

Notice of Meeting and Agenda Audit, Scrutiny and Petitions Board

Date	Time	Venue
Monday, 28 November 2016	10:00	CMR 1, Council Headquarters, Renfrewshire House, Cotton Street, Paisley, PA1 1AN

KENNETH GRAHAM
Head of Corporate Governance

Further Information

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

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

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

Members of the Press and Public

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

Membership

Councillor Derek Bibby: Councillor Maria Brown: Councillor John Caldwell: Councillor Margaret Devine: Provost Anne Hall: Councillor James MacLaren: Councillor Bill Perrie:

Councillor Jim Sharkey (Convener): Councillor Cathy McEwan (Depute Convener):

Items of business

Apologies

Apologies from members.

Declarations of Interest

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

- | | | |
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To: Audit, Scrutiny and Petitions Board

On: 28 November 2016

Report by: Chief Auditor

Heading: Summary of Internal Audit Findings for Quarter to end of September 2016

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, Scrutiny and Petitions Board.
- 1.2 Appendix 1 attached to this report provides a summary of internal audit findings in relation to final reports issued for those engagements completed during the period 1 July – 30 September 2016
- 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.

2. **Recommendations**

- 2.1 Members are invited to consider and note the Summary of Audit Findings reported during the quarter from 1 July to 30 September 2016.
-

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**
 - (a) The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** – None
9. **Procurement** - None
10. **Risk** - The summary reported relates to the delivery of the risk-based internal audit plan.
11. **Privacy Impact** – None

Author: Karen Campbell – 01416187016

Appendix 1

Renfrewshire Council

Internal Audit Service

Quarterly Update for Audit, Scrutiny and Petitions Board

Final Audit Reports issued from 1 July– 30 September 2016

Category	Service	Audit Title	Main Issues	Rec's agreed
Assurance Audits	Finance and Resources	Payroll	<ul style="list-style-type: none"> This review focussed on the controls in place to ensure that payroll statutory returns are accurate and timely. It was found that there is an adequate system in place for the submission of payroll returns, and only two minor recommendations were made. However, at the time of the review there were issues in terms of gathering complete information on new starts and leavers which has to be provided to the Strathclyde Pension Fund Office (SPFO). This had resulted in this information not being provided to them in a timely manner. Management agreed to rectify this and gave assurance that extra resource would be deployed in this area in order to clear the backlog of information due. 	Yes
		Non Domestic Rates	<ul style="list-style-type: none"> A review was undertaken on the Non-Domestic Rates (NDR) system. Renfrewshire Council also administers NDR on behalf of East Renfrewshire Council and sample testing 	Yes

			<p>performed included their transactions.</p> <ul style="list-style-type: none"> • In accordance with the Service Level Agreement, an Internal Audit Certificate was provided to East Renfrewshire Council confirming that the NDR Accounts have been internally audited. • The audit identified that the system in place for billing and collection of NDR is generally adequate, with the exception of reliefs and refunds. • A formalised timetable was not in place indicating when all the reviews of the NDR reliefs granted on the basis of prior year's applications would be undertaken. In addition, there was a lack of supporting detail being linked to the NDR system to provide a sufficient audit trail of awards of reliefs and refunds granted. Recommendations were made to address these areas of weakness. 	
		Debt Management	<ul style="list-style-type: none"> • A review was undertaken of the debt management arrangements in place across the Council. • In the main, the controls in place surrounding debt management are satisfactory. The main risk identified as requiring improvement to enhance the control environment, related to the lack of controls surrounding suppression of debt in terms of authorisation and regular reviews. 	Yes
		Insurance	<ul style="list-style-type: none"> • This audit reviewed the process for the handling insurance claims. • A reasonable level of assurance can be placed upon the control environment. The audit identified some enhancements to the existing arrangements to improve controls over the fund balances held by and fee payments 	Yes

			made to the external claims handlers.	
	Corporate	Procurement/ Creditors	<ul style="list-style-type: none"> This audit examined the controls surrounding the use of Corporate Purchasing Cards across the Council. Whilst there is an adequate system in place for the administration of Corporate Purchasing Cards, some issues were identified in terms of the approval of transactions, the completion of the transaction logs and the evidence held to support the purchase. Card approvers were also found to be inappropriate to the roles held in some establishments. A number of recommendations have been made in order to address the weaknesses identified and Management have agreed to implement these which should strengthen the controls in place and provide greater robustness in the processes. 	Yes
	Community Resources	Building Services Repairs	<ul style="list-style-type: none"> A review was undertaken of the processes in place to allocate and undertake housing repairs by building services Whilst there is an adequate system in place for housing repairs, this audit identified some weaknesses in terms of the authorisation process for stores requisitions and direct purchase requests and the use of management information regarding the status of individual jobs. 	Yes
Investigations	Finance and Resources	Misuse of Purchasing Card	<ul style="list-style-type: none"> Internal Audit was informed that management had discovered that suspicious transactions had been made using a Council corporate purchase card, held by an employee. Internal Audit therefore undertook an initial investigation to ascertain the circumstances surrounding the use of this purchase card. There were transactions amounting to, in excess of £16,000, 	Yes

			<p>which cannot be properly accounted for in the documentation files held for this PCard. Whilst the majority of these transactions are thought to be legitimate, it was the Auditor's opinion that it is extremely likely that around 20% of these transactions have been undertaken for the personal benefit of the named employee and not for the benefit or business of the Council. The employee was absent at the time when the investigation took place and did not respond to requests to attend for interview.</p> <ul style="list-style-type: none"> • The internal controls which are in place for the checking and authorising transactions were not followed. In addition, we cannot give any assurances that the PCard files on the PCard drive has not been subsequently tampered with by the PCard holder and documentation removed. • Disciplinary action has been taken by management. 	
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To: Audit, Scrutiny and Petitions Board

On: 28 November 2016

Report by: Chief Auditor

Heading: Internal Audit and Counter Fraud Progress and Performance for Period to 30 September 2016

1. Summary

- 1.1 The Internal Audit Annual Plan was approved by the Audit, Scrutiny and Petitions Board on 21 March 2016. Normally, Internal Audit measures the progress and performance of the team on a regular basis using a range of performance indicators (PIs) and reports these to members as part of this report. However, since we are currently transferring over to a revised audit management system and the PIs have to be calculated manually, only the percentage of Audit Plan completion performance indicator is available for the period 1 April 2016 to 30 September 2016.
- 1.2 In terms of Counter Fraud, the current focus in this area is establishing the priorities for this new team and therefore it has been agreed with the Director of Finance and Resources that no performance targets will be established for 2016/17.
- 1.3 The report details progress against local and national initiatives involving Internal Audit and the Counter Fraud Team from 1 April 2016 to 30 September 2016.
-

2. Recommendations

- 2.1 Members are invited to note the Internal Audit and Counter Fraud Team progress and performance to 30 September 2016.

3. Background

- 3.1 The progress and performance of the Internal Audit and Counter Fraud Team is usually subject to regular monitoring using a number of performance measures. However, we have just transferred over to a new audit management system and in order to avoid duplication of effort by populating two systems with the 2016/17 Audit Plan, it was decided that only the Percentage of Audit Plan completion indicator would be prepared. This is because all the indicators would have to be prepared manually. The Director of Finance and Resources has set annual targets for the team to demonstrate continuous improvement.
- 3.2 The Internal Audit Plan is intended to be sufficiently flexible to deal with unplanned investigations and emerging priorities. In the performance report at the end of June 2016, it was been identified that the current planned resource would not be sufficient to accommodate the resource required for certain categories of work for the remainder of the year and therefore changes were approved to the audit plan to accommodate this resource shortfall.
- 3.3 This report provides members with the progress and performance of both the Internal Audit and Counter Fraud Team for the period from 1 April 2016 to 30 September 2016.
- 3.4 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.

4. Internal Audit Team Performance

(a) Percentage of audit plan completed as at 30 Sept 2016

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

Actual 2015/16	Annual Target 2016/17	Audit Plan Completion Target to 30 Sept 2016	Actual to 30 Sept 2016
95.1%	95.0%	42.8%	39.6%

Actual performance is slightly below target. This is mainly due to a vacancy within the team. Internal Audit management will closely monitor the audit plan completion progress throughout 2016/17 and arrangements are currently being made to rectify the resource gap.

5. Amendments to the 2016/17 Internal Audit Plan

- 5.1 As approved at the board meeting in September 2016, 6 audits have been cancelled and the 130 days have been reallocated to Contingency to assist with the additional time budget pressures due to the higher than anticipated level of investigations and consultancy support. The additional 20 days anticipated to be also required at this date have not been reallocated as the planned reviews where we anticipate time savings have not yet been concluded.
- 5.2 The level of investigations and consultancy work is the second quarter of the year is still continuing to be much higher than anticipated. Although at the end of September 2016, there was still some time remaining in the revised contingency time budget, this is reducing rapidly. Therefore the contingency time will continue to be closely monitored by Internal Audit Management and the Board will be notified as soon as possible of any other actions agreed with the Director of Finance and Resources, or if any further revisions are required to the audit plan.

6. External Quality Assessment

- 6.1 The Public Sector Internal Audit Standards require that an external quality assessment is undertaken at least once every 5 years. The Board agreed to participate in the Scottish Local Authorities Chief Internal Auditors' Group peer review framework in March 2014.
- 6.2 The review is being undertaken by West Lothian Council and we are awaiting notification that they reviewed our completed submission and then the on-site visit can be arranged. A report will be brought to a future Board meeting on the outcome of the external quality assessment.

7. Counter Fraud Team Progress and Performance

- 7.1 In line with the Service level Agreement, the Counter Fraud Team act as the Single Point of Contact (SPOC) to route potential fraud referrals to the DWP, liaise with the Council's Housing Benefit Team and DWP Fraud Officers and retrieve the necessary evidence for the DWP Fraud Officers from the Housing Benefit System. The resource that has been required for this role since March is one FTE Counter Fraud Officer.
- 7.2 The remainder of the Corporate Counter Fraud resource is currently investigating non-benefit fraud referrals received to date in areas such as tenancy and education.
- 7.3 Due to absence within the team the work on reviewing the Council functions to determine the areas where there is a potential for fraud to incur and also updating the policies and procedures in place to support the counter fraud agenda has not progressed as quickly as planned. This work is about to recommence.

8. Scottish Local Authorities Chief Internal Auditors' Group

- 8.1 The focus on the last meeting was on Health and Social Care Partnerships with representatives from Audit Scotland giving presentations on the partnerships from both a National and Local Audit Perspective.

9. Local and National Initiatives

- 9.1 As the current Chair of the Scottish Local Authorities Chief Internal Auditors' Group, which is a special interest group of CIPFA, the Chief Auditor has been meeting CIPFA representatives to adapt their accredited Counter Fraud qualification to be suitable for Scottish Local Authority Counter Fraud Officers. These discussions are continuing.
- 9.2 Internal Audit has been working in partnership with the Police Scotland Counter Corruption Unit Auditor to develop an action plan in response to Police Scotland's Vulnerability Risk Assessment for this Council. The action plan has now been shared with the Council's Integrity Group and owners of the actions identified. Work is now ongoing to implement the recommendations throughout the Council and to prepare an assessment map of all the fraud and corruption risks across the Council services.
- 9.3 The Internal Audit Service has been leading in the preparation of all the data sets to be matched in the National Fraud Initiative. All the data sets were submitted to in October 2016 and we are likely to receive the matches requiring further investigation in February 2017.
- 9.4 We continue to have an involvement in the new Enterprise Resource Planning Project which is currently ongoing within the Council.

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**

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

8. **Health & Safety** – None

9. **Procurement** - None

10. **Risk** - The 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

Author: Karen Campbell – 01416187016



To: Finance and Resources Policy Board

On: 28 November 2016

Report by: Director of Finance and Resources

Heading: 'Risk Matters' – combined Risk Management Policy and Strategy

1. Summary

1.1 Risk Matters is formally reviewed with approval sought at board level every two years and an interim review conducted by the Corporate Risk Management Group on behalf of the Corporate Management Team.

1.2 At this time there is one material change proposed to Risk Matters as described in 3.3 - 3.6 overleaf, otherwise all other aspects of the document remain unchanged.

2. Recommendations

2.1 It is recommended that the Board approves Risk Matters, version 12.0 on the basis of the amendment proposed at 3.3 – 3.6.

3. Background

3.1 The council's risk management arrangements are well established and robust, according to external scrutiny of these arrangements.

3.2 Risk Matters, the combined risk management policy and strategy, continues to reflect good practice, is aligned to recognised standards and takes account of learning through benchmarking with other public

sector organisations.

- 3.3 In the lead up to the formal review of Risk Matters, there was consultation with the Director of Finance and Resources, the Head of Policy and Commissioning, Chief Auditor, Corporate Management Team and the Corporate Risk Management Group on a proposal to amend the Strategy on one specific point only, that being the current arrangements for the council's Corporate Risk Register.
- 3.4 In recent years, the council's Corporate Risk Register has reflected risks that are 'internal' with regards to how the council operates, but additionally has reflected 'external' risks that affect our Renfrewshire communities, where the Council has a role to play in managing such risks (for example, unemployment, poverty, inequalities).
- 3.5 It is now proposed that as our risk management arrangements have matured and as risk management practice is well embedded, we should separate what has traditionally been the Corporate Risk Register into two distinct risk registers; a Strategic Risk Register which would contain details of the externally focused risks, and a Corporate Risk Register which would contain details of the internally focused risks. This arrangement would fit well with the Council Plan as the Strategic Risk Register would align with the Better Future priorities of the Plan, and the Corporate Risk Register would align with the Better Council priorities.
- 3.6 In terms of governance, the Corporate Management Team would have an active role in monitoring the Strategic Risks, as part of their ongoing monitoring of the Council Plan and the Community Plan. The Corporate Risk Management Team would continue to take the lead, on behalf of the Corporate Management Team, for monitoring the Corporate Risks.
- 3.7 If approved by Board, these new arrangements would take effect from 1 April 2017.
- 3.8 The full document, the revised 'Risk Matters' – version 12.0 is attached in Appendix 1 for completeness.

Implications of the Report

1. **Financial**
There are no specific financial risk associated with the provision of this paper. A key benefit of effective risk management is better use and prioritisation of the council's resources
2. **HR & Organisational Development**
Key benefits of effective risk management include high levels of employee morale and productivity and further enhancement of the

council's good reputation both as an employer and as a public service provider

3. **Community Planning**

Children and Young People
Community Care, Health & Well-being
Empowering our Communities
Greener
Jobs and the Economy
Safer and Stronger

The alignment of risks to the council plan ensures that under 'Better Renfrewshire' any key risk to Renfrewshire's communities are identified and managed.

4. **Legal**

A key benefit of effective risk management is a higher level of user experience/ satisfaction with a consequent reduction in adverse incidents, claims and/ or litigation.

5. **Property/Assets**

A key benefit of effective risk management is better use and prioritisation of the council's resources/ assets.

6. **Information Technology**

A key benefit of effective risk management is better use and protection of the council's ICT resources/ assets.

7. **Equality & Human Rights**

The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report.

8. **Health & Safety**

A key benefit of effective risk management is a reduction in adverse health and safety incidents

9. **Procurement**

Risk management principles are built into the council's procurement processes to ensure supply chain management and contract risks are well managed.

10. **Risk**

As per the subject content of this paper.

11. **Privacy Impact**

No privacy risk relating to the proposals being recommended.

List of Background Papers

(a) Risk Matters version 11.0 (formal review 2014)

(b) Risk Matters version 11.1 (interim review 2015)

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

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"Risk Matters"

The Risk Management Policy and Strategy

... enabling success, maximising opportunity, delivering innovation and managing our significant challenges

Dissemination Arrangements:

- To Corporate Management Team
- To Corporate Risk Management Group (service department representatives)
- To Associated Bodies
- Via Renfo and Public Site

Document Title:	Risk Matters (Risk Management Policy and Strategy)		
Owner:	Director of Finance and Resources	Lead Reviewer	Chief Auditor
Version No.	12.0	Superseded Version:	11.1
Date Effective:	28/11/2016	Review Date:	Nov 2017

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Document Control			
Version No.	Effective Date	Reason for Update	Lead Reviewer
10.	21/11/2012	Scheduled formal review	Chief Auditor
10.1	30/10/2013	Interim review	Chief Auditor
11.0	12/11/2014	Scheduled formal review	Chief Auditor
11.1	03/11/2015	Interim review	Chief Auditor
12.0	28/11/2016	Scheduled formal review	Chief Auditor

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Policy – the Council’s risk management approach

1.1 Renfrewshire Council is committed to a culture where employees are encouraged to develop new initiatives, improve performance and achieve their goals safely, effectively and efficiently by appropriate application of good risk management practice. In doing so the council aims to protect vulnerable people, deliver high quality services for all service users, achieve high standards of performance, make the most of opportunity, and provide a safe environment for those it employs, contracts or partners with in providing a wide range of services.

1.2 The council believes that in times of growth or austerity, appropriate application of good risk management will prevent or mitigate the effects of loss or harm and will increase the council’s success in the delivery of better financial outcomes, business objectives, better project success rates, achievement of targets and fewer unexpected problems.

1.3 The council expects the application of good risk management practice in the achievement of its key aims and objectives such as those contained within the [Renfrewshire Community Plan 2013-2023](#) and [A Better Future, A Better Council](#), the council’s own plan for action for 2014-2017.

1.4 Renfrewshire Council purposefully promotes an environment that is risk ‘aware’ rather than risk ‘averse’ and strives to place risk management information at the heart of key policy decisions. This means that the council can take an effective approach to managing risk in a way that both addresses significant challenges and enables innovation.

1.5 The council is committed to testing the council’s capacity and tolerance for risk¹ in order to ensure that the council is clear in its understanding of the total level of risk the council is able/ willing to accept. It is generally understood by all service departments that in normal circumstances:

- **low risk** is acceptable without any further action to prevent or mitigate the risk;
- **moderate risk** is tolerable - control measures implemented or introduced must be cost effective;
- **high risk** may be tolerable - providing the council is assured regarding the adequacy and effectiveness of the control measures in place. Any further control measures implemented or introduced must be cost effective in relation to the high risk;
- **very high risk** is deemed to be unacceptable and measures should be taken to terminate, transfer or treat a very high risk to a more tolerable position.

1.6 The council recognises that in exceptional circumstances a combination of factors converge to produce a very high risk, for which the council may have limited control (such as recession, the fiscal position and impact of demographic change). Recognising this scenario, and taking on board the inherent level of risk experienced in some service areas, the council would expect that while it may

Key benefits of effective risk management:

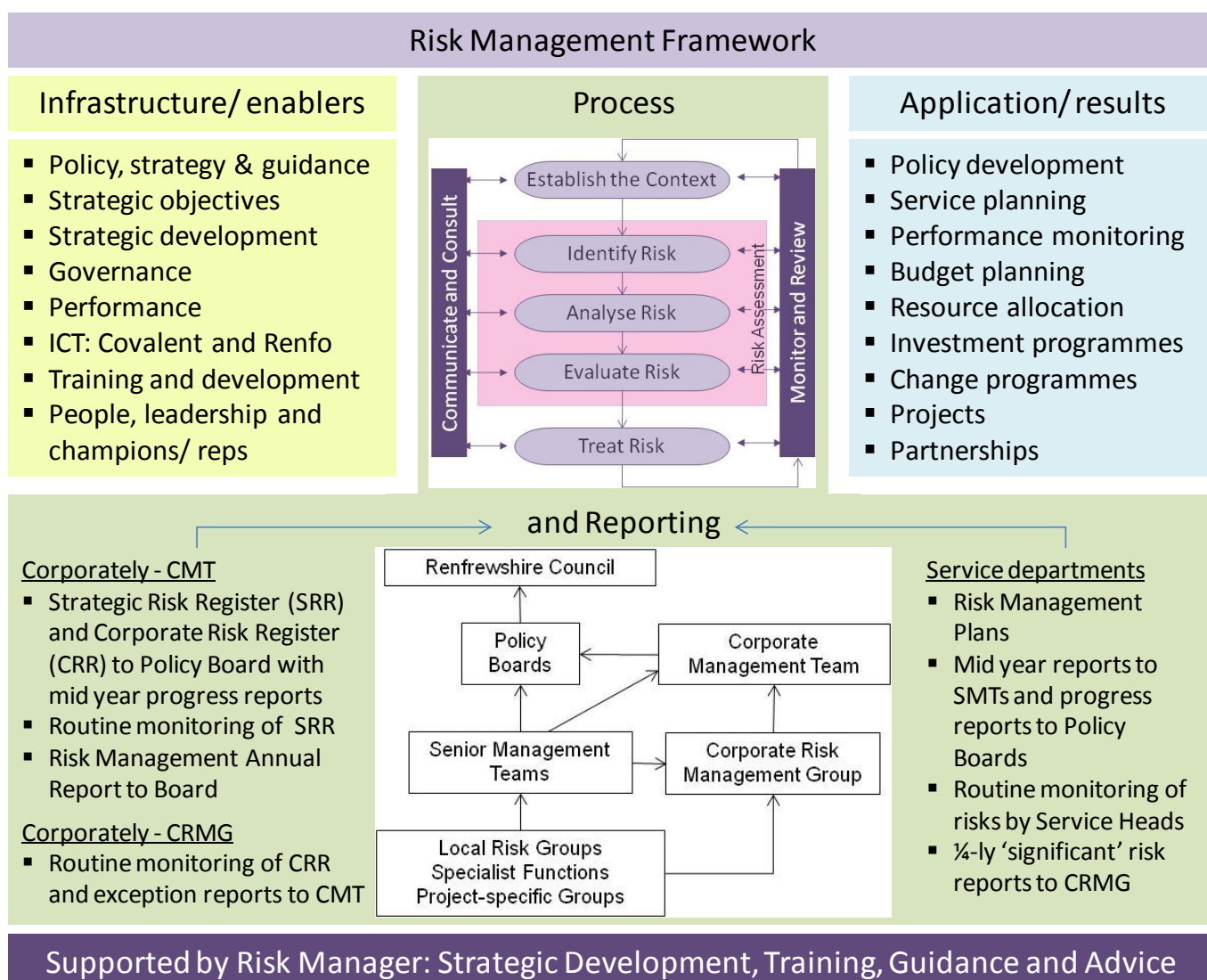
- appropriate, defensible, timeous and best value decisions are made;
- risk ‘aware’ not risk ‘averse’ decisions are based on a balanced appraisal of upside and downside risk and enable acceptance of certain risks in order to achieve a particular goal or reward;
- high achievement of objectives and targets;
- high levels of morale and productivity;
- better use and prioritisation of council resources;
- high levels of user experience/ satisfaction with a consequent reduction in adverse incidents, claims and/ or litigation; and
- further enhancement of the council’s good reputation both as an employer and as a public service provider.

¹ Sometimes referred to as risk ‘appetite’

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have the capacity to deal with some very high risk, it does not wish to tolerate any more than two very high risks at any given time, either corporately, or within the service departments².

- 1.7 Renfrewshire Council promotes the pursuit of opportunities that may benefit the council. Opportunity-related risk must be measured alongside anticipated benefits in order to balance opportunity and risk.
- 1.8 The council regularly receives assurance reports (internal and external) not only on the adequacy but also the effectiveness of its risk management arrangements and consequently values the contribution that risk management makes to the council's corporate governance arrangements.
- 1.9 The council has established its Risk Management Framework, through which the strategy will be applied to fulfil the Risk Management Policy. Infrastructure/ enablers consist of components required for risk management to be effected; the process is used for consistency in assessing and responding to risk; application/ results describes various activities in which the enablers/ process is applied to produce beneficial results. Clear lines of reporting are established for risk management activity and the council ensures the framework is supported through the remit of the council's risk manager.



Alan Russell
Director of Finance and Resources

² Based on experience: the council previously had capacity to tolerate two very high risks in exceptional circumstances.

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Strategy - Implementing our policy

1. Introduction

- 1.1 The strategy takes a positive and holistic approach to risk management. The scope applies to all risks, whether related to opportunities or threats, performance related, project initiated, activity-based or otherwise across all areas of the council, in line with values of economy, efficiency and effectiveness.
- 1.2 **Strategic risks** are outward in focus and represent the potential for Renfrewshire Council to achieve (opportunity) or fail to meet (threat) its stated objectives outlined in the Community Plan and/ or the Better Future aspects of the Council Plan.
- 1.3 **Corporate risks** are more inward in focus and represent the potential for the 'corporate body' Renfrewshire Council to achieve (opportunity) or fail to meet (threat) its stated policies and corporate objectives relating to the Better Council aspects of the Council Plan. Service risks may be proposed for inclusion on the corporate risk register where a risk impacts on multiple services or requires significant central resources in the development of risk control measures.
- 1.4 **Service risks** represent the potential for impact on 'individual services' in relation to service delivery, or the experience of those who work within the services, i.e. employees, partners, contractors and volunteers, or the general public, service users, vulnerable people or clients in receipt of the services provided.
- 1.5 **Project risks** represent events or circumstance which may impact on a specific project - usually as a threat to the schedule and/ or cost of a project or the benefits the project will deliver. Any residual risks remaining at the end of a project are handed over to the relevant service department/s to manage as business as usual.
- 1.6 All risk will be analysed consistently (3.1.4) with an evaluation of risk as being low, moderate, high or very high. High and very high risk will also be referred to as being 'significant' and will therefore be subject to closer scrutiny by the Corporate Management Team and relevant Policy Boards.
- 1.7 This document explains how the risk management framework is to be implemented across the council; its ongoing implementation supports the council's annual governance statement.

2. Risk management process

- 2.1 Risk Management is about the culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects³. It is proactive in understanding risk and uncertainty, it learns and builds upon existing good practice and is a continually evolving process that has an important role to play in ensuring that defensible and beneficial 'risk-aware' not 'risk-averse' decisions are made, that the council provides high quality services and employees are assured that every effort has been made to maximise their opportunities to succeed.
- 2.2 Renfrewshire Council embeds risk management throughout the council by consistent application of the risk management process shown in Figure 2.1⁴ across all service departments and core business activities (i.e. budget setting/ projects).

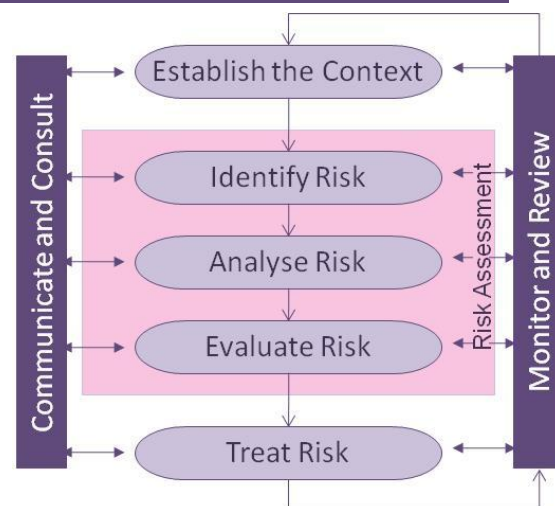


Figure 2.1:
Risk Management Process

³ Australia/ New Zealand Risk Management Standard, AS/NZS 4360: 2004

⁴ AS/NZS 4360: 2004 and ISO 31000 (2009) ***Note: awaiting release of new ISO***

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3. Application of risk management across all service departments

3.1 Standard procedures (3.1.1 – 3.1.13) will be applied across all service departments and council activity in order to achieve consistent and effective implementation of good risk management. Guidance notes accompanying the strategy provide further direction.

- 3.1.1 Full implementation of the risk management process, embedding risk management within existing council processes. This means that an assessment of risk as well as costs and benefits becomes routine wherever possible, for example in policy development, change management, project management ([Project Management Framework](#)) and in partnership management ([Partnership Risk Management Guidance](#)).
- 3.1.2 Identification of risk using standard methodologies, 'bottom-up' and 'top-down' approaches and involving managers throughout the service with detailed knowledge of the service and the context in which it operates.
- 3.1.3 Categorisation of risk aligned to the council plan themes of:

✔ Better Future - Place

✔ Better Future - People

✔ Better Council

- 3.1.4 Use of the council's [risk matrix](#) to consistently analyse risk in terms of likelihood of occurrence and potential impact, taking into account the effectiveness of current risk control measures to produce a risk evaluation of either 'low', 'moderate', 'high' or 'very high' risk.
- 3.1.5 Responding to risk in a way that is proportionate to the level of risk. This means that risk may be terminated; transferred elsewhere (such as through insurance); tolerated as it is; or, treated with cost effective measures to reduce it to a level where the exposure is acceptable or tolerable for the council in keeping with its capacity for risk. In the case of opportunities, the council may 'take' an informed risk in terms of tolerating it if the opportunity is judged to be (1) worthwhile pursuing and (2) the council is confident in its ability to achieve the benefits, manage and justify the risk.
- 3.1.6 Maintaining risk registers as a means of collating risk information in a consistent format allowing comparison of risk evaluations, informed decision-making in relation to prioritisation of resources and ease of access to information for risk reporting.
- 3.1.7 Routine reporting of risk information to appropriate Boards/ Groups as appropriate dependent on the type and significance of risk.
- 3.1.8 Escalating and de-escalating risk/ moving risks between risk registers and service risk management plans when appropriate, through service risk management representatives on the Corporate Risk Management Group.
- 3.1.9 Periodic re-assessment of individual risks that is proportionate to the level of risk (i.e. low risks fully reassessed every year, moderate risks every 6 months and significant [high and very high] risks on a quarterly basis), including assessment of the effectiveness of measures in place to control risks.
- 3.1.10 Annual review of strategic, corporate and service risk registers/ risk management plans to ascertain progress and to check for contextual changes affecting the risks.
- 3.1.11 Six monthly review of service risk management plans undertaken by Senior Management Teams, with mid-year progress reviews reported to policy boards.
- 3.1.12 Routine consideration of risks by Heads of Service at 1-1s with the relevant Service Directors.
- 3.1.13 Commitment to any action required to support high performance in relation to Key Risk Management Performance Indicators.
- 3.1.14 Commitment to ongoing and proactive identification of new and/ or potential risks alongside a learning culture that seeks to build on good practice and avoid repetition of adverse events.

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Realising our vision and priorities

4. Risk management vision and strategic objectives

Appropriate and effective Risk Management practice will be embraced throughout the council as an enabler of success, whether for maximising opportunity, delivering innovation and best value, increasing performance or managing our significant challenges.

4.1 We will work towards our vision through a suite of strategic risk management objectives and by seeking every opportunity to apply effective risk management practice where it will yield most benefit (such as major investment/ change programmes/ entering into new areas of business, service or partnerships), and when it will yield most benefit, (such as along the development path of major initiatives and not solely the final decision point).

4.2 The Alarm⁵ Risk Management Performance Assessment Model describes an organisation's risk management maturity as:

- | | | | | |
|------------------------|------------------------|----------------------|--------------------------------------|----------------------|
| ▪ Level 1
Awareness | ▪ Level 2
Happening | ▪ Level 3
Working | ▪ Level 4
Embedded and integrated | ▪ Level 5
Driving |
|------------------------|------------------------|----------------------|--------------------------------------|----------------------|

4.3 In working towards our risk management vision we will aim to demonstrate maturity where risk management is consistently 'embedded and integrated' while also being able to demonstrate examples of where risk management information is driving the key policy decisions of our organisation.

4.4 Our strategic risk management objectives centre around five strands that are described by Alarm as 'enablers' and two that are focused on achieving 'results':

4.5 The measures of success for these objectives will be:

- better financial outcomes
- successful delivery of business objectives and targets
- better project success rates
- successful outcomes from external scrutiny
- fewer unexpected problems
- fewer incidents/ accidents/ complaints
- fewer insurance claims/ less litigation

4.6 Achieving our risk management objectives will be realised through our Strategic Risk Management Development Plan.

Strategic Risk Management Objectives

- | | |
|-----------------|---|
| Enablers | (1) <u>Leadership and management</u> : Ensuring that our Members, Directors and Senior Managers fully support and promote risk management |
| | (2) <u>Policy and strategy</u> : Ensuring that our policy and strategy remain fit for purpose and maintain a consistent approach to the management of risk and increasing its effectiveness |
| | (3) <u>People</u> : Ensure that our people are equipped and supported to manage risk well |
| | (4) <u>Partnerships and resources</u> : Ensuring that we have effective arrangements for managing risks in partnerships and resourcing risk management activity |
| | (5) <u>Processes</u> : Ensuring that our risk management processes are effective in supporting the business activities of the council |
| Results | (6) <u>Risk handling and assurance</u> : Ensuring that risks are handled well and that the council has assurance that risk management is delivering successful outcomes and supporting innovation |
| | (7) <u>Outcomes and delivery</u> : Ensuring that risk management does contribute to achieving positive outcomes for the council |

⁵ The Public Risk Management Association

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5. Strategic risk management development plan

- 5.1 This policy and strategy is supported by the council's Strategic Risk Management Development Plan (SRMDP) which shows the direction for immediate, medium and longer term priorities for risk management, aligned to the council's strategic risk management objectives.
- 5.2 The plan shows the individual actions agreed for implementation over the lifetime of the present Strategy with clear milestones/ timescales for achievement and named responsible officers.
- 5.3 The SRMDP is realistic, stretching but achievable; it allows the council's Corporate Risk Management Group to focus on strategic priorities and actions that require to be taken forward while at the same time allows individual members (representing their service departments) to consider operational implications and requirements for supporting the objectives.
- 5.4 The SRMDP is monitored on a quarterly basis by the Corporate Risk Management Group and provides the most up to date position, progress and level of activity towards achieving the council's strategic risk management objectives and is available to any member, employee, group or board for information.

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Risk leadership and accountability

6. Governance, roles and responsibilities – formal groups

6.1 Renfrewshire Council's [Scheme of Delegated Functions](#) specify matters which are the delegated responsibility of its Policy Boards and the Chief Executive; this includes risk management. Figure 6.1 below shows the reporting arrangements for the various groups involved in risk management.

6.2 Council and Policy Boards

In line with good governance, Council is accountable for ensuring that the organisation has a suitable risk management framework in place to ensure that significant risks are adequately identified and controlled.

The Audit, Scrutiny and Petitions Board has delegated authority to “approve the risk management policy and strategy [and] consider the effectiveness of the risk management arrangements through consideration of the annual risk management report.”

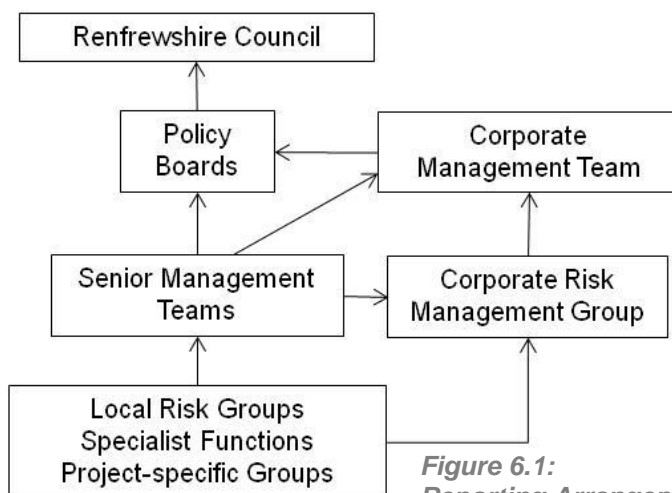


Figure 6.1:
Reporting Arrangements

The Finance and Resources Policy Board has delegated authority to “approve the corporate risk register and the relevant service risk registers and plans.”

Each service department submits the risk management plans for the areas of responsibility to the most relevant policy board.

Policy boards undertake the following in respect of the area of specialty or service that reports to each board:

- agree relevant service risk management plans and risk registers submitted on an annual basis;
- consider mid year progress reviews of risk registers and,
- consider recommendations in relation to any specific risks brought to the Board as a matter of business as usual (through the risk implications section of Board Papers).

In approving the strategic or corporate risk register or service risk management plans, policy boards are responsible for ensuring that risks within their specific remit are appropriately managed and that any further planned action is proportionate to the level of risk.

Policy boards have a further responsibility to facilitate the sharing of learning across the council, from good practice or any events or near misses that identify trends of potential risk.

6.3 Corporate Management Team

In respect of the Risk Management Framework, the Corporate Management Team:

- provide a high profile mandate and commitment to enhancing risk management performance and embedding a risk aware culture, proactively promoting, supporting and encouraging good risk management practice across all services and activities;
- ensure appropriate risk information is utilised to guide major decisions in areas such as policy development, service planning, performance monitoring, budget planning, investment programmes, change programmes, projects and partnerships;

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- ensure that a member of the management team is responsible on behalf of the Chief Executive for overseeing the risk management framework and that the remit of the risk management function/ risk manager been determined;
- ensure appropriate reporting arrangements for risk management are implemented across all levels of the council, including that risk management matters are actively reported through the management arrangements, to the Corporate Risk Management Group;
- ensure there are mechanisms in place to check that risk management is being implemented in a manner consistent with the council's risk management policy and strategy; and
- ensure the risk management framework is reviewed at a minimum of every two years to ensure it remains fit for purpose and reflects best practice.

In respect of managing risk, the Corporate Management Team:

- annually review the proposed strategic and corporate risk registers and agree these risks prior to submission to Board for approval;
- monitor the strategic risks at the quarterly CMT planning sessions alongside progress on delivery of the council plan, ensuring on an ongoing basis that significant risks that could impact on key objectives or service delivery responsibilities are identified, analysed, evaluated and responded to appropriately across the council;
- ensure appropriate senior managers are clearly assigned responsibilities for assessing, reporting and managing identified key risks;
- monitor the effective management of the strategic and corporate risks by reviewing action taken as outlined in the mid year progress reports for submission to Board;
- maintain a clear understanding of the council's risk profile and its relation to the council's capacity and tolerance for risk;
- actively 'horizon scan' to enable timely identification of potential risks (opportunities or threats) emerging from the council's external environment; and
- encourage innovation through appropriate and informed risk management.

6.4 Corporate Risk Management Group (CRMG)

In respect of the Risk Management Framework, the Corporate Risk Management Group:

- oversee the ongoing revision, implementation and monitoring of progress of the Strategic Risk Management Development Plan (SRMDP) which supports implementation of the council's risk management policy and strategy;
- oversee the ongoing revision, implementation and monitoring of key risk management performance indicators;
- prepare the risk management annual report which will demonstrate key achievements in relation to the Strategy and SRMDP and will provide assurance to Board on the efficacy of the council's risk management framework;
- ensure that members who represent their service departments (local risk representatives) take forward agreed risk management initiatives within their respective services, thereby achieving a consistent approach to risk management across all service departments. Local risk representatives will feedback risk management information to their local risk fora (6.5);
- ensure that the council's Risk Management Alliance (6.6) continues to take forward specific initiatives complimentary to the remit of the Corporate Risk Management Group and provides regular reports to the Group on its activity;
- assist in implementation issues across the council, sharing experience and informing changes to strategy and direction.

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In respect of managing risk, the Corporate Risk Management Group:

- oversee the process of annual revision of the strategic and corporate risk registers in consultation with service directors and heads of service. The CRMG will present the strategic and corporate risk registers to CMT for agreement and submission to the relevant Policy Board for approval;
- monitor (on a quarterly basis) the progress of action plans designed to manage corporate risks;
- ensure that processes are in place for escalating risks at various levels as appropriate;
- provide routine and exception reports to the CMT.

6.5 Local Risk Groups (services/ specialised sections/ project-specific groups)

For local risk groups within services, these will either be specific to risk management or pre-existing groups/ meetings which regularly include risk management as an agenda item.

Local risk groups:

- organise training and raise awareness in their area of responsibility to ensure practical measures are put in place to respond to risk;
- contribute to the service risk management plan and regularly review its content to ensure it continually reflects the key risks of the service and highlights the service's top risks;
- report progress to their Senior Management Team on a regular basis; and,
- on behalf of the service director, contribute to the council's assurance framework through the annual submission of their service risk management plan to the Director of Finance and Resources for review, prior to submission to the appropriate Board. These plans will follow the corporate template available in the guidance supporting this strategy.

6.6 Risk Management Alliance (specialist functions)

The Risk Management Alliance will comprise of a small number of employees (from audit, risk management and insurance, health and safety, civil contingencies and information governance), who work in risk-related roles and will add further value in their roles by working closely together as subject experts under the authorisation of the Corporate Risk Management Group.

The Alliance:

- provides a central resource of expertise to the wider council; and,
- is responsible for developing and jointly working on corporate risk management initiatives, either directly or through other council services.

The council will further access, where relevant, external sources of expertise such as the Police, Insurers and/ or Insurance brokers/ advisors.

7. Governance, roles and responsibilities – individuals

7.1 The following sets out the roles and responsibilities for specific individuals or groups of individuals.

7.2 Elected members

A significant aspect of an elected member's role is in making decisions for the council and the people of Renfrewshire. The CIPFA/ SOLACE 'Good Governance Guide for Scottish Local Authorities' – and in particular Principle 4, makes explicit the elected member's decision-making role and the need to ensure that risk management information contributes to the decision-making process. In considering any recommendations from council officers in relation to new policies/ proposals, members will ensure they are aware of the risks and benefits involved prior to making their decisions. The 'risk implications' section on board papers will enable appropriate risk information to be provided.

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7.3 Chief Executive

The Chief Executive has overall accountability for the council's risk management framework, ensuring that there are suitable and effective arrangements in place to manage the council's risks. The Chief Executive is supported in this role by the Director of Finance and Resources.

7.4 Director of Finance and Resources

The Director of Finance and Resources is directly accountable to the Chief Executive and is the corporate management team member responsible, on behalf of the Chief Executive, for overseeing the risk management framework and remit of the council's risk management function.

The Director of Finance and Resources is responsible for overall leadership and co-ordination of the risk management agenda, for undertaking the role of 'Senior Information Risk Owner' and for bringing to the corporate management team any risk issues requiring to be addressed. The Director of Finance and Resources is supported in this role by a dedicated risk management resource in the Chief Auditor and the Risk Manager.

7.5 Chief Auditor

The Chief Auditor is responsible for the corporate provision of risk management guidance, training and risk software for recording of risks/ risk management plans. Specifically, in relation to internal audit, the Chief Auditor:

- ensures that the development of the strategic audit plan considers the council's corporate risks and the service departments' significant risks, as well as key areas of organisational change for which risk is inherent; and,
- ensures that the results of internal audit work will inform the corporate risk register and risk management plans.

7.6 Risk Manager

On behalf of the Chief Auditor, the Risk Manager:

- provides advice and support to service risk management representatives and service managers and other groups in the management of strategic, corporate, service and/ or projects risks;
- provides a range of training and education opportunities in risk management for members and employees, in line with elected member training and development programmes, management development programmes, key organisational projects and bespoke training needs;
- oversees the use and development and maintenance of the risk module within Covalent, ensuring timeous risk management board reports and management reports are available for stakeholders;
- supports the process of strategic and corporate risk register and annual risk management plan development and submission to Boards;
- chairs and organises the meetings of the Corporate Risk Management Group and the Risk Management Alliance;
- manages the council's insurance arrangements.

7.7 Directors

It is the responsibility of each service director and their senior management teams to implement local arrangements which accord with this policy and strategy, and the related procedures.

All directors are accountable to the Chief Executive, the Corporate Management Team and Policy Boards for the management of risk within their areas of responsibility.

While service directors have overall accountability for the management of a risk within their service departments, they might not 'own' the risk control measures being implemented to manage the risks (e.g. implementation of policies developed by other services). In this case, the role of the director is

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to oversee that the controls are fit for purpose and operating effectively within their area of responsibility and liaise with directors who 'own' the controls should they have any concerns.

Directors and their Senior Management Teams will be supported in their risk management responsibilities by their nominated service risk management representative who will also represent the service on the Corporate Risk Management Group.

7.8 Director of Children's Services

The requirement for every local authority to appoint a professionally qualified Chief Social Work Officer (CSWO) is contained within Section 3 of the Social Work (Scotland) Act 1968. The CSWO is a 'proper officer' in relation to the social work function: an officer given particular responsibility on behalf of a local authority, where the law requires the function to be discharged by a specified post holder. The Director of Children's Services is the council's specified CSWO.

The Chief Social Work Officer ensures the provision of effective and professional advice relating to the provision of social work services and assists understanding of the complexities of social work service delivery, particularly in relation to issues such as corporate parenting, child protection, adult protection and the management of high risk offenders. The CSWO has a role to play in overall performance improvement and significantly in the identification and management of risk insofar as it relates to social work services.

7.9 Heads of Service

It is the responsibility of all heads of service to ensure their employees are familiar with the latest risk management strategy, guidance and relevant controls. Heads of service are accountable to their service director for the management of risk within their areas of responsibility

Specifically, heads of service:

- engage regularly with their service directors to consider all risks that they own, (whether strategic, corporate, service or project related);
- ensure employees are informed of the risk context in which they undertake specific duties;
- ensure employees are encouraged to promptly report any matters of concern;
- ensure that employees' risk management skills and training needs are assessed and addressed.

7.10 Service Risk Management Representatives

All service risk management representatives have a responsibility (1) corporately, to support corporate risk management development activities, representing their service on the Corporate Risk Management Group and (2) locally, to support their directors, senior management teams and local risk fora/ groups in implementing arrangements in accord with this policy and strategy.

Specifically, service risk management representatives:

- attend all Corporate Risk Management Group meetings (or arrange a deputy if unable to attend), and raise any significant service risks that require to be considered for escalation to corporate level;
- actively promote corporate risk management initiatives (such as the council's risk awards) and training opportunities throughout their service;
- support the development of their service risk management plans, for review and submission to the relevant Boards within agreed timescales and in the format agreed corporately; and
- support heads of service in respect of their risk management responsibilities;
- support managers in the identification of risks, actions and mitigating controls.

7.11 All employees

Risk management should be integrated into the daily activities of every employee. By ensuring that decisions on risk management are taken locally rather than centrally, the council will

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encourage local ownership of the process. All employees are therefore encouraged to be involved in identifying current and potential risks where they work.

Employees should make every effort to be aware of situations which place themselves or others at risk, report identified hazards and implement measures to reduce risk as developed by their service.

This approach will require employees to:

- understand the risks that relate to their roles and their activities;
- understand how the management of risk relates to their own and their client's/ the public's safety;
- understand their accountability for particular risks and how they can manage them;
- understand how they can contribute to continuous improvement of risk management;
- understand that risk management is a key part of Renfrewshire Council's culture; and,
- report systematically and promptly to senior management any perceived new risks or failures of existing control measures.

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Resourcing risk management

8. Resourcing the council's risk management framework

- 8.1 Much of the work on developing and leading the ongoing implementation of the risk management framework will be resourced through the council's Risk Manager, the Corporate Risk Management Group and the Risk Management Alliance.
- 8.2 Wherever possible the council will ensure that training and education costs will be kept to a minimum, with the majority of courses/ training being delivered in-house or through the training resource available through the council's claims handlers.
- 8.3 Individual directors will be responsible for ensuring an appropriate resource within their service is available to support managers' and employees' risk management training needs.

9. Resourcing those responsible for managing specific risks

- 9.1 An awareness of the risks pertaining to each service department will contribute to the budget allocation process, therefore the cost of managing risks will be met within each service department's budget allocation and any unplanned or unbudgeted resources arising in relation to the risks will be subject to review by the service director in consultation with the Director of Finance and Resources.
- 9.2 All risk owners will ensure that only appropriate responses (by way of transfer or treatment of risk) are in place or put in place to address risks and are proportionate to the significance of the risk. Put simply, the resources allocated to addressing risk should not exceed the cost of the exposure itself (in the case of adverse risks) or the benefits that are being sought (in the case of opportunities).
- 9.3 The council's Insurance and Risk Management Co-ordinator can, on request, provide guidance on the viability/ cost effectiveness of resources involved in transferring risk to the council's Insurers where this is a suitable option.
- 9.4 The council's Treasury consultants and investment advisors will provide guidance on risk and appropriate action in relation to the council's investment portfolio.

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Training, learning and development

10. Risk management training opportunities

- 10.1 To effectively implement Risk Matters, it is essential to harness a workforce with the competence and capacity to manage risk and handle risk judgements with confidence, to focus on learning from events and past experience in relation to what has worked well or could have been managed better, and to focus on identifying malfunctioning 'systems' rather than people.
- 10.2 Training is important and will be essential in embedding risk management throughout the council and developing the council's risk management maturity. The Chief Auditor, supported by the Risk Manager, will regularly review the risk management training needs of the council and provide training opportunities for members, directors, managers, employees and our associated bodies.
- 10.3 Depending on the context of the training, it can be delivered in a range of formats, such as e-learning, presentations, workshops, seminars or one-to-one briefing sessions where appropriate.

11. Risk management learning outcomes

- 11.1 Depending on the context of the training, it can provide participants with knowledge of:
- the council's risk management framework and its component parts;
 - the legislative and compliance context of risk management;
 - the risk management/ service planning/ performance management relationship;
 - how risk management supports corporate governance;
 - how risk management supports decision-making and the influence of risk perception in decision-making;
 - how risk management supports projects and innovation and assists in achieving positive outcomes for the council; and
 - how risk tools and techniques can be applied in a variety of business environments.

12. Risk management development

- 12.1 The council has in place a management development programme and an elected members training programme. Risk management learning and development opportunities are embedded within both these programmes and will continue to be supported by the council's Risk Manager.
- 12.2 In seeking to provide the council with the best possible advice, training and development opportunities in risk management, the council's Risk Manager will undertake ongoing continuous professional development through their involvement within Alarm and their executive role on the Alarm Scotland organising committee.

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Monitoring activity and performance

13. Monitoring risk management activity

- 13.1 Renfrewshire Council operates in a dynamic and challenging environment and a monitoring and review structure needs to be in place to ensure that any changes to the council or its environment that may affect the risk management framework, or other factors affecting the suitability or cost of risk response options, are identified and addressed. Monitoring arrangements require that there will be:
- ongoing monitoring of the strategic risks alongside routine council plan reports to and by the Corporate Management Team;
 - quarterly monitoring of the corporate risk register by the Corporate Risk Management Group
 - quarterly monitoring of progress on the Strategic Risk Management Development Plan by the Corporate Risk Management Group;
 - six-monthly reporting to the Corporate Management Team and Finance and Resources Policy Board of progress in managing the strategic and corporate risks;
 - annual and mid year risk reviews by service management teams of progress against the risk management plans and other risk-related matters;
 - annual and mid year reporting by services to the appropriate board of progress against the service risk management plans;
 - quality assurance checks on the risk management process conducted through meetings of the Corporate Risk Management Group;
 - ad hoc tailored reports/ presentations to the Finance and Resources Policy Board on specific risk related issues/ topics arising from discussion or specific enquiry;
 - continual review by service risk management representatives of progress in managing individual risks listed in the service risk management plans;
 - annual review of risk registers by Internal Audit to inform the strategic audit plan;
 - annual review of risk registers by Corporate Finance to inform budget allocations; and,
 - regular reporting of claims data to service departments by the Insurance and Risk Management Co-ordinator.

14. Monitoring risk management performance

- 14.1 Measuring, managing and monitoring risk management performance is key to the effective delivery of the strategic risk management objectives. Performance will be measured using a suite of key risk management performance indicators⁶.
- 14.2 The development and ongoing monitoring of the risk management performance indicators is overseen by the Corporate Risk Management Group and information concerning the indicators will be reported by the Group, on an exceptional basis, to the Corporate Management Team, and on an annual basis as part of the risk management annual report provided to the Audit, Scrutiny and Petitions Board.
- 14.3 Key risk management performance indicators will provide an indication of the effectiveness of the council's approach to risk management in specific areas, covering both the enablers and results aspects of the strategic risk management objectives.
- 14.4 Within the risk management framework there needs to be sufficient planning, implementation, monitoring and reviewing of performance. A review of the monitoring activity at 13.1 and the risk management performance indicators will determine if:

⁶ The indicators may be subject to change if national indicators are developed

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- the risk management framework and process is fit for purpose with risks aligned to the council's corporate objectives;
- the risk management framework and processes resulted in what was intended;
- employees received adequate information to enable them to discharge their risk management roles and responsibilities;
- employees across the council have sufficient risk management skills, knowledge and competence in line with the activities they are required to perform on a daily basis; and
- improved knowledge would have helped to make better judgements or reach better decisions and identify lessons for future assessments and the management of risks.

14.5 As the risk management framework, including policy and strategy, strategic risk management development plan and performance indicators are formally reviewed every two years, this will constitute and 'Plan/ Do/ Study/ Act' review cycle that will shape future risk management priorities and activities of the council, inform subsequent revisions of the risk management framework and its various components and drive continuous improvement in risk management in the council.

Communicating risk management

15. Communicating, consulting on and reviewing the risk management framework

- 15.1 Effective communication of risk management information across all service departments and with employees is essential to developing a consistent and effective approach to risk management.
- 15.2 Copies of 'Risk Matters' are disseminated to all service directors for cascade throughout their services, and copies, along with other risk management documentation and guidance are available on the Renfo ['Risk Matters'](#) page.
- 15.3 Risk management articles are regularly included in the [Audit and Risk Newsflash](#) which is posted on Renfo.
- 15.4 Details of the council's insurance arrangements are published on the Renfo: [insurance a quick guide](#) The details include definitions of a range of insurance terms along with key insurance documents such as the council's Employers Liability Certificate and the standard letter from the council's insurance brokers and advisors that summarises all the main insurances that are in place.
- 15.5 Risk management awareness is communicated with all new employees through the induction process; through iLearn (corporate e-learning platform) and through local induction.

Risk Matters (version 12.0) was reviewed and updated by the Corporate Risk Management Group at its meeting of 19/10/2016 for submission to the Audit, Scrutiny and Petitions Board. Implementation of Risk Matters is underpinned by separate guidance and the strategic risk management development plan.

Risk Matters is formally reviewed by the Audit, Scrutiny and Petitions Board at periodic intervals of not more than 2 years and annually (interim review) by the Corporate Risk Management Group to ensure that it reflects current standards and best practice in risk management and fully reflects the rapidly changing environment in local government.

Document Title:	Risk Matters (Risk Management Policy and Strategy)		
Owner:	Director of Finance and Resources	Lead Reviewer	Chief Auditor
Version No.	12.0	Superseded Version:	11.1
Date Effective:	28/11/2016	Review Date:	Nov 2017



To: Audit, Scrutiny and Petitions Board

On: 28 November 2016

Report by: Peter Macleod, Director of Children's Services

Heading: Audit Scotland Report, 'Social Work in Scotland'

1. Summary

- 1.1. Audit Scotland's latest report on, 'Social Work in Scotland' highlights the risks to high quality sustainable social work services within the context of continuing financial constraint, well documented demographic challenges and changes to structures and governance within social care and social work.
-

2. Recommendations

- 2.1 It is recommended that the Audit, Scrutiny and Petitions Board:
- Notes the contents of this report.
-

3. Background

3.1 Audit Scotland

- 3.1 In September 2016, Audit Scotland published a report on, 'Social Work in Scotland'. The full report can be accessed via the following web link:

<http://www.audit-scotland.gov.uk/report/social-work-in-scotland>

The report stated that the Social Work profession was at a watershed, and made several key recommendations on the following issues:

- Social Work Strategy and Service Planning;
- Governance and Scrutiny Arrangements;
- Workforce; and
- Service Efficiency and Effectiveness

- 3.2 The purpose of the audit was to examine the effectiveness of approaches to address the financial and demographic pressures on Social Work Services; and also to consider the impact on service users and carers. Auditors found that current approaches to the delivery of Social Work services by local authorities are not sustainable. The findings reflect key messages which have emerged from focused change programmes such as Reshaping Care for Older People. In addition to this, the report highlights the need for investment in preventative approaches, improved partnership working and the value of community capacity building. The importance of long term planning based on an understanding of current and future needs, as well as the availability of resources on a whole systems basis – strategic commissioning – is stressed by the auditors. The current financial climate makes it more challenging to fund long-term preventative approaches which may not generate benefits in the short or medium term.

4. Social Work Expenditure

- 4.1 Social Work and social care in Scotland accounts for over £3billion of public expenditure and employs more than 200,000 people. Expenditure in the sector has been protected during the past few years of shrinking resource – since 2010/11 spending on social work has increased by 3% despite revenue funding for councils reducing by 11% in the same period. Recruitment and retention is a long-standing challenge in the sector.

5. Legislative context

- 5.1 Almost all activities undertaken by Social Work are on a statutory footing, and legislation relating to Social Work is a devolved matter. There is a considerable body of legislation in the Social Work sector and Audit Scotland have highlighted the additional costs arising from recent legislation including the Social Care (Self Directed Support)(Scotland) Act 2013 and the Children and Young People (Scotland) Act 2014.
- 3.5 In terms of governance, the most significant piece of legislation in recent years is the Public Bodies (Joint Working) (Scotland) Act 2014 which established integrated health and social care services in Scotland. That legislation established Integration Joint Boards and Health and Social Care Partnerships, and changed the democratic scrutiny of social work services which fall within their remit. Democratic scrutiny rests with a small number of elected members and an equal number of non-executive Health Board members. Audit Scotland raise this as a potential risk, although it is acknowledged that it is too early in the process to establish the impact of this. The challenges of the joint accountability of HSCP Chief Officers are also noted.

6. Challenges and Pressures

- 6.1 Audit Scotland highlight the range of particular pressures on Social Work services, including an ageing population (and the consequent continued growth in demand for services such as care at home and Mental Health Officer services), the new legal duties

relating to support for carers, the impact of increased personalization on existing services and on budgets, and the ongoing challenges relating to recruitment and retention of staff.

- 6.2 The report finds that there is a need for a cultural shift amongst the public as to their expectations on how they access and use services, and elected members have a key role in engaging their communities in a wider dialogue about local government priorities.

7. Governance Risks

- 7.1 The report also outlines the potential risks in relation to governance:

- Firstly, where social work services are split between two statutory organisations (for example, Children's Services and an HSCP), Audit Scotland believe there is a potential risk that no single body has a strategic overview and that gaps or duplication in scrutiny may arise. Conversely, where all social care services have been integrated with health, they believe there is a potential risk that the relative size of social work services will mean that adult social care dominates the agenda reducing the time available for consideration of Children and Families services and Criminal Justice Social Work;
- Secondly, Audit Scotland found that elected members face a different challenge in relation to leadership and scrutiny since Health and Social Care Partnerships are responsible for delivery of social work services but local authorities retain the statutory duties. The limited number of elected members involved in Integration Joint Boards (IJBs) means that scrutiny resides with a very small group;
- Thirdly, health boards and local authorities work to different budget setting cycles, making it difficult to plan on a joint basis; and
- Finally, there is a risk of Chief Social Work Officers (CSWOs) having too many roles or being of insufficient status within an organisation to allow them to carry out their statutory responsibilities. It is considered good practice that the CSWO has the strategic and professional responsibility for social work services across the range of functions.

8. Future Audit Reporting

- 8.1 Audit Scotland planned three audits relating to the integration of health and social care. The first audit was conducted during the transition year, and its findings were published in December 2015. This was presented to Renfrewshire Council's, Audit, Scrutiny and Petitions Board on 25 January, 2016. It outlined the progress that had been made by integration authorities, but also the risks and challenges that still remained at the time.

- 8.2 Audit Scotland plan subsequent audits on health and social care integration, particularly after the first full year of integration and thereafter on the longer term impact integration, which will expect to see the shifting of resources towards community-based services and preventative interventions which will improve the outcomes for people who use services.
- 8.3 Future reports by Audit Scotland on Health and Social Care Integration will continue to be reviewed by the Integrated Joint Board (IJB), Renfrewshire Council through their Corporate Management Team (CMT), the Education and Children's Policy Board as well as the Audit, Scrutiny and Petitions Board.

Implications of this report

1. **Financial Implications – none.**
2. **HR and Organisational Development Implications – none.**
3. **Community Plan/Council Plan Implications – none.**
4. **Legal implications – none.**
5. **Property and Assets implications – none.**
6. **Information Technology implications – none.**
7. **Equal & Human Rights implications –** The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report because it is for noting only. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health and Safety implications – none.**
9. **Procurement implications – none.**
10. **Risk implications –** Risks related to the management and delivery of social work services within Renfrewshire Health and Social Care Partnership are closely monitored and are included within both the RHSCP Risk Register which follows the same format as the Children's Services Risk Register which includes Children's Social Work and Criminal Justice – the latter is reported into Renfrewshire Council's Corporate Risk Register.
11. **Privacy impact – none.**

List of background papers

None

Authors: Lisa Fingland, Service Planning & Policy Development Manager (Children's Services)
Gayle Fitzpatrick, Service Planning & Policy Development Manager (Renfrewshire Health and Social Care Partnership)



To: Audit, Scrutiny and Petitions Board

On: 28 November 2016

Report by: Director of Finance and Resources

Heading: Register of Senior Officers' Interests

1. Summary

- 1.1 The 2015/16 Annual audit report to Members and the Controller of Audit issued by Audit Scotland included a recommendation that information relating to senior officers' interests should be published on the council website and the council should consider extending the scope of the register to other staff.
 - 1.2 This report confirms that information from the Register of Senior Officers' Interests has been published from 28 October 2016 on the Council's website <http://www.renfrewshire.gov.uk/article/4365/Register-of-Senior-Officers-Interests>
-

2. Recommendations

- 2.1 The Board is asked to note that the action in the annual audit report from Audit Scotland regarding publication of information relating to senior officers interests has been implemented.

3. **Background**

- 3.1 Each year, Audit Scotland, as the Council's external auditors, issues a report following the audit of the Council's annual accounts. This report is published and then included as part of the Council's report on its Audited accounts which is considered by this Board and then full Council
- 3.2 The annual audit report for 2015/16 was considered by this Board on 19 September 2016 and by full Council on 29 September 2016. The detailed audit report included at Appendix IV an action plan which lists 8 issues identified during the audit with recommendations for action to address those issues.
- 3.3 Action 5 of those listed stated:

"Register of Interest

A register of interest has been recently collated for senior officers however this information is not in the public domain

Recommendation

Information relating to senior officers interests should be published on the council website and the council should consider extending the scope of the register to other staff"

- 3.4 The management response to the recommendation was to agree to publish details of the register of interests from 31 October 2016 and to consider when and if disclosure of further information was appropriate by 30 June 2017.
- 3.5 In contrast with the Register of Interests for elected members, there is no statutory requirement for the Council to maintain or publish a register of interests for officers. However, such a register has been maintained on a voluntary basis since 2013 with the chief executive, all directors and heads of service being asked to complete a form asking for categories of information. This was extended to two other relevant posts not at head of service level, the Strategic Commercial and Procurement Manager and the Chief Internal Auditor.
- 3.6 The purpose of the voluntary register was to recognise that senior officers were responsible in terms of the Scheme of Delegations for making decisions involving significant sums of money. Therefore, it was important that

information to monitor potential conflicts of interest was available to auditors and other officers responsible for monitoring such matters.

3.7 At the request of Audit Scotland, it has now been agreed to make the following categories of information from the register for each senior officer available on the Council website:

- Name.
- Position held in the Council.
- Particulars of any other paid employment held outwith the Council.
- Name and address of any business and the nature of the interest therein.
- Details of any directorship, consultancy or financial interest not listed elsewhere in the register.
- Details of any non-financial interest in any organisation such as a professional body, trade association, club etc in which the officer is a member or an office holder.
- Details of any shareholding or other financial interest in any company where the total nominal value of any securities exceeds £25,000 or 1% of the total nominal value of the issued share capital, whichever is less.
- Description and location of any property owned, leased or mortgaged within Renfrewshire (home addresses not disclosed).

3.8 The information in the categories listed above was published on the Council website for the first time on 28 October 2016. Renfrewshire is the only Council in Scotland that has published information on the interests of its senior officers.

3.9 A review will be undertaken of these new arrangements ahead of the 30 June 2017 deadline to determine whether the requirement to register interests should be extended to other officers and whether further information should be included in the information published on the website.

Implications of the Report

1. **Financial** – not applicable

2. **HR & Organisational Development** – the publication of information from the senior officers register of interests is intended to assist with transparency in respect of decisions made by officers exercising delegated functions.
3. **Community Planning** – not applicable
4. **Legal** – The senior officers register of interests is not a legal requirement but has been introduced at the request of Audit Scotland
5. **Property/Assets** – not applicable
6. **Information Technology** – not applicable
7. **Equality & Human Rights** –

The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report because it is for noting only. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** – not applicable
9. **Procurement**- not applicable
10. **Risk** –not applicable
11. **Privacy Impact** – not applicable

List of Background Papers

- (a) Background Paper 1 – Report to Council on 29 September 2016 on the Audit of Accounts 2015/16.

The foregoing background paper 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 Ken Graham, Head of Corporate Governance

Author: : Ken Graham, Head of Corporate Governance ext 7360



To: Audit, Scrutiny and Petitions Board

On: 28 November 2016

Report by: Director of Finance & Resources

Heading: Scottish Information Commissioner – Annual Report & Accounts
2015/16: Towards a transparent Scotland

1. Summary

1.1 The purpose of this Report is to advise the Board on the Scottish Information Commissioner's Annual Report.

2. Recommendations

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

3. Background

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

3.2 The Annual Report for 2015/16 explores the performance of the Office of the Scottish Information Commissioner ("OSIC") across the year and how FOISA can "add demonstrable value to public services" within Scotland.

3.3 Key highlights include:

- 540 appeals were received by OSIC in 2015/16 (14% increase)

- In 60% of decisions the Commissioner found wholly or partly in favour of the requester (6% decrease).
- 14% of appeals concerned requests for environmental information (no change).
- 77% of the public feel that FOI gives them confidence in public bodies.
- Scottish public bodies report receiving over 68,000 information requests in 2015/16.

3.4 The statistics detailing the outcome of requests for information that have been referred to the Commissioner in 2015/16 are set out in tables forming part of the Annual Report. There were a total of 540 Appeals to the Commissioner in 2015/16 and one of those was the first ever appeal under the INSPIRE (Scotland) Regulations.

3.5 The report details the reasons for appeals made to the Scottish Information Commissioner. The top three reasons are detailed in the table below.

Reason for Appeal	Percentage	Change from 14/15
Information was withheld	47%	Up 9%
Failure to respond	20%	Down 7%
“Not held” response disputed	13%	Down 1%

3.6 Most appeals to the Commissioner concern local authorities and were 43% of the 540 appeals made. This is unsurprising given the breadth of responsibilities that local authorities cover.

3.7 In the 2015/16 period covered by the Report, Renfrewshire Council had three valid appeals submitted to the Commissioner, two of which were from the same requester. Those two were subsequently withdrawn by the requester and the third was reported to the Board last year, and is summarised below for ease of reference:-

- 06 November 2015 (Decision No: 169/2015) – the Commissioner fully upheld the Council’s decision to refuse to release material under Section 25(1) of the Act in relation to a meeting of its Procurement Sub-Committee. The Commissioner agreed with the Council that the information requested was already publicly available on its website and no further release of information was required.

3.8 Although the Commissioner’s Report covers only 2015/16 and statistics for 2016/17 will be reported to Board next year, there has, to date, been

only a single valid appeal application for the year 2016/17. This was received in June 2016 and that requester also withdrew the appeal.

3.9 Since FOISA came into force in 2005, the Council has had a total of 18 Appeals to the Commissioner. In 8 of these decisions, the Council's decision has been completely upheld, 4 have been partially upheld and 3 have been withdrawn by the requester. Only 3 decisions have been overturned by the Commissioner and are summarised below.

- 2014 - The Commissioner instructed the Council to provide a copy of notes in addition to information held.
- 2007- The Commissioner concluded that information was not on the Council's publication scheme and therefore should be disclosed.
- 2005 - The Council failed to respond within the 20 working day time-limit due to a temporary technical problem with receipt of email requests, which was subsequently resolved.

3.10 Proactive publishing of information is a statutory duty and is seen as way of engaging with service users. Authorities meet this obligation by publishing information in accordance with the model publication scheme that is approved by the Commissioner. During 2015/16, the Commissioner changed her approach to monitoring those publication schemes. A social research company, Craigforth, was commissioned to evaluate publication schemes by using mystery shopping techniques. The Council's publication scheme was not chosen as part of the evaluation, but Renfrewshire Licensing Board's scheme was. There were no concerns raised. The full report can be found on the Commissioner's website (<http://www.itspublicknowledge.info/>).

3.11 Public authorities, including Renfrewshire Council, upload data on FOI and EIR (Environmental Information Regulations) requests to the 'Statistics Portal'. Launched by the Commissioner in 2014, it provides the most comprehensive picture possible of FOI and EIR activity across Scotland. The information is collated and published quarterly.

- In total there have been 68,156 FOI requests in Scotland in 2015/16, an increase of 2% over last year's (2014/15) totals.
- Renfrewshire Council received 1,035 FOI requests in 2014/15 and 1,339 in 2015/16 (an increase of 29.4%).
- In the first half of the current financial year, Renfrewshire Council has received 608 requests compared to 602 over the same period last year.

- 3.12 If a requester is dissatisfied with the way in which the Council has dealt with their request, they are entitled to have the Council review its decision. If they are still unhappy with the outcome, then they are free to lodge an appeal with Commissioner. There were 29 requirements for Review in 2015/16 compared to 25 the previous financial year. The low level of requirements for internal review received by the Council compared to the high volume of requests processed, together with only 3 appeals to OSIC during 2015/16 indicates that the Council is managing its responsibilities well and has successfully risen to the challenges of freedom of information.
- 3.13 It is crucial that the Council maintains consistently good practice in relation to FOI compliance to avoid any reputational damage. In addition the Commissioner also set out her “vision that FOI in Scotland will add demonstrable value to public services and contribute positively to the transparency and accountability of public functions in Scotland.” This is reliant on public authorities developing their FOI performance especially through proactive publication and the public exercising their access to information rights.
- 3.14 According to Ipsos MORI research, overall awareness of FOI in Scotland was at its highest ever level of 85% (up 1% from 14/15). However, among the 16-24 year old age group it was significantly lower. Despite this, the underlying principles of FOI were valued by young people and in many cases more strongly supported than by the general population. With the increasing awareness of FOISA among the general public, and work by the Commissioner to increase awareness, especially amongst the younger populace, it is not surprising that the overall numbers of requests received by public authorities is increasing and will continue to do so.

Implications of the Report

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

7. **Equality & Human Rights** – The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report because it is for noting only.
 8. **Health & Safety** – none.
 9. **Procurement** – none.
 10. **Risk** – none.
 11. **Privacy Impact** – none.
-

List of Background Papers

[Scottish Information Commissioner – Annual Report & Accounts 2015/16: Towards a transparent Scotland](#)

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

On: **28 November 2016**

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

Heading: **Commissioner for Ethical Standards in Public Life in Scotland – Annual Report 2015/16**

1. Summary

- 1.1. The Commissioner for Ethical Standards in Public Life in Scotland has issued his 2015/16 annual report. The report is available on the Commissioner's website at www.ethicalstandards.org.uk
 - 1.2. The report provides details of investigation of complaints about the conduct of councillors, members of devolved public bodies and MSPs and scrutiny of Scotland's Ministerial public appointments process.
 - 1.3. The statutory functions of the Commissioner in relation to conduct and public appointments were set out in the report.
 - 1.4. The report also contains a review of the regulation of appointments and the main activities of the public appointments staff and assessors during the year.
 - 1.5. The report related to the last year of the 2012-16 strategic plan, looked forward to the first period of the 2016-20 plan and provided an overview of the 2015/16 budget.
-

2 Recommendations

- 2.1 That the 2015/16 Annual Report by the Commissioner for Ethical Standards in Public Life in Scotland be noted.
 - 2.2 That the actions taken in Renfrewshire in relation to the Code of Conduct and members' training and development as detailed in the report be noted.
-

3 Background

- 3.1 The report advises that the volume and complexity of conduct complaints remained high during the year with the number of cases received representing an increase of 19% over the previous year. The report highlights that whilst the number of complaints relating to failure to register or declare an interest appears to be on a downward trend, there had been a significant increase in the number of complaints alleging failure to show respect to councillors, to officials or to members of the public.
- 3.2 The report indicates that there was an increasing number of complaints about comments made on social media but highlights that the Code did not deal explicitly with this issue as it was drafted before social media usage became widespread. Whilst Guidance issued by the Standards Commission for Scotland in March 2016 addresses the issue, the Commissioner suggests that the position would be clearer if the Code itself were to be adjusted to reflect the current practice. For assistance the Standard's Commission's guidance is appended to this report. Members were also provided with a copy the Improvement Service guidance on social media '#Follow me: a guide to social media for elected members in Scotland'
- 3.3 The report notes that nationally, during 2015/16 the Commissioner received 245 complaints, compared with 692 in 2014/15 (as indicated in the 2014/15 report this figure was misleading however in that 524 complaints related to a single issue). The figures for 2014/15 are in brackets. The categories of complaint are set out below:

Complaints against:

Councillors	202 (680)
Members of devolved public bodies	39 (3)
Other (outwith jurisdiction)	4 (9)

Complaints made by:

Members of the public	202 (663)
Councillor	36 (20)
Officer of a local authority	5 (3)
MSP	1 (2)
Member of a devolved public body	0 (1)
Anonymous	1 (3)

- 3.4 Complaints received related to: failure to register an interest 4(4); failure to declare an interest 19(26); disrespect of councillors/officials/employees 75(33); financial misconduct 0(3); breach of confidentiality 9(4); misconduct relating to lobbying 19(3); misconduct on individual applications 46(44); misuse of council facilities 0(525); breach of the key principles 47(30); outwith jurisdiction 4(9); other complaints 22(11).
- 3.5 No specific figures relative to Renfrewshire Council are included in the report. However, information has been received separately from the Commissioner that, during the period covered by the report, 6 complaints were received against Renfrewshire councillors compared with 10 in 2014/15 and 11 in

2013/14. During the period covered by the report there were no hearings involving Renfrewshire councillors.

- 3.6 The Council, as part of the elected members' training and development programme, has provided briefings on code of conduct matters, including on the Code itself in September, 2015, on the revised guidance to the Code in March, 2016 and a briefing is scheduled to take place in November 2016 on the Code of Conduct and Arms Length Organisations. A new programme of briefings for members is in preparation for 2017.
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Implications of this report

1. **Financial Implications** – none
 2. **HR and Organisational Development Implications** – none
 3. **Community Plan/Council Plan Implications** – none
 4. **Legal Implications** – as detailed in the report
 5. **Property/Assets Implications** – none
 6. **Information Technology Implications** – none
 7. **Equality and Human Rights Implications**
 - (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 because for example it is for noting only. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
 8. **Health and Safety Implications** – none
 9. **Procurement Implications** – none
 10. **Risk Implications** – none
 11. **Privacy Impact** – none
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List of Background Papers – none

Author: Lilian Belshaw, Democratic Services Manager, 0141 618 7112

1. The rules of good conduct may apply when you are engaging in media activity including using social media. Social media is a term used to describe on-line technologies, applications and practices that are issued to share information, knowledge or opinions. These can include, but are not limited to, social networking sites, blogs, wikis, content sharing sites, photo sharing sites, video sharing sites and customer feedback sites. The conduct expected of you in a digital medium is no different to the conduct you should employ in other methods of communication, such as face to face meetings and letters. Factors to consider when using social media include:
 - whether you are identifiable as a councillor by directly referring to yourself as such or indirectly as such by referring to the Council or through information or images posted;
 - whether you are using Council equipment and / or your Council's information technology network or your own;
 - whether you have complied with the law including defamation, copyright, data protection, employment and equalities or harassment provisions;
 - whether you have complied with any policy your Council has produced on the use of social media;
 - whether information you are posting is confidential and you only have access to it because you are a councillor;
 - whether you are demonstrating bias or pre-determination – do not express an opinion on an application you will be determining;
 - whether you have considered the immediate and permanent nature of the contribution you are about to make.
2. As a councillor, your right to freedom of expression under Article 10 of the European Convention on Human Rights attracts enhanced protection when your comments are political in nature. However, you may also wish to think about:
 - whether you are treating others with respect and consideration;
 - whether 'liking', re-posting and re-tweeting comments or posts, or publishing links to other sites could be reasonably perceived in the circumstances as endorsing the original opinion, comment or information, including information on other sites;
 - whether to allow disagreement on your social media pages;
 - tone can be harder to convey online so consider whether humour, irony and sarcasm be perceived as such;
 - whether you have to respond;
 - the stricter rules that apply to election publicity;
 - whether anything you post could be considered obscene.



To: Audit, Scrutiny & Petitions Board

On: 28 November 2016

Report by: Director of Finance and Resources

Heading: Scottish Public Services Ombudsman – Annual Report

1. Summary

- 1.1. The Scottish Public Services Ombudsman (SPSO) has issued his 2015/16 annual report. The report is available on the SPSO's website at www.spsso.org.uk
 - 1.2. The SPSO is the final stage for complaints about councils, the National Health Service, housing associations, colleges and universities, prisons, most water providers, the Scottish Government and its agencies and departments and most Scottish authorities. Local government remained the sector about which the SPSO received most complaints, 1722 (37.45%) from a total of 5358 complaints and enquiries, with the National Health Service again receiving the second highest number of 1512 (32.88%).
 - 1.3. The SPSO sends authorities an annual letter about their complaint numbers. Again this year he is asking authorities to confirm that SPSO complaints are reviewed at a senior level by signing and returning a learning and improvement statement. The Chief Executive submitted a letter to the SPSO to that effect on 14 September 2016.
-

2 Recommendations

- 2.1 That the SPSO's 2015/16 Annual Report be noted; and
 - 2.2 That it be noted of the 52 complaints against Renfrewshire Council determined by the SPSO in 2015/16 none were fully investigated, only one was partly upheld and none were the subject of a report to the Scottish Parliament.
-

3 Background

- 3.1 The report intimates that in 2015/16 the SPSO saw some reduction in overall caseload but an increase in the complexity of cases. Nationally, in 2015/16 the SPSO received 5358 complaints and enquiries, compared with 5667 in the previous year, a decrease of 5% in overall contact; they handled 4636 complaints, 3% less than in 2014/15; the overall rate of upheld complaints investigated rose from 50% to 54% with wide variations within and across sectors. Of the 4636 complaints handled, 891 went to full investigation, 861 of which resulted in a report to the Scottish Parliament. The SPSO made 1524 recommendations for redress and improvements to public services, 6% more than in 2014/15. The proportion of complaints that reached the SPSO before completing authorities' procedures (premature complaints) dropped from 34% to 31%.
- 3.2 The SPSO advises that they have set up a new unit to focus on supporting authorities' learning from complaints and help them prevent repeat failings and bring about long-lasting improvements.
- 3.3 No complaint details for specific organisations are included in the report. However, information is received separately from the SPSO, in his annual letter, which indicates that the number of complaints received by him relative to Renfrewshire was 56 compared with 63 in 2014/15 and 52 in 2013/14.
- 3.4 The SPSO will not generally consider a complaint unless the complainer has gone through the Council's complaints procedure fully. The Board receives an annual report on the Council's complaints performance. In 2015/16 the Council received 6860 complaints, compared with 5725 in 2014/15. The annual report on the Council's complaints will be submitted to a future meeting of the Board.
- 3.5 During the period of the report the SPSO determined 52 complaints relative to Renfrewshire compared with 62 in 2014/15 and 57 in 2013/14. Received and determined numbers do not tally as complaints determined include cases carried forward from previous years. Of the 52 complaints determined by the SPSO during 2015/16, none were fully investigated, only one was partly upheld and none were the subject of a report to the Scottish Parliament. The SPSO indicates that a low uphold rate suggests a robustness in the authority's handling of complaints.

Outcome	2015/16	2014/15	2013/14
Premature	28	34	21
Out of jurisdiction	10	4	12
Withdrawn	9	14	9
No outcome achievable	2	4	7
Resolved	0	1	2
Not upheld	2	1	2
Fully upheld	0	3	1
Partly upheld	1	1	3
Total	52	62	57

- 3.6 The main subjects of complaint in Renfrewshire during the period are as follows, with 2014/15 figures in brackets. The subjects are the SPSO's and may not relate directly to the way Renfrewshire Council services are organised. Housing 19(29); Education 8(3); Social Work 6(4); Finance 6(6); Roads & Transport 5(2); Legal & Admin 4(5); Recreation & Leisure 2(1); Planning 1(4); Environmental Health & Cleansing 1(4); Economic Development 1(0); Personnel 1(0); Consumer Protection 1(1); Building Control 0(1); Welfare Fund/Community Care Grants 0(1); Land & Property 0(1); other 1(1).
- 3.7 The report also refers to the Public Services Reform (Social Work Complaints Procedure) (Scotland) Order 2016, which comes into force on 1 April 2017, and abolishes the existing social work complaints process which required that, where a complainer was not satisfied with the response received from the Council in respect of their complaint concerning certain social work matters, they were able to refer the matter to a review committee. Matters previously dealt with by this Appeals Panel will, with effect from 1 April 2017, be handled in the same way as complaints about other Council services, in terms of the Council's complaints handling procedure. This means that where a complainer is unhappy about the way a complaint about the social work service has been dealt with, their recourse will be to refer the matter to the SPSO and not to an Appeals Panel within the Council. A report on this matter will be submitted to a future meeting of the Council.
- 3.8 This annual report records the final year of the SPSO's 2012-16 strategic plan. The 2016–20 strategic plan has been put out to public consultation.
-

Implications of this report

1. **Financial Implications** – none
2. **HR and Organisational Development Implications** – none
3. **Community Plan/Council Plan Implications** – none
4. **Legal Implications** – as detailed in the report
5. **Property/Assets Implications** – none
6. **Information Technology Implications** – none
7. **Equality and Human Rights Implications**
 - (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 because for example it is for noting only. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.

- 8. **Health and Safety Implications** – none
 - 9. **Procurement Implications** – none
 - 10. **Risk Implications** – none
 - 11. **Privacy Impact** – none
-

List of Background Papers – none

Author: Lilian Belshaw, Democratic Services Manager, 0141 618 7112



To: Audit, Scrutiny and Petitions Board

On: 28 November 2016

Report by: Lead Officer

Heading: Review of Ward 15 (Children's Ward) Royal Alexandra Hospital

1. Summary

- 1.1 As part of the annual programme of activity in 2015/16 the Audit, Scrutiny and Petitions Board agreed to undertake a review of Ward 15 (Children's Ward) at the Royal Alexandra Hospital.

Purpose of the review

- 1.2 The purpose of the review was to provide an evidence-based analysis of the current provision at Ward 15 within the Royal Alexandra Hospital, Paisley and to inform the Council's position on any NHS Greater Glasgow and Clyde consultation on the future of the Ward.

Scope of the review

- 1.3 To undertake the review the Audit, Petitions and Scrutiny Board tasked the Lead Officer to:
- Gather testimonials from patients and parents of service users of Ward 15;
 - Consult and gather information from NHS Greater Glasgow and Clyde in terms of previous consultation and option appraisal exercises;
 - Provide information on travel times and associated costs for families and patients travelling to both Ward 15 at the Royal Alexandra Hospital and the Queen Elizabeth University Hospital, Glasgow;
 - Carry out public consultation in respect of the review;
 - Invite the Leader of the Council to attend a meeting of the Audit, Scrutiny and Petitions Board; and
 - Provide updates on any subsequent decisions taken by NHS Greater Glasgow and Clyde as it relates to Ward 15.

Findings of the Review

- 1.4 The findings of this review have been informed by information provided by and discussion with NHS Greater Glasgow and Clyde, the witnesses who attended the Board meeting in January 2016 and by those individuals who responded to the online survey carried out between April and June 2016.
- 1.5 In summary, the findings of this review are:
- Local parents and carers highlighted the ‘first class service and level of care provided by staff at Ward 15’ and raised concerns relating to transport difficulties they had experienced when attending at the Queen Elizabeth University Hospital, particularly in terms of the complexity of bus routes, the distance and time spent travelling as well as the cost incurred;
 - Claims for the reimbursement of travel expenses are available to patients providing they meet certain criteria;
 - Analysis of average drive times from locations in Renfrewshire to both hospitals highlighted that nearly 90% of residents in Renfrewshire had shorter car journey times travelling to the Royal Alexandra Hospital than they did to the new Queen Elizabeth University Hospital in Glasgow;
 - The most common themes arising from the online consultation were that there was a need for local services to be kept local, local families required the services; and that services provided at Ward 15 were seen as invaluable to the hospital and to the people of Renfrewshire and surrounding villages and towns;
 - The preferred option for transferring services from Ward 15 to the Queen Elizabeth Hospital, agreed in 2012, remains the preferred option for NHS Greater Glasgow and Clyde in 2016;
 - The NHS Greater Glasgow and Clyde Board has proposed that inpatient and day case care should move from the Royal Alexandra Hospital to the Queen Elizabeth University Hospital;
 - Children’s services would continue to be provided at the Royal Alexandra Hospital in terms of outpatient clinics, with A&E continuing to receive paediatric patients who self-present, and the Specialist Community Paediatric services (PANDA Centre) would also be retained; and
 - A formal consultation process on the proposed changes will commence in November 2016 and concluded in February 2017.

2. Recommendations

- 2.1 It is recommended that the Audit, Scrutiny and Petitions Board:
- Accept the findings of this review; and
 - Note the evidence gathered which is now publically available and able to inform local people and elected members in relation to the current, and any further

consultation, on decisions relating to Ward 15 (Children's Ward) Royal Alexandra Hospital.

3 Background

- 3.1 The Royal Alexandra Hospital is situated in Paisley and serves a population of around 170,000 from a mix of rural and urban areas. Ward 15 is a children's ward which provides paediatric in-patient services. Alongside the ward, there is an outpatient department and the PANDA Centre provides community led child development facilities including therapies. Ward 15 is currently the only remaining acute inpatient facility for children in NHS Greater Glasgow and Clyde out-with the new Children's facility at the Queen Elizabeth University Hospital in Govan, Glasgow.
- 3.2 In June 2011, the NHS Greater Glasgow and Clyde Board agreed to explore the potential to consider the relocation of the in-patient paediatric service from Ward 15, the Royal Alexandra Hospital to the Royal Hospital for Sick Children (RHSC) at Yorkhill, Glasgow.
- 3.3 A formal consultation and engagement process, including an Options Appraisal exercise was carried out by NHS Greater Glasgow and Clyde in 2011/12. The preferred option arising from the consultation sessions was to maintain the current children's inpatient service at Ward 15, RAH until 2015, and then transfer inpatient services to the Queen Elizabeth University Hospital in Govan, Glasgow.
- 3.4 Subsequently the review of Ward 15 was incorporated within NHS Greater Glasgow and Clyde's wider Clinical Services Review (CSR). The proposal to incorporate the preferred option into the CSR was agreed by NHS Greater Glasgow and Clyde's Board at its meeting on the 21 February 2012.
- 3.5 At its meeting on 28 June 2016 NHS Greater Glasgow and Clyde's Board further considered the future of Ward 15. The Board brought forward proposals, as part of its Local Delivery Plan, to move inpatient and day case care from the Royal Alexandra Hospital to the Queen Elizabeth University Hospital.

4. Information Gathering – Local Testimonials

- 4.1 On 25 January 2016 the Audit, Scrutiny and Petitions Board heard testimonies from local parents and full-time carers, Sandra Webster and Karyn Mickle, who are members of the local campaign, Kids Need Our Ward (KNOW). Sandra and Karyn have children with complex and life threatening conditions and attended the board meeting to provide commentary and feedback as part of the review.
- 4.2 Sandra and Karyn expressed their gratitude for the 'first class service' and level of care the staff at Ward 15 had provided over the years while raising concerns about the potential closure of the ward. They highlighted transport difficulties they had experienced when attending at the Queen Elizabeth University Hospital, particularly in terms of the complexity of bus routes, the distance and time spent travelling as well as the cost incurred. Given the life-threatening conditions of their children, concerns were raised regarding the impact of not having a local service in Ward 15 at the Royal Alexandra Hospital.

5. Information Gathering - NHS Greater Glasgow and Clyde

- 5.1 Engagement with NHS Greater Glasgow and Clyde has been a critical element of this review of proposals relating to Ward 15 (Children's Ward) at the Royal Alexandra Hospital. Colleagues from NHS Greater Glasgow and Clyde have been fully engaged in the process and were very supportive in their contribution.
- 5.2 A special meeting of the Audit, Scrutiny and Petitions Board was held on 23 May 2016. The purpose of the meeting was to provide members with an opportunity to discuss, with representatives from NHS Greater Glasgow and Clyde (NHS GGC), the services provided at Ward 15, currently and in the future.
- 5.3 Two representatives of NHS GGC attended the meeting; Catriona Renfrew, Director Planning and Policy and Neil Ferguson, Head of Planning (South Sector and Women and Children's Services).
- 5.4 Neil Ferguson provided the Board with a presentation on the paediatric services provided at Ward 15 and an overview of the drivers for change which informed the options appraisal exercise carried out in 2011/12.
- 5.5 The presentation was followed by a question and answer session. The key points arising from this session are noted below.
 - a) NHS GGC noted that the drivers for change identified in 2011 still remained. The Audit, Scrutiny and Petitions Board were informed that the preferred option of transferring inpatient services to the Queen Elizabeth University Hospital, Glasgow, would be included as part of NHS GGC's Local Delivery Plan proposals which was being considered by NHS GGC Board on 28 June.
 - b) Colleagues from NHS GGC also noted that any changes to the current service provision, arising from the Local Delivery Plan, would be preceded by a formal public consultation exercise.
 - c) Transport and travel issues were raised by Board members. Issues of concern included travel times and the cost of travel to the Queen Elizabeth University Hospital, Glasgow from Renfrewshire as was the car parking capacity at both hospitals. In response, colleagues from NHS GGC highlighted the effort being put into public transport links at the Queen Elizabeth University Hospital and the opening of another multi-storey car park at the Children's Hospital. They also noted that there had been good feedback on parking provision which was seen to be better than that previously available at the Southern General.
 - d) Concerns were also raised about under representation from Renfrewshire Council residents at the consultation events in 2011. It was noted that there had been a greater representation from East Renfrewshire at the events. NHS GGC welcomed this comment and agreed to take this on board in any future

consultation exercise.

- e) Members thanked NHS Greater Glasgow and Clyde representatives for the information previously submitted to the Board regarding the decision taken to include the review of Ward 15 within the wider Clinical Services Review. It was agreed that it would be useful for the Board to receive further information on the outcome of this review. Colleagues from NHS GGC agreed to provide this information.
- f) The statistical information included in the overview presentation was welcomed by the Board but it was recognised that further information should be provided to explain the detail of the charts and tables. Members sought further clarifications on information relating to the quality healthcare standards dashboard. Colleagues from NHS GGC agreed to provide a more detailed explanatory narrative to accompany the charts and tables.
- g) From the presentation it was also noted that Renfrewshire residents accounted for 60% of inpatient/daycase work at the Royal Alexandra Hospital, meaning that a proportion of patients came from outside Renfrewshire. It was agreed that colleagues from NHS GGC would provide an 'activity map' identifying where patients, attending Ward 15, came from.

5.6 Both parties agreed that the session had been helpful with colleagues from NHS GGC agreeing to provide:

- An overview of how any future consultation would be conducted;
- Additional documentation on the Clinical Services Review;
- Further information on transport links and car parking capacity;
- Detailed explanatory notes on the statistical data provided in the presentation, i.e. the Quality – Healthcare Standards Dashboard slide; and
- Activity maps identifying where the occupants of in-patient beds in Ward 15, RAH came from.

5.7 The detailed response from NHS Greater Glasgow and Clyde to this information request can be found at Appendix 1. Colleagues from NHS Greater Glasgow and Clyde indicated that no further documentation was available in terms of the Clinical Services Review.

5.8 NHS Greater Glasgow & Clyde also extended an invitation to members of the Audit, Scrutiny and Petitions Board to visit both the Queen Elizabeth University Hospital and Ward 15 at the Royal Alexandra Hospital in Paisley. The visits provided members with an opportunity to see, at first hand, the facilities and services provided at each hospital and to discuss provision with clinicians at both sites.

6. Information on Travel

- 6.1 The availability of travel subsidies for assisting parents and carers was separately requested from NHS Greater Glasgow and Clyde. It was found that the following support was available.
- 6.2 Patients can claim reimbursement of their travel expenses providing they meet certain criteria:
- Patients must be in receipt of certain benefits (income support, income based job-seekers allowance, income related Employment and Support Allowance, pension credit, universal credit);
 - Be referred to the hospital for an appointment;
 - Provide receipts for public transport;
 - Mileage is paid at 18p per mile.
- 6.3 Patients can claim when they attend their appointment and the claim form is completed in the Hospital cashier/ Travel office. Patients can also claim travel expenses by writing a letter and providing the necessary documentation.
- 6.4 Patients can also claim for an escort but only if it is deemed medically necessary. This would require a letter from the patient's GP or consultant. This also applies if a taxi is necessary as reimbursement for taxi costs is not made under routine circumstances.

7. Drive Time Analysis

- 7.1 Internal research was undertaken to calculate the average time it takes to travel, by car, from locations across Renfrewshire, to both the Royal Alexandra Hospital and to the Queen Elizabeth University Hospital in Glasgow.
- 7.2 2011 census data zones were used to carry out the analysis. These are small-area statistical geographies which are typically made up of populations between 500 and 1,000 households. There were 225 data zones within Renfrewshire in 2011.
- 7.3 Output from the analysis highlighted that nearly 90% of residents in Renfrewshire had shorter car journey times travelling to the Royal Alexandra Hospital than they did to the Queen Elizabeth University Hospital in Glasgow.
- 7.4 The drive time analysis also looked at the proportion of Renfrewshire residents, aged 16 or under, who lived within a:
- 5 min car journey of each hospital,
 - 5-10 minute journey; and
 - 10-15 minute journey.
- 7.5 Results showed that almost 25% of the age group lived within a 5 minute car journey of the RAH with a further 45% living within a 5–10 minute journey. This means that nearly 70% of children aged 16 or under lived within a 10 minute car journey of the RAH. Similar analysis for the Queen Elizabeth University Hospital highlighted that only 22% of children aged 16 or under lived within a 10 minute car journey.

8. Online Consultation

- 8.1 Individuals or groups, who wished to contribute to the review, were invited to complete an online survey which was used to capture this information. The form was made available through the Renfrewshire Council website. The survey was also highlighted via the Council's Facebook page and Twitter feed.
- 8.2 The survey was published on the website on 14th April 2016 and remained online until the 20th June 2016. There were 15 submitted responses. All respondents had home postcodes within the Renfrewshire area, spread across Paisley, Renfrew, Johnstone and Bridge of Weir. 14 of the respondents were Parent / Guardians and the other respondent was a service user who had been treated in Ward 15 as a child.
- 8.3 The most common themes arising from the responses were as follows:
- there was an expressed desire for local services to be kept local;
 - local families required the services; and
 - services provided at Ward 15 were seen as invaluable to the hospital and to the people of Renfrewshire and surrounding villages and towns.
- 8.4 In addition, respondents identified a number of specific issues relating to the review. They included:
- The ability to have local consultations at Ward 15 in the Royal Alexandra Hospital;
 - Ward 15 staff were seen to be providing added value to families during difficult times;
 - Respondents highlighted that having a range of services and specialties within the staff of Ward 15 meant there was no need for referrals to the Queen Elizabeth University Hospital;
 - Retaining services at Ward 15 was also seen to have benefits for people who had limited transport means;
 - Recognition of the economic and financial constraints faced by some parents in Renfrewshire;
 - Consideration of the strong links that Ward 15 had formed over many years within the community in terms of the services and jobs provided locally;
 - The benefit to child recovery of having their parents / guardians living close to the hospital;
 - Other respondents thought it made sense to retain the services at both Ward 15 and the new services provided at the Queen Elizabeth University Hospital;
 - Only one comment saw more benefits arising from the Queen Elizabeth University Hospital.

9. Attendance at Board by Councillor M Macmillan

- 9.1 In line with an action agreed at the Audit, Scrutiny and Petitions Board on Monday 25 January 2016, Councillor M Macmillan attended the Board meeting on Monday 6 June 2016. At the meeting Councillor Macmillan indicated that he welcomed the opportunity to speak to the Board in terms of its review. Councillor Macmillan:

- Referred to the meeting of the Health Board in March 2012 at which the option to 'maintain the current children's inpatient service at Ward 15 RAH until 2015 and then transfer inpatient services to the new Royal Hospital for Children, Glasgow' had been agreed as the preferred option;
- Anticipated that the Health Board's meeting on 28 June 2016 would consider the Health Board's local delivery plan and that this which would include this option;
- Noted that the decision on the Health Board's local delivery plan was subject to approval by the Cabinet Secretary for Health;
- Highlighted NHSGGC's £69 million budget deficit as well as the cost pressures which had led to this;
- Emphasised his commitment to improved paediatric services at the RAH and across the Greater Glasgow & Clyde Health Board area.

10. NHS Greater Glasgow and Clyde Board Decisions and Future Engagement

- 10.1 In their presentation to the Audit, Scrutiny and Petitions Board meeting on 23 May, colleagues from NHS Greater Glasgow and Clyde noted that a decision on the future of Ward 15 would be considered as part of NHS Greater Glasgow and Clyde's Local Delivery Plan proposals and that these would be considered by their Board at its meeting on 28 June, 2016.
- 10.2 At its meeting on 28 June 2016, NHS Greater Glasgow and Clyde's Board debated whether the Plan should or should not include the proposed service moves. Concerns were expressed by some members that they were being included when similar proposals made previously had not been supported at government level. Local councillors wished also to record the local reaction to proposals which would see services being re-located.
- 10.3 Following a vote the Board agreed that the service changes outlined in the Plan should be brought to the August 2016 Board meeting for approval to launch a process of public engagement. This was subsequently agreed at a NHS Greater Glasgow and Clyde Board meeting in August 2016.
- 10.4 The proposed changes would see inpatient and day case care move from the Royal Alexandra Hospital (RAH) to the Queen Elizabeth University Hospital. Children's services would continue to be provided at the Royal Alexandra Hospital (RAH) as follows:
- A&E will continue to receive paediatric patients who self present;
 - Outpatient clinics will continue to be provided;
 - Specialist Community Paediatric services (PANDA Centre).
- 10.5 Services that would transfer to the Queen Elizabeth University Hospital would be:
- Emergency inpatient admissions, including short stay medical assessment;
 - Elective inpatient admissions;
 - Day case activity including day surgery and planned investigations.

- 10.6 Based on NHS greater Glasgow and Clyde data from 2015/16, the impact of the proposed changes would see a total of around 8,006 episodes of care transferring to the Queen Elizabeth University Hospital and 12,063 continuing to be delivered at Ward 15, Royal Alexandra Hospital, Paisley.

Engagement

- 10.7 NHS Greater Glasgow and Clyde's approach for the engagement process has two phases:
- Establish an extensive engagement programme with all stakeholders to describe the proposed change and give visibility to all elements of the previous process, particularly the option appraisal. This process was scheduled to run from the beginning of September until mid October with a report going to the October Board for a decision on proceeding to formal public consultation;
 - The formal consultation process would run from November 2016 for 3 months and would report back to NHS Greater Glasgow and Clyde's Board in February 2017, for final decision.
- 10.8 At its meeting on Tuesday 18 October 2016 NHS Greater Glasgow and Clyde Health Board agreed, following strong support from Board members, to proceed to formal public consultation for the transfer of inpatients and day cases from Ward 15 at the Royal Alexandra Hospital to the Queen Elizabeth University Hospital. A three month consultation process will commence in November and conclude in February 2017.

11. Conclusion

- 11.1 This paper concludes the Audit, Scrutiny and Petitions Board's review of Ward 15 (Children's Ward) at the Royal Alexandra Hospital. The information gathered during the review will allow information to be publically available to inform interest from local people, elected members and other stakeholders in relation to this current, and any further consultation, relating to Ward 15 at the Royal Alexandra Hospital.

Implications of this report

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

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List of background papers: None

Appendix 1



Renfrewshire Council
Audit, Scrutiny & Petitions Board

Ward 15, Royal Alexandra Hospital

Follow up information to session on 19 May 16

Neil Ferguson, Head of Planning
[South Sector and Women & Children's Services]

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Planned Consultation Process

Date	Activity
16 August 2016	Board decision to proceed with informing and engaging on the proposal to transfer paediatric inpatient and day case care from the Royal Alexandra Hospital, Paisley to the Royal Hospital for Children, Govan
Early September 2016 - 4 October 2016	<p>Informing and engaging with people on the proposal, including:</p> <ul style="list-style-type: none"> • Formation of a Stakeholder Reference Group. The group will be made up of patients and carers or representatives from patients' and carers' groups, or community groups, that have an interest in this area. Its purpose is to advise and support NHSGGC in its approach to informing and engaging with stakeholders on the proposal • An information leaflet which is clear, easy to read and written in plain English describing engagement undertaken to date • A dedicated web page on the Board's website with details of the proposal; details of the new facilities at the RHC; and a timeline for the engagement • Use of social media to connect with, and raise awareness of the proposal among stakeholders • Press releases to local media • Dissemination of information leaflet to wider community via agencies databases • On site engagement with children, young people and their families on Ward 15 at the Royal Alexandra Hospital • Outreach to local parenting and youth groups.
18 October 2016	Report to Board describing the informing and engaging process, and what we have heard. NHS GGC Board decision on whether to proceed to formal 3 month public consultation on the proposal to transfer paediatric inpatient and day case care from the Royal Alexandra Hospital, Paisley to the Royal Hospital for Children, Govan
November 2016 – February 2017	If the Board decides to proceed to consultation, a twelve week consultation period culminating with Board decision to accept recommendations in February.

Quality - Healthcare Standards Dashboard

Infection Control Report

NHS GG&C Infection Control team operate a regime of unannounced inspections to patient areas. This report captures the outcome of these inspections for Children's services.

The audit will be repeated within 12 months.

SICPS- Standard Infection control Procedures:

GAP- Represents the gap between the old version of this audit and the new one.

TBP- Includes audits on the management of linen and waste

Quality Improvement- Includes an audit on Peripheral Venous Cannula (PVC) and Central Venous Catheter (CVC) compliance

Infection Control :		Print Data Capture Sheet			
Thresholds		66% - 79%	80% - 90%	91% - 100%	
Re-Audit in 3 months		Re-Audit in 6 months	Re-Audit in 12 months	Re-Audit in 12 months	
Full Audits					
Hospital	Ward	SICP	GAP	TBP	Overall Score
Glasgow Royal Infirmary	Prm SCBU	90%	82%	100%	89%
Queen Elizabeth University Hospital Glasgow	Neo Icu	90%	89%	97%	91%
Royal Alexandra Hospital	Schu	93%	87%	100%	92%
Royal Alexandra Hospital		84%	81%	94%	86%
Royal Hospital for Children	Area 1C / Day Care Unit	96%	100%	100%	97%
Royal Hospital for Children	Ward 1D	89%	77%	97%	88%
Royal Hospital for Children	Ward 1E	91%	71%	100%	86%
Royal Hospital for Children	Ward 2A	94%	73%	100%	91%
Royal Hospital for Children	Ward 2C	95%	76%	97%	89%
Royal Hospital for Children	Ward 3A	86%	74%	100%	86%
Royal Hospital for Children	Ward 3B	90%	70%	100%	88%
Royal Hospital for Children	Ward 4	88%	79%	100%	87%

Quality - Healthcare Standards Dashboard

Team	Date Confirmed to Programme:	Months in Programme:	EWS	Safety Brief	SBAR Use	SBAR Quality	PVC Maint	PVC Insert	CVC Maint
R4H-15	Jan-13	40	SD	SD	SD	SD	3	E	n/a
RHC-01a	Jun-15	11	5	5	5	5	5	n/a	n/a
RHC-01c	Jan-14	28	SD	SD	SD	SD	n/a	SD	E
RHC-01e	Jan-13	40	SD	SD	SD	SD	2	n/a	E
RHC-02a	Jan-13	40	SD	SD	SD	SD	SD	n/a	5
RHC-02b	Nov-13	30	5	SD	SD	SD	n/a	SD	SD

Report relates to the **Scottish patient safety paediatric** programme work. Ward 15 were an early adopter for this work and so have been in the programme since the start which is 40 months.

EWS- Early warning scoring measures if patient observations are abnormal by collectively scoring heart rate, temperature, Blood pressure, respirations and conscious level. This data has two parts- is the score complete? Has appropriate escalation taken place? Ward 15 have evidenced a reliable process in place and so have stepped down (SD) from monthly data collection to quarterly as per SPSP national guidance.

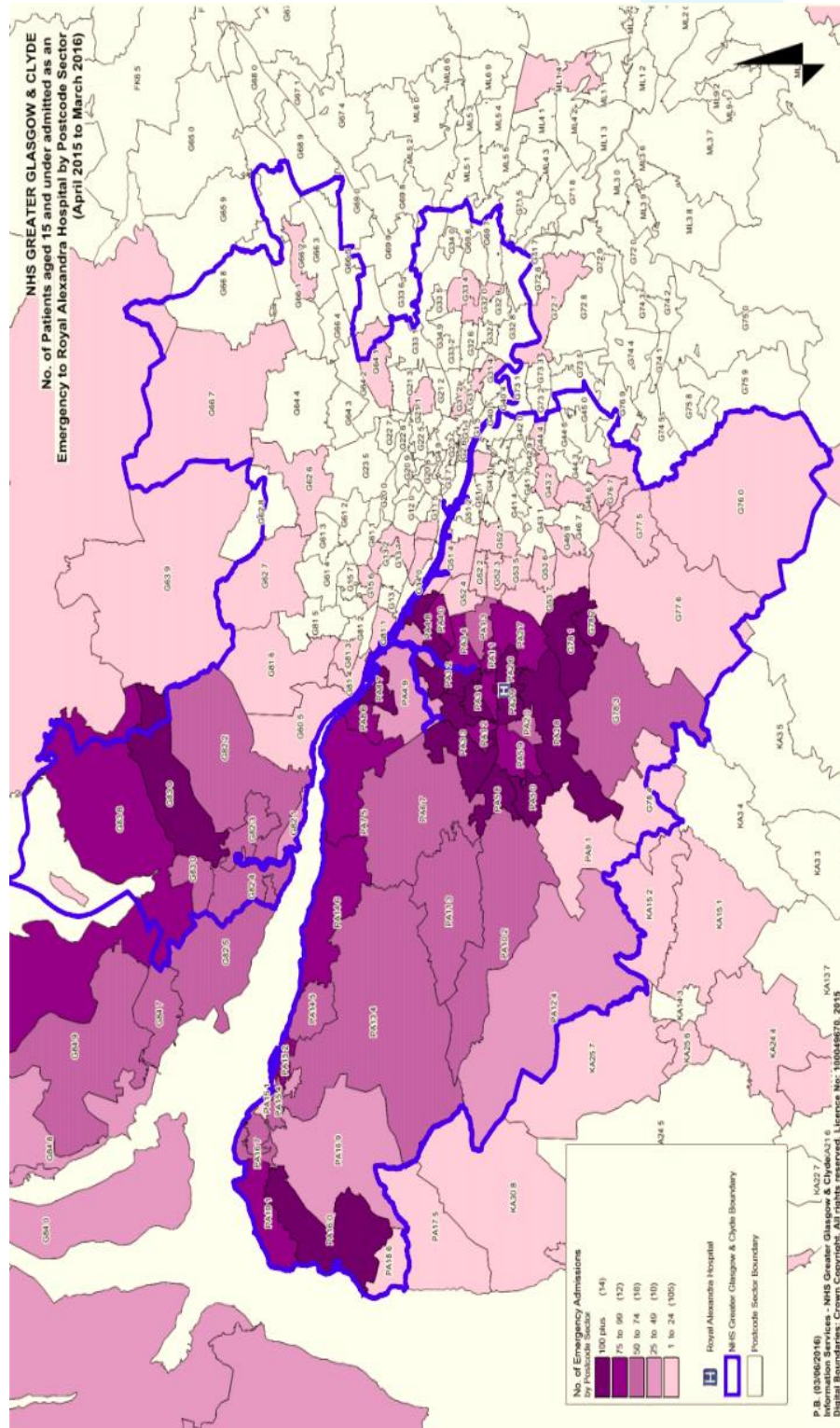
Safety Brief- Effective employment of reliable system (SD) to ensure at every shift handover (nursing and medical) safety briefs flag any potential issues are highlighted e.g. 2 patients with same name, drug name change, child protection issue.

SBAR & SBAR Quality- Situation, Background, Assessment and Recommendation. Format of reporting to ensure consistent quality of information.

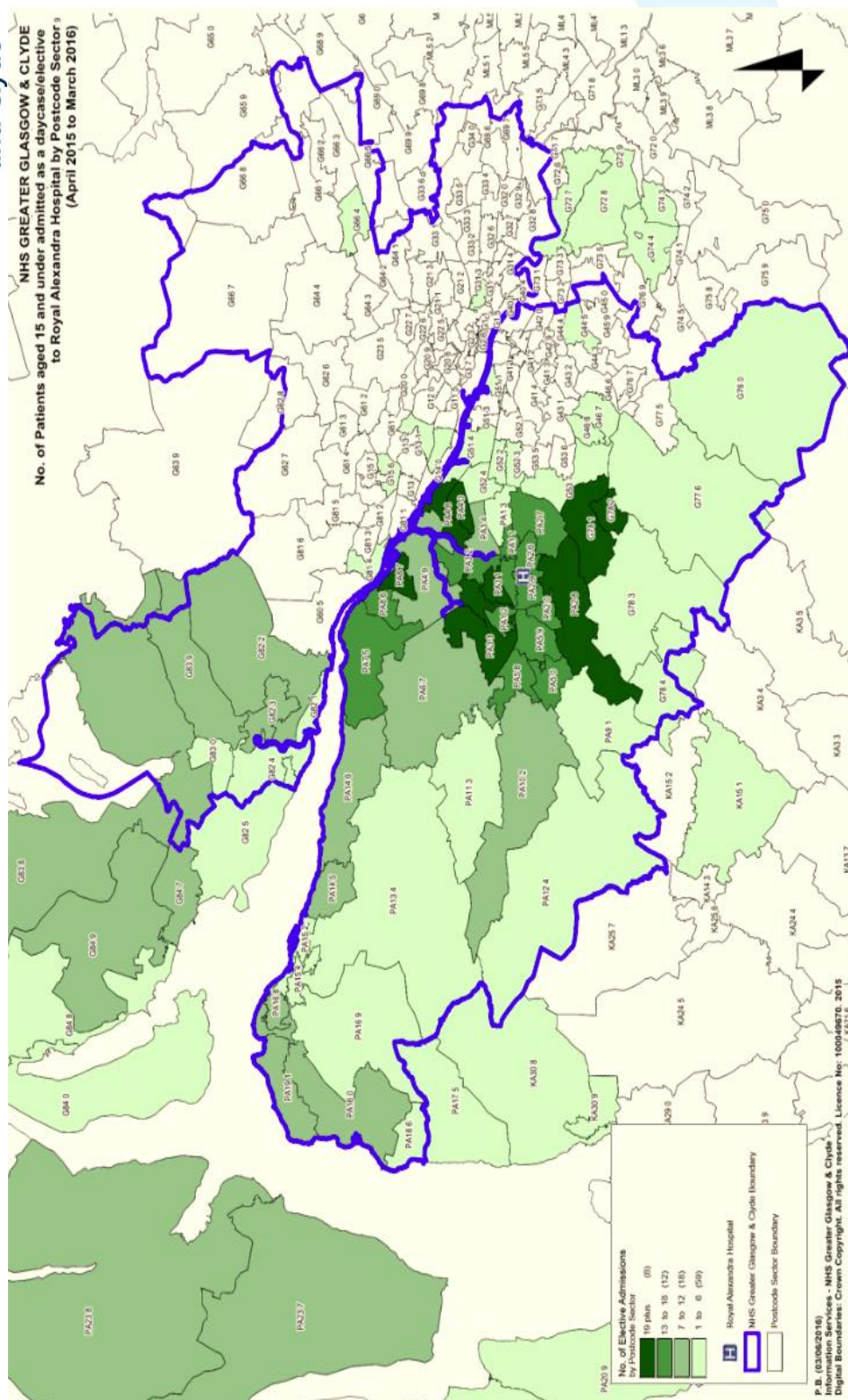
PVC Maintenance- Peripheral Venous Cannula Maintenance Bundle. This data is collected based on the completion of the 'pvc paperwork' and on inspection of a random sample of 20 pvc's a month. The pvc and documentation are both checked to ensure the appropriateness of the pvc remaining insitu, that it does not show signs of infection, that the dressing is clean and intact and that appropriate care is being taken when staff are accessing the pvc. Ward 15 have demonstrated >95 % capability, but not yet reliably. The team are working closely with the SPSP team to achieve reliability.

PVC Insert- Peripheral Venous Cannula Maintenance Bundle. The paperwork is currently being implemented and the team at ward 15 are engaged in this process (E)

CVC Maintenance – Central Venous Catheters. Ward 15 do not look after enough patients with cvc's to collect data on this bundle.



Residency by postcode of Children with a planned admission to RAH



Car Parking & Public Transport



Car Parking

The QEUH & RHC campus has patient and visitor car parking capacity for:

- 1924 (incl. 217 disabled)

The RAH has:

- 461 spaces

Bus Services to Royal Alexandra Hospital

- [McGill's Bus Service 17](#): Glasgow City Centre - Charing Cross - Sandyford - Kelvingrove (for **Yorkhill Hospital**) - Partick Bridge (for **University** of Glasgow, Western Infirmary and West End) - Partick - Thornwood Roundabout – Linthouse - **Queen Elizabeth University Hospital** - Shieldhall - Cardonald (Paisley Road West) - Crookston - Oldhall - Barshaw Park - Paisley - [**University** of the West of Scotland (Paisley Campus)] - [Ferguslie] - [Elderslie] - [Johnstone Community Sports Hub] - [Milliken Park]
- [McGill's Bus Service 21](#): [Inchinnan] - Paisley - Reid Kerr College - Abbotsinch - Dean Park - Newmains - Renfrew - Braehead Centre - Shieldhall - **Queen Elizabeth University Hospital** - Linthouse - Govan - [Inchinnan]
- [McGill's Bus Service 23A](#): Glasgow City Centre - Tradeston - Kingston (for Springfield Quay) - Pacific Quay (for Glasgow Science Centre and SECC) - Govan - Linthouse - **Queen Elizabeth University Hospital** - Shieldhall - Braehead Centre - Renfrew - Inchinnan Business Park - Red Smiddy - Park Mains - Erskine Bridgewater Centre - Rashielee - Bargarran - North Barr (commuter service)

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To: Audit, Scrutiny & Petitions Board

On: 28 November, 2016

Report by: Director of Finance and Resources

Heading: Petition: Parking Bays, Renfrew Road, Paisley

1. Summary

1.1 A petition, comprising 15 signatures, was received from Leslie Hunter in the following terms:

“I would like Renfrew District Council to remove the safety hazard caused by the position of parking bays outside my house at 86a Renfrew Road. I would like a Health and Safety assessment of the risk and I would like the pavement to be re-instated and metal bollards on the pavement to prevent on pavement parking.”

1.2 The petition has been considered previously at meetings of the Board held on 25 January and 21 March 2016

1.3 Mr Hunter has been asked to attend this meeting of the Board in order that the Board may give further consideration to the petition.

1.4 The role of the Board is to consider the petition, hear and ask questions of the petitioner and take the appropriate action in respect of the petition which will be one of the following:

(a) that no action is taken, in which case the reasons will be specified and intimated to the petitioner;

(b) that the petition be referred to the relevant director and/or policy board for further investigation, with or without any specific recommendation; or

(c) refer the petition to another organisation if the petition relates to that organisation.

2. Recommendation

- 2.1 That the Board resumes consideration of the petition.
-

3 Background

- 3.1 At the meeting of the Board held on 25 January 2016, the Head of Amenity Services intimated that the lay-bys should remain. They performed the function for which they were created in 2006, which was to provide a location in the local area that made up for the shortfall in residential and visitor parking while maintaining two free-running lanes and a right turn filter lane to West College Scotland. A clear passage was particularly relevant to ensure buses into Paisley along the inside lane of this route were not delayed. Prior to the construction of the lay-bys, residents and visitors would park either on the footway creating a danger and obstruction to pedestrians or on the carriageway which created congestion on this main approach into Paisley.
- 3.2 He also advised that a Traffic Regulation Order (TRO) had been considered. However, as this would have required agreement, through the statutory TRO process, of those residents along this route who would be displaced and had no feasible alternative parking location, it was not considered viable at that time. The design of the lay-bys and associated parking access visibility splays (2m by 20m for a 30 mph restricted road) accord with the former Strathclyde Region Roads Development Guide Section 5.2.4, a document used at that time because it was the most appropriate, there being no Renfrewshire Council guidance available at that time.
- 3.3 The Head of Amenity Services further advised that:
- (a) Although the frontagers are, as stated in the title deeds, owners of the solum of the road, the road and footways adjacent to 86 Renfrew Road, Paisley, are adopted by Renfrewshire Council who is responsible for their maintenance. Therefore, any proposed alteration to adopted roads and footways requires approval by Renfrewshire Council;
 - (b) Accident statistics show there has been no injury accidents for the three-year period from January 2012-December 2014 at this location;
 - (c) Should further evidence be produced showing vehicles parking on the footway at the entrance to the petitioner's driveway then consideration will be given to installing bollards to prevent this;
 - (d) The parking bays in question were provided some years ago in order to remove vehicles which were parking on the road at this location causing congestion on Renfrew Road which is the main arterial route from the M8 motorway into Paisley town centre and there is no justification to support reducing the on-road parking provision at this location; and
 - (e) A site visit took place at 10 am on 22 January 2016.

- 3.4 The Board at its meeting held on 21 March 2016 resumed consideration of the petition. At that meeting the Board agreed to further continue the petition in order that the Board could be provided with all information in relation to this matter.
- 3.5 Subsequent to this decision, the Head of Amenity Services advises that Mr Hunter entered into an email exchange with Community Resources, on 30 June 2016 by asking “When RDC installed parking bays on the pavement of my house at 86A Renfrew Road, Paisley, did they know that the land was in fact owned by me and that they were in breach of the agreement contained in the Title Deeds? If yes, why did they not consult and seek the consent of the owners?”

It was explained to Mr Hunter that when a road becomes a public road the Council has the right and duty to manage and maintain it as it sees fit. The installation of the parking bays on Renfrew Road falls into the category of works that the Council is allowed to do as part of its duty as local roads authority to manage and maintain the public roads. Virtually all public roads are built on land owned by others. Very often the householders either side of the road own land up the centre line of the road. However, the ownership of land and the ability of the Council to manage and maintain the public road are different things. The fact that the road is public gives the Council rights over it and means that the Council does not need to seek permission of the owner to make such changes.

- 3.6 On 1 July 2016 Mr Hunter then asked, “Does this mean that the RDC did not know that they had a legal agreement with the residents of Renfrew Road and that by installing the parking bays that they would breach the agreement?”

Mr Hunter was advised that the road in question is listed in terms of the roads legislation, and so the Council is entitled by statute to carry out certain works upon it, notwithstanding that the land may be owned by other parties. The owners' consent is not required for this purpose.

The Council's view is that it has not acted in breach of any prior agreement, but, if Mr. Hunter is unsure about the position, he may wish to obtain his own legal advice in this connection.

Implications of this report

1. **Financial Implications – none**
2. **HR and Organisational Development Implications – none**
3. **Community Plan/Council Plan Implications – none**
4. **Legal Implications – none**
5. **Property/Assets Implications – none**
6. **Information Technology Implications – none**

7. Equality and Human Rights Implications

- (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 because for example it is for noting only. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.

8. Health and Safety Implications – none

9. Procurement Implications – none

10. Risk Implications – none

11. Privacy Impact – none

List of Background Papers – petition

Author: Lilian Belshaw, Democratic Services Manager, 0141 618 7112



To: Audit, Scrutiny & Petitions Board

On: 28 November, 2016

Report by: Director of Finance and Resources

Heading: Petition: Corsebar Road, Paisley

1. Summary

- 1.1. At the meeting of the Board held on 30 November, 2015 consideration was given to a petition by Ms Dryburgh in the undernoted terms:

“As I have become visually impaired and can no longer drive I have to access buses and also have to frequently attend clinics at the RAH. Trying to cross Corsebar Road is very difficult and dangerous, even for people who are elderly or disabled. I think there is an urgent need for a pedestrian crossing or even just a central island near the entrance to the RAH driveway”.

- 1.2 The Board were advised that the Head of Amenity Services had indicated that a request had been received in 2013 for pedestrian facilities in Corsebar Road which resulted in a vehicle and pedestrian survey. Unfortunately the results of the survey did not justify any pedestrian facilities and no further action was taken. As a result of the RAH parking policy Renfrewshire Council had promoted a Traffic Regulation Order to restrict parking on Craw Road and Ricartsbar Avenue. The Council was currently looking at restrictions for Corsebar Road near to the entrance to the hospital.
- 1.3 At that meeting, it was agreed that it be recommended to the Director of Community Resources that a further vehicle and pedestrian survey be undertaken; that a site visit be arranged for those members of the Board who wished to attend; and that the outcome be reported to a future meeting of the Board at which consideration of the petition would be resumed. The site visit took place on 14 December, 2015.
- 1.4 Consideration of the petition was resumed at the meeting of the Board held on 15 February 2016 at which time the Board noted the outcome of the survey and the conclusion by the Head of Amenity Services that neither side of the hospital entrance showed an appreciable bias in terms of number of pedestrians wishing to cross.

He considered that a signalised crossing will not significantly reduce pedestrian waiting times. The site's injury record does not justify an intervention. There is no observed justification for a signalised crossing based on pedestrian waiting times.

- 1.5 The Board noted that the location, together with the likelihood that pedestrians crossing at this site were infirm and required longer than average time to cross the road, presented exceptional circumstances. It was also noted that a pedestrian crossing had been installed in Stanley Road, which had significantly less traffic or pedestrians waiting to cross. It was agreed it be recommended to the Director of Community Resources that: (a) the rationale for the installation of a pedestrian crossing at Stanley Road be examined and compared against the Corsebar Road site; (b) all factors be taken into account to make an exceptional case for a pedestrian crossing near the RAH entrance; and (c) the options identified be reported to a future meeting of the Board when consideration of this matter would be resumed.
- 1.6 The Head of Amenity Services has indicated that the pelican crossing on Stanley Road, Paisley provides a safe crossing point for pedestrians from the Glenburn area to walk to Meikleriggs and vice versa and also access to a playing field. He has indicated that Community Resources will investigate the possibility of installing a crossing near to the entrance of the hospital. However, they are currently addressing parking issues outside the cottages on Corsebar Road and this will have to be taken into consideration.
- 1.7 The principal petitioner had been invited to the meeting of the Board held on 19 September 2016 but did not attend. She has been asked to return to this meeting of the Board in order that the Board may resume consideration of her petition.
- 1.8 The role of the Board is to consider the petition, hear and ask questions of the petitioner and take the appropriate action in respect of the petition which will be one of the following:
 - (a) that no action is taken, in which case the reasons will be specified and intimated to the petitioner;
 - (b) that the petition be referred to the relevant director and/or policy board for further investigation, with or without any specific recommendation; or
 - (c) refer the petition to another organisation if the petition relates to that organisation.

2. Recommendation

- 2.1 That the Board resumes consideration of the petition.
-

Implications of this report

1. Financial Implications – none

2. **HR and Organisational Development Implications – none**
3. **Community Plan/Council Plan Implications – none**
4. **Legal Implications – none**
5. **Property/Assets Implications – none**
6. **Information Technology Implications – none**
7. **Equality and Human Rights Implications**
 - (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 because for example it is for noting only. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health and Safety Implications – none**
9. **Procurement Implications – none**
10. **Risk Implications – none**
11. **Privacy Impact – none**

List of Background Papers – petition

Author: Lilian Belshaw, Democratic Services Manager, 0141 618 7112



To: Audit, Scrutiny & Petitions Board

On: 28 November 2016

Report by: Director of Finance and Resources

Heading: Petition: Traffic Concerns, Newmains Road, Renfrew

1. Summary

- 1.1 A petition comprising around 20 signatures has been received from Ms Alexa Lang in the undernoted terms:

“To address traffic concerns, in particular ‘speeding’ on Newmains Road, Renfrew”.

- 1.2 The Head of Amenity Services advises that he is aware of speeding complaints on Newmains Road, Renfrew. Newmains Road is wide with parking on both sides and links Paisley Road with Sandy Road. Speed measurements have been carried out on this length of road and average speeds have been recorded up to 27mph. An accident analysis has been carried out which shows no evidence of any injury accidents in the latest three-year period. The Head of Amenity Services has passed the matter to Police Scotland for their comments. A plan of the area is appended.
- 1.3 The petition is valid in terms of the Council’s procedures for dealing with petitions. The petitioner had been invited to attend the meeting of the Board held on 19 September 2016 but had been unable to do so and the Board agreed that consideration of the petition be continued to this meeting. The principal petitioner, together with one supporter, has been invited to attend the meeting and they will be asked to make a statement, lasting no more than 10 minutes, in support of the petition.
- 1.4 The role of the Board is to consider the petition, hear and ask questions of the petitioner and take the appropriate action in respect of the petition which will be one of the following:
- (a) that no action is taken, in which case the reasons will be specified and intimated to the petitioner;

(b) that the petition be referred to the relevant director/and or policy board for further investigation, with or without any specific recommendation; or

(c) refer the petition to another organisation if the petition relates to that organisation.

2. Recommendation

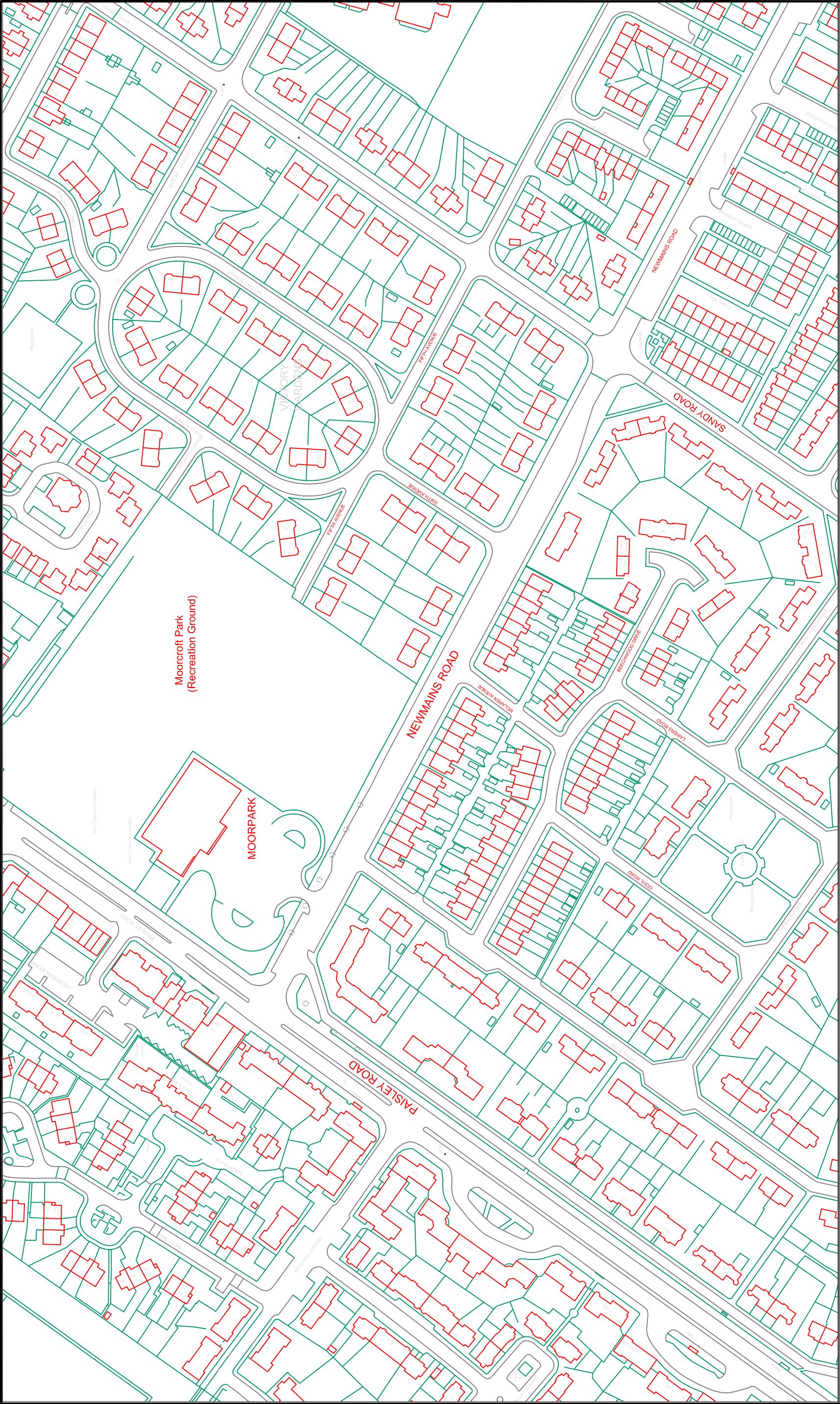
2.1 That the Board hears from the principal petitioner.

Implications of this report

- 1. Financial Implications – none**
- 2. HR and Organisational Development Implications – none**
- 3. Community Plan/Council Plan Implications – none**
- 4. Legal Implications – none**
- 5. Property/Assets Implications – none**
- 6. Information Technology Implications – none**
- 7. Equality and Human Rights Implications**
 - (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 because for example it is for noting only. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
- 8. Health and Safety Implications – none**
- 9. Procurement Implications – none**
- 10. Risk Implications – none**
- 11. Privacy Impact – none**

List of Background Papers

- (a) none



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Renfrewshire Council : Community Resources

Director of Community Resources: <i>Shona I.C. MacDougall</i>		
Head of Amenity Services: <i>R.S. Allan B.Sc., C.Eng., M.I.C.E.</i>		
Drawing No: Location-1		
File No:	Scale : NTS	
Prep:	Chk:	Date :
Traffic Section		
ODS:210x297		

New Mains Road from Paisley Road to Sandy Road



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

On: **28 November 2016**

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

Heading: **Petition: Bus Shelter, Barrhead Road, Paisley**

1. Summary

- 1.1 A petition comprising around 100 signatures has been received from Ms Jessie McEwan in the undernoted terms:

“To reinstate the bus stop and shelter on Barrhead Road, adjacent to Barscube Terrace – because of concerns and issues of access for those disabled and elderly passengers.”

- 1.2 The Head of Amenity Services advises that the bus shelter at Barrhead Road opposite Cartha Crescent, Paisley has been assessed for safety reasons by Strathclyde Partnership for Transport and Renfrewshire Council. Access from the footpath to the shelter is by 4 steps which is not DDA compliant. In addition access into the shelter is restricted to less than 1 metre and as a result has been decommissioned on safety grounds. Strathclyde Partnership for Transport has removed the bus stop flag and advised the bus operators that they should no longer use this stop. However the shelter will have to remain in place as it forms part of the bus shelter advertising contract and subject to planning permission. The nearest stop and shelter is approximately 90 metres southeast of the decommissioned stop.
- 1.3 The petition is valid in terms of the Council’s procedures for dealing with petitions and the principal petitioner, together with one supporter, has been invited to attend the meeting and they will be asked to make a statement, lasting no more than 10 minutes, in support of the petition.
- 1.4 The role of the Board is to consider the petition, hear and ask questions of the petitioner and take the appropriate action in respect of the petition which will be one of the following:
- (a) that no action is taken, in which case the reasons will be specified and intimated to the petitioner;

(b) that the petition be referred to the relevant director/and or policy board for further investigation, with or without any specific recommendation; or

(c) refer the petition to another organisation if the petition relates to that organisation.

2. Recommendation

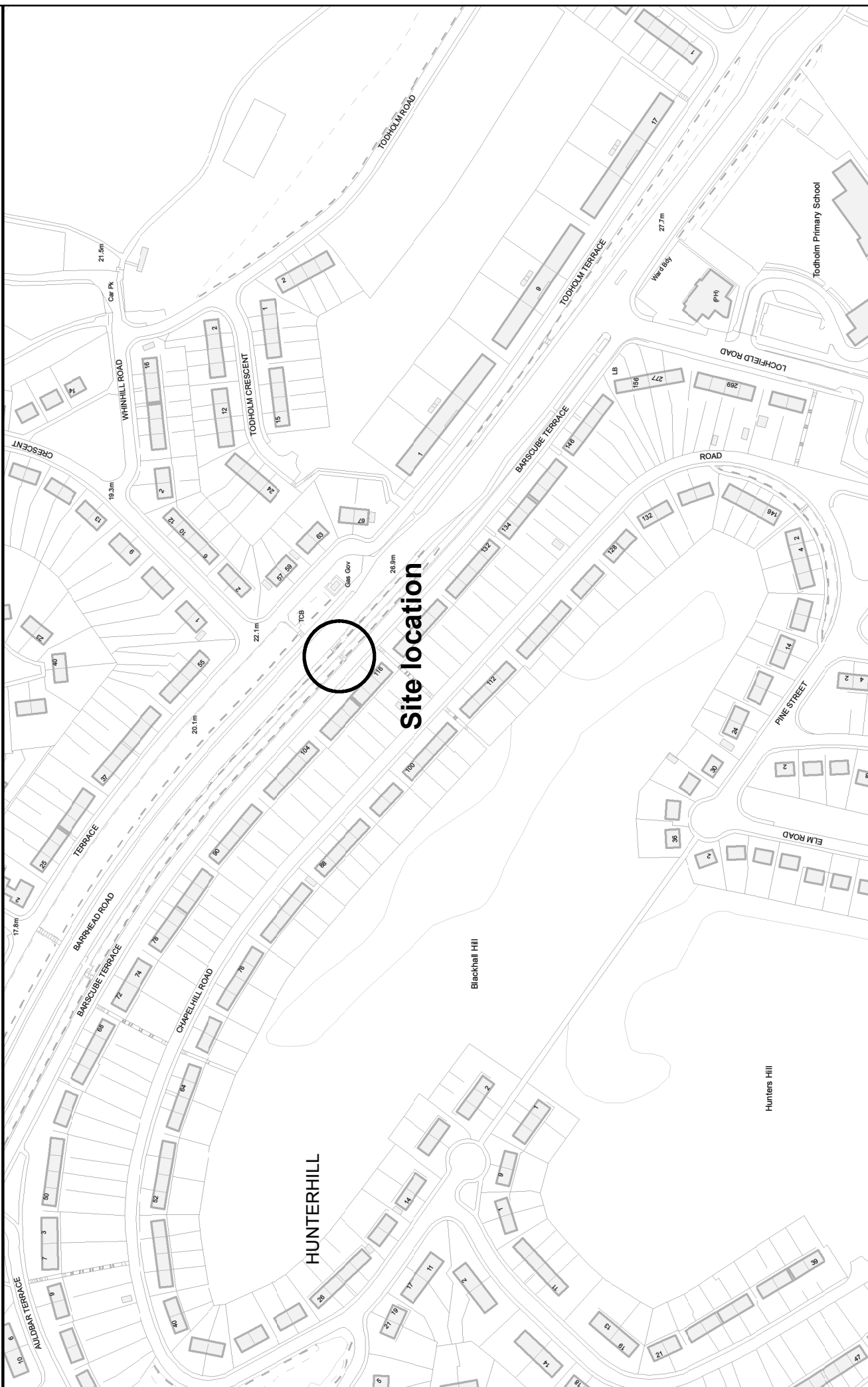
2.1 That the Board hears from the principal petitioner.

Implications of this report

- 1. Financial Implications – none**
- 2. HR and Organisational Development Implications – none**
- 3. Community Plan/Council Plan Implications – none**
- 4. Legal Implications – none**
- 5. Property/Assets Implications – none**
- 6. Information Technology Implications – none**
- 7. Equality and Human Rights Implications**
 - (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 because for example it is for noting only. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
- 8. Health and Safety Implications – none**
- 9. Procurement Implications – none**
- 10. Risk Implications – none**
- 11. Privacy Impact – none**

List of Background Papers – petition

Barrhead Rd, Paisley - Redundant Shelter



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Dept: P&T Created By: ptgrahamf1 Date: 18/11/2016

 **Renfrewshire Council**





To: Audit, Scrutiny & Petitions Board

On: 28 November 2016

Report by: Director of Finance and Resources

Heading: Petition: Speed Bumps at the Wickets, Paisley

1. Summary

- 1.1 A petition has been received from Joseph Jackson, Chairperson, on behalf of the Wickets Residents Association, in the undernoted terms:

“The Wickets Residents Association

Speeding by some drivers through the Wickets estate is persistent. The Association committee over the last 4 years has striven to address the issues, but to little effect.

The committee wish Renfrewshire Council to approve 3 sets of speed bumps within the estate.”

- 1.2 The petitioner has provided some further information as detailed in the appendix to the report.
- 1.3 The Head of Amenity Services advises that he can confirm that there are no injury accidents recorded on this length of road over the last three-year period. However Renfrewshire Council is aware that there have been reports of speeding in this area but there has not been any evidence to support this. He will raise this with Police Scotland who may wish to carry out some speed monitoring.
- 1.4 The petition is valid in terms of the Council’s procedures for dealing with petitions and the principal petitioner, together with one supporter, has been invited to attend the meeting and they will be asked to make a statement, lasting no more than 10 minutes, in support of the petition.
- 1.5 The role of the Board is to consider the petition, hear and ask questions of the petitioner and take the appropriate action in respect of the petition which will be one of the following:

(a) that no action is taken, in which case the reasons will be specified and intimated to the petitioner;

(b) that the petition be referred to the relevant director/and or policy board for further investigation, with or without any specific recommendation; or

(c) refer the petition to another organisation if the petition relates to that organisation.

2. Recommendation

2.1 That the Board hears from the principal petitioner.

Implications of this report

1. **Financial Implications** – none

2. **HR and Organisational Development Implications** – none

3. **Community Plan/Council Plan Implications** – none

4. **Legal Implications** – none

5. **Property/Assets Implications** – none

6. **Information Technology Implications** – none

7. **Equality and Human Rights Implications**

- (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 because for example it is for noting only. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.

8. **Health and Safety Implications** – none

9. **Procurement Implications** – none

10. **Risk Implications** – none

11. **Privacy Impact** – none

List of Background Papers – petition

Author: Lilian Belshaw, Democratic Services Manager, 0141 618 7112

WICKETS RESIDENTS ASSOCIATION
PETITION TO THE AUDIT, SCRUTINY & PETITIONS BOARD
SPEED BUMPS AT THE WICKETS PETITION
REPORT TO THE BOARD

History of the Association:

The Wickets Residents Association was formed in 1990. It was primarily set up to deal with three issues.

1. Pitz (now called Power League) planned to build two new football courts between their existing pitches and The Wickets Estate. As the new pitches would be nearer our Estate this would increase the noise which was already being experienced.
2. To hold discussions with Scotrail, who were planning to re-open the Canal Street rail-line. There was the fear of noise from passing diesel trains, the need for robust fencing to prevent people taking short cuts across the line, as this was already an issue, and the need to preserve the 100 year old trees. Eventually we managed to negotiate a tree preservation order with the Council.
3. To request Renfrewshire Council to change the Estate from being part of Blackhall street, as confusion often occurred with delivery vans not realising the Estate as an extension to the street. The Wickets is separated geographically from Blackhall Street by Power League. Hence we became "The Wickets".

The Request to the Board:

To have speed bumps placed at the Wickets Estate. There have been several attempts, over the last 4 years by the Wickets Residents Committee, to encourage the residents to adhere to the 20mph signs, at Blackhall street and at entry to the Estate.

Work undertaken to limit the speeding:

Minutes of the last 4 AGMs and circulars have gone to residents, and are attached in sequence with this report for the Board's attention.

Since February 2013 the residents (30 households) have been notified regarding speeding through the Estate. At the 2013 AGM both Councillors J. & M. Sharkey attended. From that meeting there was a request to the Councillors to have the white lines and hatching repainted at the bend in the road at Power League, and have the 20mph signs re-painted on the tarmac. We thought this may improve driving and consequently speeding as drivers approached the Estate. However, it made no difference. The Councillors also informed us that the Council has a policy of no 20mph digital road signs placed in cul-de-sacs. This also reduced our options in resolving the problem.

Again from the 2014, 2015, and 2016 AGMs the respective minutes was circulated to all houses with reference regarding speeding. Again each year it made no difference.

However, at the 2016 AGM in February it was agreed to send a circular to all households regarding speeding, and to ask everyone to abide by the 20mph limit. Again this made no difference, so at the Committee meeting in July it was agreed to send a further circular (attached) with the proposal to impose speed bumps at strategic points in the Estate, pending Council approval. This time there was a response, but with only three households objecting in the form of one email, but not wholly against speed bumps (attached) and two personal approaches to the Secretary.

The Committee then held a special meeting on the 29th September (minute attached) to discuss the next step. It was agreed, as it was only 3 out of 30 households against the speed bumps, the Committee would go ahead with its plan to contact the Council. There were some changes as to the number and positioning of the speed bumps, but a letter (attached) was sent by the Secretary to Ms. Belshaw at the Petitions Board asking her to process our request for speed bumps. On the 11th October Ms. Belshaw replied outlining the process and enclosing a proforma to be completed and returned prior to the Petition Board meeting on the 28th November.

The Committee then met on 20th October to finalise arrangements (minute attached), and agreed the Chairman and Treasurer would attend the Board meeting as the Secretary would be on holiday at that time.

Conclusion:

As you will have read from the above, speeding vehicles, both private cars and commercial vans etc, has been an issue for over 4 years. We have tried several times so that drivers will abide by the 20mph limit, but to no avail. Children play on the street, owners walk their dogs, there is wild life (ie. foxes) running across the road. Finally, at Power League, where the road chicanery is supposed to slow vehicles down to allow the footballers to cross over to the pitches, some drivers use this Z shaped single lane as a race track and continue speeding along the next 100 yards and into the Estate.

The Committee therefore, is anxious for 3 speed bumps to be placed, one at entry and two where the road in Phase 2 has bends, before there is a serious accident.

Thankyou for allowing this to go forward to the Petitions Board

Joseph Jackson

Chairperson of the Wickets Residents Association