy Impact** – none

12. **Cosla Policy Position** – not applicable

13. **Climate Risk** – Not Applicable
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List of Background Papers

None
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Renfrewshire Council

To: Audit, Risk and Scrutiny Board

On: 24 August 2020

Report by: Lead Officer

Heading: Conversion of Grassed Areas to Parking

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1. **Summary**

1.1 At its meeting on 4 November 2019, members of the Audit, Risk and Scrutiny Board agreed the purpose, scope and timeline for this review.

1.2 This review will consider the potential to relieve parking pressures within residential areas through the repurposing of Council maintained open spaces.

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2. **Recommendations**

2.1 The Board is asked to:

- Note the current position regards progress with this review.

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3. **Background**

3.1 There are many small areas of grassed and / or planted areas within our residential estates. The majority of which are maintained, on behalf of the Council, by Environment and Infrastructure (Amenity Services).

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3.4   There are also suggestions of increasing pressures around available parking spaces within our residential estates.

3.5   This review will consider whether there is a need to, and whether it would be possible to, repurpose some of these maintained small areas to create additional parking space and thereby relieve some of the parking pressures.

4.0   Purpose of the Review

4.1   The key purpose of the review is to:

(1) Set out the Council's current arrangements for maintaining and / or repurposing open spaces across Renfrewshire;
(2) Review available evidence to measure and identify the scale of the parking problem, linked to open spaces, within specific areas and across Renfrewshire;
(3) Identify benefits or challenges regards the repurposing of open spaces within residential areas; and

(4) Provide recommendations for consideration of the Board.

4.2   A previous update was provided to Board which focused on Point 4.1(1) above.

4.3   This update provides information on Points 4.1(2), available evidence to measure and identify the scale of the parking problem, linked to open spaces and 4.1(3), identify benefits or challenges regards the repurposing of open spaces within residential areas.

5   **4.1(2) The scale of the parking problem, linked to open spaces**

5.1   The lead officer was unable to identify a centralised, formal method of systematically recording specific enquiries / complaints regards parking issues and linked requests to repurpose open spaces to create additional parking areas.

Therefore, analysis was undertaken through discussion with colleagues from Communities, Housing and Planning (CHP) and Environment and Infrastructure (E&I)

CHP and E&I colleagues confirm that there have been a low number of enquiries / complaints over the past few years.

They suggest that such enquires / complaints could be described as being few and random in nature.

Colleagues also confirm that enquiries / complaints tend to come from individuals rather than groups.

Therefore, a number of the complaints / enquiries can be duplicate and linked to a small number of specific areas across Renfrewshire.

5.2 The previous update, March 2020, noted that few of these complaints / enquiries led to specific requests to repurpose an area of open space.

With there being no more than 10 applications, on average, each year and very few requesting repurposing to create parking facilities.

5.3 This would indicate that the scale of the problem is not significant, in terms of the number of complaints / enquiries received.

6. **Benefits or challenges regards the repurposing of open spaces within residential areas**

6.1 **Benefits**

There would be 2 main benefits derived from repurposing an area of open space to create parking facilities.

The first, and most obvious, would be the creation of additional and potentially safer off-street parking spaces for those local residents who have a vehicle.

The second benefit would be a reduction in ongoing costs for the annual maintenance of the open space in question.

However, as the size of each open space varies it is difficult to quantify such savings in a meaningful way, without firstly identifying a specific area(s).

6.2. **Challenges**

The two main challenges to consider would be around Climate and Cost.

6.3 **Climate**

On 27 June 2019, full Council approved two motions relating to the declaration of a climate emergency in Renfrewshire.

Following engagement with a Cross Party Sounding Board in September 2019, the Climate Emergency Working Group (CEWG) was established. The CEWG is chaired by the Leader of the Council and

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has cross party representation. The CEWG has met regularly to consider evidence and information in relation to climate change, with a specific focus on the Council's current and planned activities, and the subsequent actions that the Council can take to lead and drive change across all of Renfrewshire.

Council agreed to work to ensure Renfrewshire was carbon neutral by 2030. Being carbon neutral means that organisations or places reduce the carbon that they emit to the lowest possible level, whilst offsetting or mitigating against the impact of these emissions.

Emerging practice in some local authorities is to calculate a carbon budget for the local authority area: - working back from the target date to map out the level at which emissions would have to reduce each year. The local authority with partners, would then require to identify the actions which would achieve this as quickly as possible. It should be noted that the level of reduction could be in the region of up to 20% each year, indicating a very steep reduction required in carbon emissions over a relatively very short period of time.

6.4   **Costs**

At its' meeting of 22 January 2020 the Infrastructure, Land and Environment Policy Board considered a report regards the potential repurposing of an open space area at Whiteford Road, Paisley, so as to create parking spaces.

The report identified a real challenge in properly estimating the total costs required.

Whilst repurposing costs can be estimated, it was noted that should there be a requirement to relocate utilities the typical cost was between £10,000 and £100,000 with the exact cost only known following excavation works.

CHP colleagues noted that there is often a need to consider the relocation of utilities, given the close proximity of residential and / or business properties to the open spaces identified.

The Board decided against the request to repurpose noting the uncertainty over cost and the inconsistency with Council position regards climate change.

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Further, CHP colleagues noted that for many of the enquiries they had received the open space in question was maintained through the Housing Revenues Account (HRA). However, many of the residential properties adjacent to the open space identified were now owner occupied.

Therefore, any repurposing would not seem to directly benefit those tenants who were contributing to the HRA.   .

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Implications of the Report

1.   **Financial** – A decision might lead to additional expenditure to the Council, in particular to the Housing Revenue Account,

2.   **HR & Organisational Development** – Not applicable

3.   **Community/Council Planning –** None

4.   **Legal-** None

5.   **Property/Assets** - None

6.   **Information Technology** – None

7.   **Equality & Human Rights –**

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

8.   **Health & Safety** – None

9.   **Procurement** – None

10.   **Risk** – None

11.   **Privacy Impact** – None

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12.   **Cosla Implications** – None

13.   **Climate Implications** – Council decision of 29 June 2019 declaring a
        climate emergency would have to be considered for this Review.

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List of Background Papers

    (a)   Audit, Risk and Scrutiny Board Approval 27/08/18
    (b)   Audit, Risk and Scrutiny Board Minutes 04/11/19
    (c)   Audit, Risk and Scrutiny Board Minutes 16/03/20

                The foregoing background papers will be retained within Finance
                and Resources for inspection by the public for the prescribed period
                of four years from the date of the meeting. The contact officer within
                the service is Michael Moran, Assistant Economic Development
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Renfrewshire
Council

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To: Audit, Risk and Scrutiny Board

On: 24 August 2020

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Report by: Lead Officer

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Heading: **Review of Bus Deregulation and Effect on Transport Services in Renfrewshire**

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1. **Summary**

1.1 The Audit, Risk and Scrutiny Board of 28 May 2019 agreed the purpose and scope of a review on bus deregulation and the effect on transport services within Renfrewshire. This report provides an update on the review in the context of the Covid-19 outbreak.

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2. **Recommendations**

2.1 It is recommended that the Board:

(i)   Notes the significant change in the landscape of public transport and particularly bus services as a result of the Covid outbreak;

(ii)   Agrees that the review is continued to allow future consideration of the impact of the Covid outbreak on bus services in Renfrewshire.

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3. **Background**

3.1 The Audit, Risk and Scrutiny Board of 28 May 2019 agreed the purpose and scope of a review on bus deregulation and the effect on transport services within Renfrewshire.

3.2 Findings of the review have been presented to meetings of the Audit, Risk and Scrutiny Board over a period of months. At the meeting of 16 March 2020 the Board requested that the Lead Officer provide further information from the Traffic Commissioner to inform the final report.

4 Impact of Covid Outbreak

4.1 Since the meeting of 16 March 2020 the landscape of public transport and particularly bus services has changed significantly as a result of the Covid outbreak. The situation remains in a state of flux and resources are being directed to ensuring the running of essential services, passenger safety and support to operators.

4.2 As a result, to date it has not been possible to source information requested by the Board to inform the final report. Further, it is considered many of the issues previously identified within the review, for example traffic congestion affecting the efficient running of bus services, are now less relevant in the current circumstances.

4.3 In view of this and given that the landscape around bus services is likely to change further in the coming months, it is proposed to continue the review until the future operation of services becomes more clear.

4.4 Continuing the review would provide an opportunity for the impact of the Covid outbreak on bus services to be assessed at the appropriate time and for recommendations emerging from the review to be considered further in this context.

5 Next Steps

5.1 The next stage will be reported to a future meeting of the Board once additional information to support the review becomes available.

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Implications of the Report

1. **Financial** - None

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

3. **Community/Council Planning –** None

4. **Legal** - None

5. **Property/Assets** - None

6. **Information Technology** - None

7. **Equality & Human Rights** - None

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

8.   **Health & Safety** - None

9.   **Procurement** - None

10.   **Risk** - None

11.   **Privacy Impact** - None

12.   **Cosla Policy Position** - None

13.   **Climate Risk** - None

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List of Background Papers

None

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