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Renfrewshire Council

Notice of Meeting and Agenda
Audit, Scrutiny and Petitions Board

Date	Time	Venue
Monday, 06 June 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 Bill Brown: Councillor Maria Brown: Councillor John Caldwell: 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.

9   Petition: Inchinnan Junction, A8 Greenock Road

Report by Director of Finance and Resources

To: Audit, Scrutiny and Petitions Board

On: 6 June 2016

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Report by: Chief Auditor

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Heading: Internal Audit Annual Report 2015 - 2016

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1.   **Summary**

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

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

1.3   The Annual Report for 2015-16 is attached at Appendix 1 and outlines the role of Internal Audit, the performance of Internal Audit, the strategic and operational issues which influenced the nature of the work carried out, the key audit findings, and contains the annual audit assurance statement.

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2.   **Recommendations**

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

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Implications of the Report

1.   **Financial** - None

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

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

4.   **Legal** - None

5.   **Property/Assets** - None

6.   **Information Technology** - None

7.   **Equality & Human Rights**
         (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

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Author: Andrea McMahon – 01416187017

Annual Report
2015-2016

Finance & Resources
Internal Audit

June 2016

	Renfrewshire Council
	Internal Audit Annual Report 2015/2016

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Renfrewshire Council
Internal Audit Annual Report
1 April 2015 – 31 March 2016

1. Introduction

1.1 The Director of Finance and Resources has overall responsibility for Internal Audit in Renfrewshire Council. The Chief Auditor reports directly to the Director of Finance and Resources. In accordance with the principles of good corporate governance, regular reports on internal audit work and performance are presented to the Audit Panel and to the Audit, Scrutiny and Petitions Board.

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

1.3 The Service operates in accordance with the Public Sector Internal Audit Standards which defines Internal Audit's role as:

"......an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes."

1.4 The Standards define the basic principles for carrying out internal audit. They establish the framework for providing internal audit services, which add value to the organisation, leading to improved organisational processes and operations. The basis for the evaluation of internal audit performance to drive improvement planning is also set out.

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

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

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the Internal Audit service during the past year, and the results of the quality assurance and improvement programme.

1.7 In addition to the work carried out in relation to council services, we also provide an internal audit service to the following organisations:
- Renfrewshire Leisure Limited
- Renfrewshire Valuation Joint Board
- Clyde Muirshiel Park Authority
- Scotland Excel
- North Strathclyde Community Justice Authority
- Glasgow and Clyde Valley Strategic Development Planning Authority
- Health and Social Care Partnership – Integration Joint Board

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

2. Responsibilities of Management and Internal Audit

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

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

3. Internal Audit Activity during 2015/2016

3.1 The internal audit plan for 2015/2016 was approved by the Audit, Scrutiny and Petitions Board on 30 March 2015.   The plan was risk-based and took into account the outcomes of the service and corporate risk evaluation processes, the significant changes in council operations over the period, and the impact of developments in national policy and regulation.   The plan also took into account key external audit reports including the Annual Audit Plan for the council. Set out below are the significant risks which influenced the content of the plan and the nature of the work undertaken in recognition of these. The key audit findings relied upon for the assurance statement are detailed in section 4 of this report.

(1)   Financial Stability

The impact of the on-going financial pressures continued to be one of the most significant corporate risks facing the council. The council has been proactive in identifying savings to reduce the anticipated funding gap resulting

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from anticipated reductions in grant and the demand led cost pressures. Internal audit reviewed the risk control measures in place over a number of key financial systems to provide assurance over the financial management arrangements. The 2015/16 audit work included:

- reviews of key financial systems, including capital accounting, payroll, council tax and debt management;
- a review of financial compliance with authorisation procedures;
- during 2015/16 the service established a corporate counter fraud team with the aim of improving fraud awareness, investigating fraudulent activity and minimising the risk of loss from fraud.

(2) Transformational Change – Better Council Programme

The current strategic and transformational change agenda makes for a highly complex and challenging environment. The Better Council change programme has been designed to deliver significant financial savings. The 2015/16 audit work included:

- contingency time to participate in internal project work which supports the better council change programme, as required, including initial scoping of the Enterprise Resource Planning project.

(3) Regeneration and Investment

Supporting and growing businesses and creating jobs are vital to both the economic and social well-being of Renfrewshire. Getting the right infrastructure and investment in place for the economic development of our towns and villages is vital to promote sustainable growth in our economy. Therefore, the 2015/16 audit work included:

- a review of the arrangements for compliance with the conditions of external funding agreements supporting the delivery of the Heritage Strategy;
- a review of the arrangements for roads maintenance.

(4) Public protection

The Council has a public protection role relating to child and adult protection and offending behaviour. Effective partnership working with key agencies such as the police is critical to ensuring risk to and from individuals is effectively managed. The audit work for 2015/16 included:

- a review of community payback orders;
- contributing to the council's integrity group assessment of the risks arising from serious and organised crime and the arrangements in place to protect the council.

(5) Organisational Development and Workforce Planning

Workforce planning and organisation development are complex activities. Restructuring   arising from the better council change programme and other governance and organisational developments will change the shape and size of the organisations workforce. Supporting and developing people through a

period of change and innovation is a major priority. A number of Audit Scotland best value reviews have highlighted that workforce planning is underdeveloped in some councils. The 2015/16 audit work, therefore included:

- a review of workforce planning arrangements;
- a review of supporting attendance arrangements.

(6)   Governance and control

Governance arrangements are important and provide an essential framework for decision-making. The council has in place a local code of corporate governance based on the CIPFA/SOLACE framework. The internal audit function needs to deliver assurance over the council's key controls, risk management and corporate governance framework in order to be in a position to provide those charged with governance with the annual assurance statement. The audit work for 2015/16 included:

- support for members with the provision of training on good governance, internal control and risk management;
- examination of a number of the council's key financial controls;
- an annual review of the local code of corporate governance;
- examination of compliance with specific elements of the local code of corporate governance.

(7)   Communications

Effective information flow, across services and with our employees, provided through well timed communications can result in increased employee commitment, good crisis response management, better service delivery, more engaged consultation, better policy development and improve the organisation's reputation. The 2015/16 audit work included:

- a review of internal corporate communication arrangements.

3.2   In line with the council's defalcation procedures, instances of suspected fraud or irregularity are to be reported to internal audit. All referrals were evaluated and investigated as appropriate. Where there was evidence of wrongdoing, the matters were referred for internal disciplinary action and/or police investigation.

3.3   During 2015/16, a number of investigations were conducted, the most significant investigations related to loss and theft of cash at council establishments and misuse of a corporate purchase card. Other investigations included allegations breaches of the council's information security controls and assistance with an investigation into examination practices undertaken by Children's Services. Relevant recommendations were made to tighten existing controls; including, a corporate review of the arrangements for the administration of corporate purchase cards.

4. Summary of Internal Audit Work

4.1 Appendix 1 details the assurances arising from the internal audit work carried out in line with the 2015/16 audit plan which supports the annual assurance statement. These include the conclusions in relation to the overall system of internal control, risk management and governance arrangements.

4.2 The Audit, Scrutiny and Petitions Board approved the following amendments to the approved audit plan, at its meeting on 30 November 2015:

- A planned audit review of programme management was cancelled.

- Time scheduled for reviewing the process of making and implementing strategic council decisions was realigned to support internal audit involvement in the design and implementation of the new Enterprise Resource Planning system which is central to the work ongoing on the Council's Corporate Support Model.

4.3 All other planned work as detailed in the 2015/2016 audit plan was undertaken and those assignments not finalised by 31 March 2016 are prioritised in the first quarter of the current year.

5. Internal Audit Resources

5.1 For the year to 31 March 2015, the audit plan was based on an establishment of 8 FTE staff. The actual staffing complement fluctuated during the year to vacancies. Resources were used flexibly to recruit temporary staff and contract with the public and private sector to ultimately deliver the audit plan.

6. Review of Internal Audit Activity

6.1 The Audit Plan for 2015/16 set out our risk-based plans across a range of audit categories, the results of which have been reported to the Audit Panel and quarterly to Audit, Scrutiny and Petitions Board. Table 1 below compares the actual days spent on each category of audit work against that planned for the year.

Table 1

Internal Audit Activity 2015/16

Type of Audit	Planned Days	Actual Days	Variance	
			Days	%
Governance	145	94	(51)	(35%)
Assurance	680	567	(113)	(17%)
Contingency	306	344	38	12%
Audit Planning & Reporting	107	98	(9)	(8%)

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Total Operational Days	**1238**	**1103**	**(135)**	**(11%)**
Training	103	98	(5)	(5%)
Strategic Management	62	40	(22)	(35%)
Team Administration	123	111	(12)	(10%)
Development	83	15	(68)	(82%)
Total Non-operational Days	**371**	**264**	**(107)**	**(29%)**
Gross Available Days	**1609**	**1367**	**(242)**	**(15%)**
Operational %	**77%**	**81%**		
Management of Counter Fraud (including co-ordination of NFI), Risk Management and Insurance	113	91	(22)	(19%)

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

1) **Governance**

The time reallocated from the review of strategic council decisions to the planning and implementation of the Enterprise Resource Planning system was less than anticipated. In addition, time planned for the implementation of the corporate counter fraud team was less than anticipated.

2) **Strategic Management**

Less time was required for departmental and senior management team meetings than was planned for.

3) **Development**

Time was planned for development of the audit management system and the external quality assessment against the Public Sector Internal Audit Standards. Both were delayed until early 2016.

7. Quality Assurance and Improvement Activity

7.1 Internal Audit produces regular reports on its performance during the year against a range of measures set annually by the Director of Finance and Resources. These are set out in the following table.

Table 2

Internal Audit Performance 2015/16		
Performance measure	**Target 2015/16**	**Actual 2015/16**
% of audit assignments completed by	95%	96.9%

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target date		
% of audit assignments completed within time budget	95%	97.7%
% of audit reports issued within three weeks of completion of audit field work	95%	99.3%
% completion of audit plan for the year*	95%	95.1%

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

The figures in table 2 show that all targets have been achieved.

7.2   The Chief Auditor is required to develop and maintain a quality assurance and improvement programme that covers all aspects of the internal audit including conformance with the standards. During 2015/16, an assurance mapping exercise was undertaken with the assistance of consultants and a graduate intern. The resultant assurance map covering a number of key service areas will be used to better inform audit planning in future years. Further areas of assurance will be mapped during 2016/17. The upgraded audit management system has now been installed and will be brought into full use in the coming months.

7.3   Implementation of Audit Recommendations

The implementation rate of audit recommendations is a measure of operational culture and audit effectiveness. During 2015/16 249 recommendations were followed up. Of these 179 (72%) have been implemented, 42 (17%) are either partially implemented or ongoing, 19 (7%) were not implemented by the due date and revised target dates for implementation have been provided and will be followed up in 2016/17, 9 (4%) will not be implemented mainly as a result of changes to systems and processes which make the recommendation redundant.

7.4   Customer Satisfaction

Internal Audit issues customer satisfaction surveys at the conclusion of assignments. These measure the level of satisfaction with the way in which the audit was conducted and with the audit report's findings and recommendations. A total of 14 surveys had been issued during the 2015/16 year, and 8 were returned. Returned survey forms showed that 100% of auditees were satisfied with the service provided against a target of 100%.

7.5   Risk Management

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

7.6   Counter Fraud Team

Responsibility for benefit investigation also remained with internal audit until 1 March 2016, when it transferred to the Department for Work and Pensions Single Fraud Investigation Service (SFIS). The number of sanctions including joint sanctions with the Department for Work and Pensions and referral to the Procurator Fiscal is a measure of the effectiveness of the team. The total number of sanctions achieved during the 11 month period of 2015/16 was 91 which exceeds the annual target level of 90. £507,666 of overpayments was identified and arrangements are in place within the council to recover from the claimants, the Housing and Council Tax Benefit element of these overpayments.

Following the transfer of benefit investigation to SFIS, the Director of Finance and Resources agreed to retain a corporate counter fraud resource, within the Internal Audit Team. The aim of the team is to investigate non-benefit fraud such as council tax reduction fraud, tenancy fraud and other corporate fraud, as well as undertaking the role of being the Council's single point of contact with the DWP for all enquiries/information they require from the Council to enable them to undertake housing benefit investigations. A business plan has been prepared and agreed with the Director of Finance and Resources.

8.   External evaluation of Internal Audit

8.1   External Audit

Auditing standards require internal and external auditors to work closely together to make optimal use of available audit resources. Audit Scotland, as external auditor, seeks to rely on the work of internal audit wherever possible, and as part of their planning process they carry out an assessment of the internal audit function. Their review of the internal audit service concluded that the internal audit service operates in accordance with the Public Sector Internal Audit Standards (PSIAS) and has sound documentation standards and reporting procedures in place.

8.2   External audit plan to place formal reliance on the work of internal audit in relation to the annual audit of the 2015/16 financial statements in the following areas:
• Non Domestic Rates;
• Self Directed Support Payments;
• Payment Authorisation; and
• External funding applications.

8.3   In respect of their wider governance and performance work, external audit will also consider the findings arising from internal audit work in the following areas:
• Local Government Benchmarking Indicators;
• Corporate Governance Framework;
• Workforce Planning.

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9. Audit Assurance Statement

9.1   Internal Audit has performed its work in accordance with the role defined in paragraph 1.3.   The audit work performed has been reported to senior managers and where areas for improvement in internal control have been identified appropriate recommendations have been made, and accepted for action by management.

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

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

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

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

(i)   the results of the planned audit work in 2015/16;
(ii)   the results of investigative work in 2015/16;
(iii)   management action to respond to audit recommendations to mitigate the risks areas highlighted in this report;
(iv)   the regular review and updating of the Local Code of Corporate Governance by the Council in accordance with the CIPFA/SOLACE framework for corporate governance requirements.

Signed   *Andrea McMahon*

          Chief Auditor

Date   6 June 2016

Audit Engagement	Risk Area	Assurance Level	Conclusion
Building Security Arrangements	Operational Control	**Limited**	• The control environment and the security measures in place varied across establishments. The audit identified scope for improvement in existing arrangements, to clearly define roles and responsibilities for security and increase the physical security measures already in place.
Self Directed Support	Financial Control	**Limited**	• At the time of the review, the key risks related to the timeliness of annual financial assessments and financial reviews. Both were found to be significantly behind schedule.
Procurement (Supplier Management)	Operational Control	**Reasonable**	• There is a formalised supplier management strategy in place. Key risks related to compliance with procedural guidance and completion and retention of relevant documentation.
Community Payback Orders	Operational Control	**Reasonable**	• Key risks were identified in relation to some aspects of compliance with the National Standards in relation to breach proceedings and the recording of information on SWIFT.
School Assessment Procedures	Operational Control	**Reasonable**	• The SQA's quality assurance criteria requires that all processes and procedures are extensively documented. It was the Auditor's opinion the majority of the procedures could be standardised across the authority. As such it was recommended that an authority wide quality manual should be developed.
ICT Service Desk	Operational Control	**Reasonable**	• The audit has identified that satisfactory arrangements are in place for resolving service desk calls and communication with end users. Key risks relate to the accuracy and monitoring of performance indicators.

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Procurement (Corporate Purchase Cards)	Financial Control	**Reasonable**	• The key risks relate to record keeping and roles and responsibilities in relation to some areas require to be clarified. It has been recommended that a working group is established to review procedures.
Non Domestic Rates	Financial Control	**Reasonable**	• The key risks relate to actions required to ensure that historical reliefs remain valid and ensuring that documentation is held to support a clear audit trial with respect to reliefs and refunds.
HSCP Financial Assurance	Governance	**Reasonable**	• The key risks relate to the need to continue to monitor the financial risks that have been identified through the due diligence process. A recommendation was made to ensure that the risk registers in this regard are comprehensive, transparent and regularly monitored.
Building Services Repairs	Operational Control	**Reasonable**	• The key risk relates to authorisation processes and the use of management information in relation to progressing the job status on the repairs system.
Workforce Planning	Operational Control	**Reasonable**	• Workforce planning is in the early stages. An organisational development strategy has been approved and a draft implementation plan has been prepared. Any delays in formalising the implementation plan could result in slippage against the required actions.
Corporate Communications	Governance	**Reasonable**	• The review examined the arrangements in place for internal communication of the Better Council change programme. The key risk relates to inconsistencies across services in terms of the manner in which internal communications are addressed which could result in conflicting messages being delivered to employees.

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Area	Type	Rating	Commentary
Authorised Signatories	Financial Control	**Reasonable**	• The majority of transactions tested were appropriately authorised. Recommendations were made to ensure that the database is brought up to date in relation to changes in service personnel and to restrict authorisations to appropriate levels of staff that have sufficient knowledge both of the operational requirement for the provision of the goods/services concerned and of the need for proper certification and control.
Corporate Governance (Employee Code of Conduct)	Governance	**Reasonable**	• The employee code of conduct is currently being revised. Recommendations were made in relation to ensuring all employees sign for the revised code and there is a process to ensure on-going awareness.
Sickness Absence	Operational Control	**Reasonable**	• During the reporting period, 3 reviews were undertaken. The key risks relate to retention of evidence in relation to the procedures and the timeliness of corporate performance reports.
Petty Cash in Schools	Financial Control	**Reasonable**	• The system to administer petty cash provides sufficient control when applied diligently. Recommendations were made in relation to allowable expenditure, alternative payment options and training.
Insurance	Operational Control	**Reasonable**	• Key risks related to closer monitoring arrangements with the external claims handlers and formalisation of the roles and responsibilities in relation to potential fraud.
Business Continuity (Cloud Computing)	Operational Control	**Reasonable**	• The scope of the review was to assess the draft Cloud Computing Checklist against available national guidance. Some improvement recommendations were made to enhance the robustness of the checklist.

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Planning Services (Building Control Income)	Financial Control	**Satisfactory**	• No key risks were identified. One good practice recommendations were made, which once implemented, will strengthen the overall effectiveness of internal control.
Freedom of Information Requests	Governance	**Satisfactory**	• No key risks were identified. A few good practice recommendations were made, which once implemented, will strengthen the overall effectiveness of internal control.
Capital Accounting	Financial Control	**Satisfactory**	• No key risks were identified.
Payroll	Financial Control	**Satisfactory**	• No key risks were identified. A few good practice recommendations were made, which once implemented, will strengthen the overall effectiveness of internal control.
Council Tax	Financial Control	**Satisfactory**	• No key risks were identified. A few good practice recommendations were made, which once implemented, will strengthen the overall effectiveness of internal control.
Cash Collection and Banking	Financial Control	**Satisfactory**	• No key risks were identified. A few good practice recommendations were made, which once implemented, will strengthen the overall effectiveness of internal control.
Corporate Governance (Review of adequacy and effectiveness)	Governance	**Satisfactory**	• Internal Audit have reviewed the adequacy and effectiveness of the Code and confirmed that the Council complies with the requirements of the Local Code of Corporate Governance. In addition, it is evident that the Local Code has been subject to review and updating in line with national guidance and developments in best practice.

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Debt Management	Financial Control	Reasonable
		• The key risk relates to the controls over debt suppression. Recommendations have been made in relation to roles and responsibilities, segregation of duties, and regular reviews of suppressed debts.

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To:	**Audit, Scrutiny and Petitions Board**
On:	**6 June 2016**
Report by:	**Director of Finance and Resources**
Heading:	**Risk Management Annual Report 2015/16**

1. Summary

1.1   This paper presents the Risk Management Annual Report for 2015/16 (Appendix 1). The Report describes the corporate risk management activity that has taken place during 2015/16 in relation to the council's risk management arrangements and strategic risk management objectives. It is not the purpose of this paper to report on the management of specific risks as such information is already provided to the policy boards through the Corporate Risk Register report and Service Annual Risk Management Plans.

1.2   In exceptionally challenging times and with diminishing resources, the council continues to apply an appropriate level of risk management to prevent or mitigate the effects of loss or harm. In doing so, we recognise that good risk management contributes to the delivery of better financial outcomes, business objectives, better project success rates, achievement of targets and fewer unexpected problems.

1.3   We purposefully promote an environment that is risk 'aware' rather than risk 'averse' and strive to place risk management information at the heart of the key decisions that we make. This means that we can take an effective approach to managing risk in a way that both addresses our significant challenges and enables innovation.

2. Recommendations

2.1   It is recommended that the Board considers the content of the Annual Report and is assured regarding the continued effectiveness of the risk management framework in place and the significant contribution that it makes with regards to the council's corporate governance arrangements.

3.   **Background**

3.1   In keeping with the 'Scheme of Delegated Functions' a Risk
          Management Annual Report is provided to the Scrutiny and Petitions
          Board each year for consideration. The report supports the council's
          code of corporate governance and seeks to provide assurance to
          stakeholders (internal and external) not only on the adequacy but also
          the effectiveness of the risk management arrangements applied during
          2015/16.

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          Implications of the Report

1.   **Financial**
          No implications in the provision of this report.

2.   **HR & Organisational Development**
          No implications in the provision of this report.

3.   **Community Planning**
          No implications in the provision of this report.

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

4.   **Legal**.
          No implications in the provision of this report.

5.   **Property/Assets**
          No implications in the provision of this report.

6.   **Information Technology**
          No implications in the provision of this report.

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**
          No implications in the provision of this report.

9.   **Procurement**
          No implications in the provision of this report.

10.   **Risk**
          No implications in the provision of this report. The report relates to
          organisational arrangements and service initiatives in risk

management.

11.   **Privacy Impact**
        No implications in the provision of this report.

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        List of Background Papers

        (a) Non applicable – reports provided on a year-by-year basis

        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 Risk Manager, Risk Manager, 0141 618 7019,
        Karen.Locke@renfrewshire.gov.uk

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        Author: Karen Locke
                        Risk Manager
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Appendix 1

Risk Management Annual Report

2015 - 2016

Document Title:	Risk Management Annual Report 2015/16		
Service:	N/A	Lead Author	Risk Manager and the Corporate Risk Management Group
Date Effective:	31/03/2016	Review Dates:	Not applicable

CONTENT

Document Title:	Risk Management Annual Report 2015/16		
Service:	N/A	Lead Author	Risk Manager and the Corporate Risk Management Group
Date Effective:	31/03/2016	Review Dates:	Not applicable

Document Title:	Risk Management Annual Report 2015/16		1
Service:	N/A	Lead Author	Risk Manager and the Corporate Risk Management Group
Date Effective:	31/03/2016	Review Dates:	Not applicable

Overview of key achievements during 2015/16

Below is an overview of key achievements for corporate-led risk management activity during 2015/16 and what this means in practical terms.

Achievement	What this means
▪ National recognition for good risk management	▪ The council continues to do well in relation to submitting entries to the Alarm UK risk management awards. In 2015 Community Resources were shortlisted for the Community Risk Award for the fourth year in succession, this time with their "I Am Me and Keep Safe" initiative, and were consequently 'Highly Commended.'
▪ Local risk management award now in its 5th year	▪ In February, the 2016 risk management award was launched. This is the 5th year that the award scheme has run and it enables the council to recognise the contribution that employees, teams and partners make in managing risk and delivering service improvements.
▪ Risk management arrangements implemented for the new Renfrewshire Health & Social Care Partnership	▪ Having worked on the development of a risk policy and strategy for the Integration Joint Board (IJB), the implementation of the new risk management arrangements is now underway with both partner organisations having worked together to develop a new shared 'Health & Social Care Partnership Risk Register' in time for the 1 April 2016 deadline for services delegated to the IJB.
▪ Revision of property reinstatement values for insurance purposes	▪ Working with property services, the Risk and Insurance team has ensured that new insurance reinstatement values have been made available in respect of council properties. This process helps ensure that the right insurance cover is in place for council properties and that any subsequent claims made to insurers can be confidently submitted for full settlement.
▪ Revised contingency arrangements for administration of elections	▪ Risk, health and safety and civil contingencies colleagues, (being members of the council's Risk Management Alliance) worked together in 2015 on revising the approach taken for contingency management during elections. The revised approach involves a multi-agency walk through of arrangements (with Police and Fire Service colleagues and owners of the Count Venue), in advance of any elections, to test assumptions, validate arrangements and ensure a common understanding of how everyone should respond in relation to a range of scenarios.
▪ Recovery of premium in relation to schools PPP insurance for the 2015/16 policy year	▪ Each year the council undertakes an analysis of insurance payments in connection with the Renfrewshire Schools Partnership. For the 2015/16 policy year, a recovery of £279k was secured.

1. Introduction

1.1 The Risk Management Annual Report is provided to the Audit, Scrutiny and Petitions Board each year in keeping with its delegated function of considering the corporate risk management annual report. The Report describes the corporate-led risk management activity that has taken place during 2015/16 in relation to the council's risk management arrangements and strategic risk management objectives. The Report does not cover the management of specific risks as such information is already provided to the policy boards through the Corporate Risk Register report and Service Annual Risk Management Plans.

1.2 In exceptionally challenging times and with diminishing resources, the council continues to apply an appropriate level of risk management to prevent or mitigate the effects of loss or harm. In doing so, we recognise that good risk management contributes to the delivery of better financial outcomes, business objectives, better project success rates, achievement of targets and fewer unexpected problems.

1.3 We purposefully promote an environment that is risk 'aware' rather than risk 'averse' and strive to place risk management information at the heart of the key decisions that we make. This means that we can take an effective approach to managing risk in a way that both addresses our significant challenges and enables innovation.

1.4 This annual report supports the council's corporate governance statement and seeks to provide assurance to stakeholders (internal and external) not only on the adequacy but also the continued effectiveness of the risk management arrangements applied during 2015/16.

2. Risk Management Framework 2015/16: Overview

2.1 Below is a brief overview of the key components of the council's risk management framework. Thereafter sections 3 to 7 of this report expand on each component and highlight specific points relevant to 2015/16 developments.

(1) **Infrastructure/ enablers**
At the heart of the council's risk management arrangements are the strategic risk management objectives, the risk management policy and strategy and the strategic risk management development plan. Also embedded within the infrastructure are the communications systems in use for risk management information, including Covalent and Renfo, and the key policy boards and groups such as the Corporate Management Team and Corporate Risk Management Group that have a specific role in risk management.

(2) **Process**
A cyclical process for risk assessment, treatment, communication, monitoring and review of risk using a standardised risk matrix. The process and supporting matrix continue to enable a consistent approach to risk management throughout the council, set within the context of the council's capacity and tolerance for risk, sometimes also referred to as 'risk appetite.'

(3) **Application/ results**
Risk management is not viewed as an isolated function or practice but is applied to other key business process of the council, including service planning, financial planning, performance management, project management and partnerships. Applying risk management at the right time and in the right way is the key to risk management adding value to the organisation and delivering tangible results.

(4) **Reporting and monitoring**
Reporting and monitoring arrangements, including individual and group roles and responsibilities for risk management, are defined in such a way as to ensure a suitable flow of risk management information throughout the council and an appropriate level of monitoring and scrutiny relating to the effectiveness of the risk management arrangements in place and progress being made in relation to corporate and service risk management plans.

(5) **Risk management function**
For the risk management framework to be effective, it must be underpinned by training, guidance and ongoing development activity which raise awareness of how to implement good risk management practice across the council. This aspect of the framework informs the workplan of the corporate risk management function under the responsibility of the Director of Finance and Resources.

3. Risk Management Infrastructure/ Enablers

3.1 Risk Management Policy and Strategy

In November 2015 'Risk Matters,' the combined risk management policy and strategy was reviewed by the Corporate Risk Management Group (version 11.1), in keeping with the formal review timetable for Risk Matters[1].

➕ **New in 2015/16**: Some minor amendments were made to Risk Matters:

1. The governance section was updated to reflect the change in the Scheme of Delegated Functions, where the Audit, Scrutiny and Petitions Board would now be responsible for approving the council's risk management framework including its risk management policy and strategy (previously responsibility for approval of the policy and strategy lay with the Finance and Resources Policy board).

2. References to Finance and Corporate Services were updated to "Finance and Resources;" and,

3. References to the Director of Social Work title were updated to Director of Children's Services.

3.2 Strategic Risk Management Objectives

The council undertook a self assessment exercise in line with the Alarm[2] National Risk Management Performance Assessment Model in 2012 and again in 2014. The 2016 assessment will take place in early 2016/17 ahead of the formal review of the risk management policy and strategy, therefore at the time of preparing the annual report, the strategic risk management objectives remain unchanged.

The objectives form the basis of the Strategic Risk Management Development Plan.

Strategic Risk Management Objectives

Enablers

(1) Leadership and management: Ensuring that our Members, Directors and Senior Managers fully support and promote risk management

(2) Policy and strategy: 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) People: Ensure that our people are equipped and supported to manage risk well

(4) Partnerships and resources: Ensuring that we have effective arrangements for managing risks in partnerships and resourcing risk management activity

(5) Processes: Ensuring that our risk management processes are effective in supporting the business activities of the council

(6) Risk handling and assurance: Ensuring that risks are handled well and that the council has assurance that risk management is delivering successful outcomes and supporting innovation

Results

(7) Outcomes and delivery: Ensuring that risk management does contribute to achieving positive outcomes for the council

3.3 Strategic Risk Management Development Plan 2014/16

The Strategic Risk Management Development Plan (SRMDP) explicitly sets out the development activity that supports the strategic risk management objectives. The plan is realistic, stretching but achievable; it allows the Corporate Risk Management Group to focus on strategic priorities and actions while at the same time allows individual members (representing their service departments) to consider operational implications and requirements for supporting the objectives.

Progress against the Strategic Risk Management Development Plan is monitored quarterly by the Corporate Risk Management Group. The plan runs in two-yearly cycles, in this instance from April 2014 to March to 2016.

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[1] Risk Matters is reviewed formally every two years by Board with an interim annual review conducted by the Corporate Risk Management Group.
[2] 'Alarm' is the public risk management association

The most notable outcome delivered from the plan during 2016/17 was:

Objective 4 Partnerships and Resources
Having worked on the development of a risk policy and strategy for the Integration Joint Board (IJB), the implementation of the new risk management arrangements is now underway with both partner organisations having worked together to develop a new shared 'Health & Social Care Partnership Risk Register' in time for the 1 April 2016 deadline for services delegated to the IJB.

- ✅ Performance in relation to completion of SRMDP actions was 100% for year 2 against an in-year target of 85%
- ✅ The Strategic Risk Management Development Plan has therefore now been completed for 2014/16.

3.4 The Corporate Risk Management Group
The Corporate Risk Management Group met on six occasions during 2015/16 in accordance with its terms of reference. Four meetings were 'standing' quarterly meetings and two were specifically dedicated to the development of the 2016/17 corporate risk register. The quarterly standing items of business for this Group included:

(1) review of the corporate risk register and progress against associated actions;
(2) review of progress against the Strategic Risk Management Development Plan;
(3) review of significant service risks brought to the Group for potential escalation;
(4) review of the risk management key performance indicators;
(5) review of the Risk Management Alliance update report. The Alliance is a sub group of the Corporate Risk Management Group; and,
(6) Service news items (to facilitate cross departmental learning from risk-related matters)

In addition to the above standing items, the Group received additional reports and information from the Risk Manager in relation to national developments in risk management.

➕ **New in 2015/16**: Group membership was revisited following a number of changes in organisational structures. 'Risk management reps' were identified for each service department with details published on Renfo.

3.5 Covalent software system
Covalent has been in use for recording and monitoring risk management information since early 2009/10. Using the system continues to be of benefit to officers as it reduces duplication of reporting where officers are providing updates on progress against actions which relate both to the management of risk and to delivering service improvements. No new risk-related system developments were made during 2015/16.

3.6 Utilisation of Renfo
Renfo continues to be a key tool for communicating and providing risk management information and guidance to all staff with access to Renfo. The Renfo risk management pages provide access to 'Risk Matters' and a range of supporting guidance documents and templates as well as contact details for the risk management and insurance service. The Audit and Risk Newsflash bulletin is also made widely available through Renfo.

4. Risk Management Process

4.1 The standardised process for risk management within the council (adopted in 2008) remains fit for purpose and compliant with recognised risk management standards. The table below summarises the guidance which accompanies the process. Applying this process in all aspects of business helps officers to manage their activities and pursue opportunities in a way that helps achieve objectives and prevent loss or harm.

Establish the context	Services consider risk in terms of context such as the council key themes and objectives, service priorities, operational activities or projects, longer term or shorter term objectives.
Identify risk	Services carefully define their risks in such a way as to be clear about the situation presented (opportunity, activity, service change, problem or challenge) and the consequences that may flow from it. We have started using risk 'bowtie' analysis which employees are finding very visual and helpful in understanding risk.
Analyse risk	Services analyse risk in terms of likelihood of occurrence and should it occur, its potential impact using the standardised risk matrix.
Evaluate risk	Services evaluate risk in terms of significance, being either 'low', 'moderate', 'high' or 'very high' and compare this with the council's capacity and tolerance for risk.
Treat risk	Services consider a range of options when deciding on the most appropriate way to address their risks, either through measures to **t**erminate; **t**ransfer elsewhere (such as through insurance); **t**olerate as it is; or, **t**reat 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 and tolerance for risk. Note: in the case of opportunities, services may '**t**ake' an informed risk in terms of tolerating it if an opportunity is judged to be (1) worthwhile pursuing and (2) the service is confident in its ability to achieve the benefits and justify the risk.
Monitor and review risk	Services are aware that once a risk assessment has been undertaken it is necessary to continue to monitor and review the risk for changes in context or the measures that are in place to control it.
Communicate and consult	Services are aware that it is good practice for at least two officers with relevant subject knowledge to undertake risk assessment (in consultation with other officers if necessary) with the key outcomes of the risk assessment process communicated to relevant persons (such as using the risk implications section on Board papers).

5. Risk Management Application/ Results

5.1 For risk management to truly add value for the organisation, it needs to be applied across the range of business processes in operation throughout the council and all its service departments. This section provides evidence of how this happens in practice across a variety of settings.

5.2 Building on the success of the 'Renfrewshire Council Risk Management Award' scheme introduced to the council in 2011/12, the council has seen year or year recognition at the Alarm national risk management awards in its approach to risk management and recognising good risk management practice across many of the different service departments.

5.3 In 2015 Community Resources were shortlisted for the Community Risk Award for the fourth year in succession, this time with their "I Am Me and Keep Safe" initiative, and they were consequently 'Highly Commended.' (At the time of preparing this report two further entries were submitted to Alarm on 18 March for the 2016 Award).

5.4 Towards the end of 2015/16 two entries were also submitted to the council's local risk management award scheme, (summarised at 5.4.1-5.4.2), demonstrating how applying good risk management in a very practical sense can deliver real benefits to Renfrewshire's citizens, our services and the organisation itself.

5.4.1 Functional Family Therapy (FFT)

FFT is an evidence based programme which supports young people within their family and community. Those referred are at serious risk of being accommodated by the local authority due to their challenging behaviour including offending, violence, drug or alcohol use and self harm.

The Family Therapist works with the young person in their family to reduce risk taking and develop positive behaviour for the longer term. Users of FFT report positive outcomes with improved family relations, parenting skills, adolescent behaviour and communications. FFT is delivered by Action for Children on a partnership basis with the local authority.

5.4.2 Community Safety Hub – new integrated CCTV control room

Partnership working with community safety focus had been established in Renfrewshire for several years with the development of Street Stuff diversionary projects, the Community Safety hub and the 'hub and spoke' model adopted working alongside Police Scotland, Fire & Rescue, NHS, Development and Housing, Children Services, Criminal Justice and St Mirren Football Club. The implementation of the 'hub and spoke model' allowed directed, managed and co-ordinated strategic development, joint tasking for enforcement, frontline mediation services and diversionary activities. Partners had the opportunity to see results through the pro-active approach promoted through the hub; increasing the buy-in for continuing support of community safety innovation through collaborative working, achieving common goals. Following review, further improvements were identified to increase the effectiveness of intelligence and information systems available for identification, monitoring, targeting and analysis of crime and community safety data. The newly established integrated CCTV control room benefits the service and Renfrewshire's people through early intervention and targeted deployment of resources with partnership working at the core of the success.

5.5 Within insurance and claims management a number of activities have been of note as described in 5.5.1 – 5.5.4 below.

5.5.1 New insurance reinstatement values

Working with property services, the Risk and Insurance team has ensured that new insurance reinstatement values have been made available in respect of council properties. This process helps ensure that the right insurance cover is in place for council properties and that any subsequent claims made to insurers can be confidently submitted for full settlement.

5.5.2 Recovery of premium in respect of PPP schools insurance

Each year the council undertakes an analysis of insurance payments in connection with the Renfrewshire Schools Partnership. In 2015/16, a recovery of £279k was secured in relation to schools PPP insurance for the 2015/16 policy year.

5.5.3 Regular claims reports to services

Service departments now receive monthly reports for new claims received, enabling services to quickly spot any developing trends. Services also now receive quarterly reports that provide information on claims that have closed during the quarter including how much these claims have cost the council.

5.5.4 Improvements to internal claims handling procedures

Working with the business support team, a number of enhancements were made to the internal processes for handling claims. This work has resulted in fewer complaints and enquiries regarding the time taken to resolve claims, and with the business support/ insurance team improving performance in relation to a 21 day deadline for submission of claims reports to the council's insurers; >90% compliance for February and March 2016.

5.6 Risk management became more engaged with the processes for the administration of elections. Risk, health and safety and civil contingencies colleagues, (being members of the council's Risk Management Alliance) worked together in 2015 on revising the approach taken for contingency management during elections. The revised approach involves a multi-agency walk through of arrangements in advance of any elections, to test assumptions, validate arrangements and ensure a common understanding of how the Election Team and partners should respond in relation to a range of scenarios.

5.7 Risk management continued to be a key component of the council's project management framework meaning that if risks are proactively addressed through each stage of a project, the project outcomes are more likely to be achieved on time and within the planned budget.

5.8 Each service continues to refresh its service risk management plan on an annual basis taking account of the service priorities and service improvement plans. This means that risks relating to the service priorities are proactively addressed and services are more likely to achieve their priorities and outcomes as planned.

5.9 Each year, services bring to the attention of the Director of Finance and Resources any areas of unavoidable cost pressures they are experiencing. During this process services can highlight instances where cost pressures relate to top corporate or services risks and this supports effective decisions to be made in relation to financial priorities.

6.   Reporting and Monitoring

6.1 The governance arrangements in place during 2015/16 have continued to ensure clear lines of accountability for risk management and continue to enable a suitable flow of risk information throughout the council. The policy boards approved the corporate and service risk registers for 2015/16 and received mid year progress reports.

6.2 Each service has a recognised forum for discussing risk-related matters and each service has a representative on the Corporate Risk Management Group. The Corporate Risk Management Group has overseen the 2015/16 Corporate Risk Register and monitored progress against related actions on a quarterly basis. The services have taken ownership of their annual Risk Management Plans with processes being followed that allow reporting, and where necessary 'escalation' of significant service risks to the Corporate Risk Management Group. Services have complied with the requirement to submit mid-year progress reports to Boards.

6.3 In terms of monitoring performance in risk management the council participates in the Alarm/ CIPFA[3] benchmarking club, using the Alarm National Risk Management Performance Assessment Model.

The Performance Assessment Model describes an organisation's risk management maturity as:

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

The council aims for level 4, 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. The council continues to perform at Level 4.

6.4 Key Performance Indicators continue to be implemented and monitored by the Corporate Risk Management Group on a quarterly basis. Indicators relate to how well the Risk Management Policy and Strategy is embedded throughout the council, how well the Strategic Risk Management Development Plan is progressing and the council's risk management performance when benchmarked with national risk management standards.

7.   Risk Management Function/ Training and Development

7.1 The council's Risk Management Training Strategy ensures that we are clear about the council's expectations as to the degree of risk management knowledge required across a range of roles within the council, and the risk management training and development solutions that are available and should be accessed through the council to enable competence and capacity to manage risk within those roles.

7.2 In-house training and development in risk management continues to be offered through a range of opportunities. Examples include:

▪ Essentials of Enterprise Risk Management (2 Days available through the council's insurers)
▪ Management Development Programme/ Risk Management Course (1 Day in-house)
▪ Topical sessions for Elected Members

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[3] Chartered Institute for Public Finance and Accountancy

- Project Risk Management Workshops (in-house as required)
- Internal audit training programme (in-house through the Audit, Scrutiny and Petitions Board)
- Risk Management iLearn course (in-house, 45 mins)
- use of 'risk control days' training (available through Insurers)

7.3 In relation to some of the above opportunities, the following can be noted:

- Essentials of Enterprise Risk Management (2 Days available through the council's insurers)
  During 2015/16 almost all members of the Corporate Risk Management Group underwent this course which is accredited by the Institute of Risk Management; (and everyone on the course passed the assessment).

- Project Risk Management Workshops
  A number of services engaged with the Risk Manager to facilitate risk management sessions regarding key council projects and/ or initiatives; these included for example the investment for the Museum and the Museum Store as well as an initial review of risks that could impact on the UK City of Culture bid.

- Use of 'risk control days' training (available through Insurers)
  A number of risk control days were agreed from the council's 'allocation.' The days allocated were used in this instance not so much with regards to training and development but rather a review of risk management arrangements in a number of activities or settings, and were as follows:

  1) Review by computer insurers – a survey was undertaken in October 2015 to review physical site features (e.g. fire risks and site security), hazards present (e.g. water damage, electrical surges or spikes) and controls measures in place along with ICT management procedures and policies and corporate standards. The visit covered computer equipment installed, backing up procedures for data, business continuity planning, protection against virus, hacking and denial of service attacks. In addition, site management practices were reviewed (access control, compliance with Regulatory Reform Fire Safety Order). A positive report was received with three recommendations for follow-up, all of which have been addressed or are currently being progressed.

  2) Review by property insurers – a review of the risk management arrangements at Underwood Road depot was undertaken with the purpose of providing information to underwriters, to identify insurance risks and exposures and inform insurance premium calculations.

  3) Review by motor vehicle insurers – a review of motor fleet risk management arrangements took place on 8 March. The insurer concluded "Renfrewshire have a well-structured framework for managing drivers and operational driving, including risk assessments specific to vehicle and operational type. Proactive activities such as skills training, tool-box talks and use of vehicle telemetry are used to support and inform drivers. Engineering solutions such as fitting of reversing sensors are used to reduce manoeuvring incidents." A number of recommendations were made with implementation being monitored by the council's Risk Management Alliance.

7.4 In order to continue to provide evidenced based training, development and advice for the council, the council's Risk Manager maintains continued professional development in her field and is qualified to Masters level (MSc in Risk Management awarded by Glasgow Caledonian University).

7.5 Through membership of a number of groups that include ALARM (the Public Risk Management Association), and the Alarm Scotland Strategic Risk Management Group, the Risk Manager keeps abreast of risk management developments and best practice in other public sector organisations and local authority areas.

7.6 Through the council's contracts with Insurers and Insurance Brokers, the Risk and Insurance Team keep up-to-date with developments in the insurance sector in order to ensure that the council's interests are protected.

7.7 In engaging with representatives from other organisations, the Risk Manager also has an opportunity to share best practice and to learn from others, and over the course of the year has met in this capacity with personnel and students from organisations including Skills Development Scotland, Sport Scotland and Glasgow Caledonian University.

8. Conclusion

8.1 This Report has provided an overview of key risk management activity and developments undertaken during 2015/16 in relation to the council's corporate-led risk management arrangements. It is intended that the report provides assurance regarding the robustness of the council's risk management approach.

Item 3

To: Audit, Scrutiny and Petitions Board

On: 6 June 2016

Report by: Chief Auditor

Heading: Training for Audit, Scrutiny and Petitions Board Members

1.   **Summary**

1.1   In line with national guidance produced by the Chartered Institute of Public Finance and Accountancy (CIPFA) on the implementation of Audit Committee Principles in Scottish Local Authorities, training on audit and risk related matters is being provided to members of the Audit, Scrutiny and Petitions Board.

1.2   At the Audit, Scrutiny and Petitions Board meeting on 30 September 2014, it was agreed that a programme of training briefings for members would be provided and would continue to form part of the main agenda at every alternate meeting.

1.3   Attached at Appendix 1 is the agreed programme of briefings, and at Appendix 2 the outline for the briefing at the current meeting on "Risk Management".

2.   **Recommendations**

2.1   Members are asked to note the content of the current training briefing.

Implications of the Report

1.   **Financial** - None

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

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

4.   **Legal** - None

5.   **Property/Assets** - None

6.   **Information Technology** - None

7.   **Equality & Human Rights**
        (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 -** training for elected members on audit and risk-related matters reflects audit committee principles

11.   **Privacy Impact** – None

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Author: Andrea McMahon – 01416187017

Date	Topic
01/12/14	PSIAS – Members roles and responsibilities
30/03/15	Final Accounts – use for Members
21/09/15	Serious and Organised Crime – how to deter
15/02/16	Fraud Risk
25/04/16	a) Regulation of the Third Sector b) Benefits of Trusts and other delivery models
06/06/16	Risk Management
TBC	Policy development and measuring success

Renfrewshire
Council

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

On: **6 June 2016**

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

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Heading: **Absence Statistics**

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1. Summary

1.1 The purpose of this report is to advise the Joint Consultative Board: Non Teaching of the Quarterly Absence Return for the period 23 June 2015 to 31 December 2015. The report breaks down the absence statistics by service and by category of staff. Attached to this report are appendices A-B described in the index of appendices at the end of this report

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

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2. Recommendations

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

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3. Background

3.1 At its meeting on 25 June 2002 the Scrutiny Board agreed that absence levels will be reported to the Scrutiny Board (now Audit, Scrutiny and Petitions Board) on a quarterly basis. It was agreed that the report will include the

following information relating to maximising attendance:-
- Absence statistics broken down by department and category of staff.
- Reasons for absence broken down by department and category of staff.
- Progress on implementation of departmental maximising attendance action plans.

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4. Absence Statistics - Quarters Ending 21 September 2015 and 31 December 2015

4.1 Please find service and Council overall absence performance for quarter ending 21 September 2015 given in the table to follow. In line with the reporting requirements for Scottish Councils absence is expressed as a number of work days lost per full time equivalent (FTE) employee.   The absence performance for quarter ending 21 September 2014 has also been included in the table for comparison purposes.

Service/Area	Quarter Ending 21 September 2014	Quarter Ending 21 September 2015	Quarter Ending 21 September 2015 Target
Chief Executive's Services	0.74	1.70	0.80
Education and Leisure Services	2.48	1.04	1.56
Community Resources	2.29	2.26	2.15
Finance and Resources	1.86	2.25	1.34
Development and Housing Services	1.86	1.26	1.69
Social Work Services	3.27	3.48	2.36
Council Overall	**1.85**	**1.96**	**1.79**

4.2 Please find service and Council overall absence performance for quarter ending 31 December 2015 given in the table to follow. In line with the reporting requirements for Scottish Councils absence is expressed as a number of work days lost per full time equivalent (FTE) employee. The absence performance for quarter ending 31 December 2014 has also been included in the table for comparison purposes.

Service/Area	Quarter Ending 31 December 2014	Quarter Ending 31 December 2015	Quarter Ending 31 December 2015 Target
Chief Executive's Services	0.19	0.67	1.20
Children's Services	-	2.20	2.35
Education and Leisure Services	2.07	-	-
Community Resources	2.90	2.88	3.22
Finance and Resources	1.90	2.69	2.00
Development and Housing Services	1.91	1.73	2.53
Renfrewshire Health & Social Care Partnership	-	4.15	3.54
Social Work Services	3.70	-	-
Council Overall	**2.47**	**2.64**	**2.69**

5. **Analysis and Trends - Quarters Ending 21 September 2015 and 31 December 2015**

5.1   The number of days lost per FTE employee due to absence has increased from 1.96 to 2.64 between quarters ending 21 September 2015 and 31 December 2015 respectively. Also, overall absence in quarter endings 21 September 2015 and 31 December 2015 has increased by 0.11 days and 0.17 days respectively per FTE employee compared to the equivalent quarters in 2014/2015.

5.2   The overall number of days lost per FTE employee due to absence is 6.78 for 2015/2016 year to date as at quarter ending 31 December 2015. This represents a 0.11 days per FTE employee increase in absence when compared to the equivalent quarters in 2014/2015.

5.3   The following tables detail the percentage absence levels by employee category for 2015/2016 year to date as at quarter ending 31 December 2015, and for the equivalent quarters in 2012/2013, 2013/2014 and 2014/2015:-

Overall Days Lost Per FTE Employee

Bar chart titled "Overall Days Lost Per FTE Employee" showing data by Quarter Ending.

Quarter Ending	2012/13	2013/14	2014/15	2015/16 YTD
June	2.37	2.25	2.35	2.18
September	1.86	1.80	1.85	1.96
December	2.82	2.56	2.47	2.64
March	2.58	2.47	2.33	
Total	9.63	9.08	9.00	6.78

Days Lost Per FTE Local Government Employee

Bar chart titled "Days Lost Per FTE Local Government Employee" showing data by Quarter Ending.

Quarter Ending	2012/13	2013/14	2014/15	2015/16 YTD
June	2.49	2.39	2.57	2.38
September	2.16	2.09	2.24	2.31
December	2.96	2.76	2.68	2.80
March	2.61	2.58	2.42	
Total	10.19	9.82	9.91	7.49

Days Lost Per FTE Teacher

Quarter Ending	2012/13	2013/14	2014/15	2015/16 YTD
June	1.94	1.79	1.62	1.50
September	0.88	0.78	0.70	0.75
December	2.37	1.92	1.76	2.12
March	2.48	2.10	1.98	
Total	7.67	6.59	6.06	4.37

6. Absence Targets 2015/2016 and Ranking Information

6.1 The absence performance of services, the Council overall and employee groups against the set absence targets for quarter ending 31 December 2015 is shown at **Appendix A.**

6.2 The Council has recorded an overall absence rate of 2.64 days lost per FTE employee for the quarter which is 0.05 days **below** the target figure of 2.69 days. In addition the Teacher absence level of 2.12 days lost per FTE employee is also 0.18 days **below** the quarterly target of 2.30 days. The absence performance of Local Government employees at 2.80 days lost per FTE employee is 0.08 days **below** the quarterly target of 2.88 days.

6.3 Please see **Appendix B** for trends in Council overall and employee group absence performance in recent years, in comparison to other Scottish Councils.

6.4 The Scottish Council ranking information for 2014/2015 has now been received. It is of note that the Council overall, Local Government and Teacher absence performance rankings all improved between 2013/2014 and 2014/2015. This resulted in absence performance improving from 12th to 10th position for the Council overall, from 10th to 9th place for Local Government employees and from 20th to 12th position for Teachers

7. Reasons for Absence

7.1 The category with the highest level of absence in quarter ending 31 December 2015 is 'Psychological' - 27.54% (non work related - 23.22%, work related - 4.32%), with the second highest being 'Musculoskeletal and Joint Disorders' - 22.48%. This compares with quarter ending 21 September 2015 when the category with the highest level of absence was 'Psychological' - 26.98% (non work related - 23.70%, work related - 3.28%), with the second highest being 'Musculoskeletal and Joint Disorders' - 24.32%.

8.   Supporting Attendance Activity

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

- Proactively contacting managers who have absence cases of 2 to 4 weeks in duration, to monitor action taken to date and proposed next steps. This is to ensure that managers intervene early in absence cases and keep in regular contact with absent employees. In turn, discussion is facilitated around the employee's progress, any support that may be required and allows flexible return to work options to be explored.
- Ongoing promotion of the Occupational Health Service Early Intervention Helpline for managers. The aim is to ensure managers receive prompt medical guidance and employees can be quickly referred to support services, where appropriate.
- Continued delivery of supporting attendance training at a corporate level for managers, with the provision of tailored training for managers and employees at a service level on request.
- Ongoing health promotion activities including smoking cessation, mental health awareness and events aimed at raising employee awareness of health issues.
- Ongoing work to improve the absence information available to managers, and to streamline supporting attendance related processes to facilitate prompt absence reporting, recording and updating of relevant systems.

9.   Costs of Sick Pay

9.1   The costs associated with sick pay are provided to the Audit, Scrutiny and Petitions Board. The table to follow outlines the costs of sick pay by employee group and overall for 2014/2015 and 2015/2016:-

Details of Occupational Sick Pay and Statutory Sick Pay Costs Per Employee Group and Overall for 2014/2015 and 2015/2016

Quarter/Year	Teachers (includes Supply Teachers)	All Other Employees	Overall
Quarter 1 of 2014/2015	£490,739	£1,085,444	£1,576,183
Quarter 2 of 2014/2015	£231,365	£1,108,770	£1,340,135
Quarter 3 of 2014/2015	£396,512	£999,266	£1,395,778
Quarter 4 of 2013/2014	£552,457	£944,041	£1,496,498
2014/2015 Overall	**£1,671,073**	**£4,137,521**	**£5,808,594**
Quarter 1 of 2015/2016	£393,394	£935,284	£1,328,678
Quarter 2 of 2015/2016	£125,710	£1,286,198	£1,411,908
Quarter 3 of 2015/2016	£546,844	£1,089,060	£1,635,904
2015/2016 Year to Date	**£1,065,948**	**£3,310,542**	**£4,376,490**

Implications of this Report

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

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

3   **Community Planning**

Children and Young People - none.

Jobs and the Economy - none.

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

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

Greener - none.

Empowering our Communities - none.

4   **Legal Implications** - none.

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

6   **Information Technology Implications** - none.

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

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

9   **Procurement Implications** - none.

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

11   **Privacy Impact Implications** - none.

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List of Background Papers - none.

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Index of Appendices

Appendix A   Graphs detailing trends in service, Council overall and employee group absence levels against targets for quarter ending 31 December 2015.

Appendix B   Graphs detailing trends in Council overall and employee group absence performance as well as sick pay costs, for the years 2010/2011 to 2015/2016 year to date.

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APPENDIX A

PERFORMANCE V TARGETS 2015/2016

Quarter 3 — September 2015 - December 2015

Legend: Actual, Target
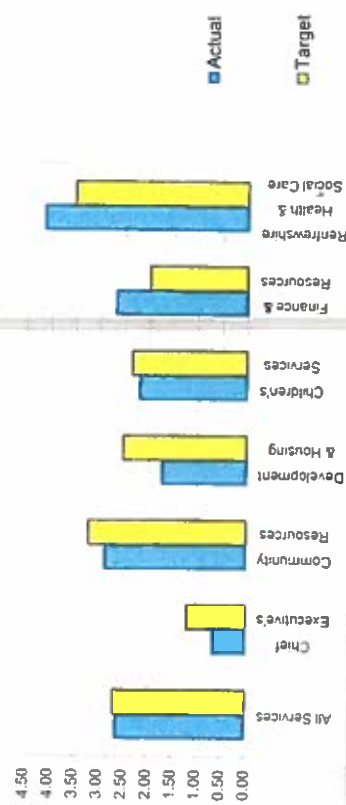
	Actual	Target	Difference
All Services	2.64	2.69	-0.05
Chief Executive's	0.67	1.20	-0.53
Community Resources	2.88	3.22	-0.34
Development & Housing	1.73	2.53	-0.80
Children's Services	2.20	2.35	-0.15
Finance & Resources	2.69	2.00	0.69
Renfrewshire Health & Social Care	4.15	3.54	0.61

Quarter 3 — September 2015 - December 2015

	Actual	Target	Difference
Overall Total	2.64	2.69	-0.05

Quarter 3 — September 2015 - December 2015
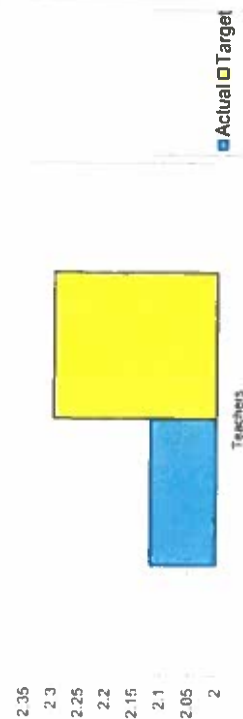
	Actual	Target	Difference
Teachers	2.12	2.30	-0.18

Quarter 3 — September 2015 - December 2015

	Actual	Target	Difference
Local Government	2.80	2.88	-0.08

ABSENCE (DAYS LOST PER FTE EMPLOYEE) v OTHER SCOTTISH COUNCILS AND SICK PAY COSTS 2010/2011 TO 2015/2016   APPENDIX B

Council Overall
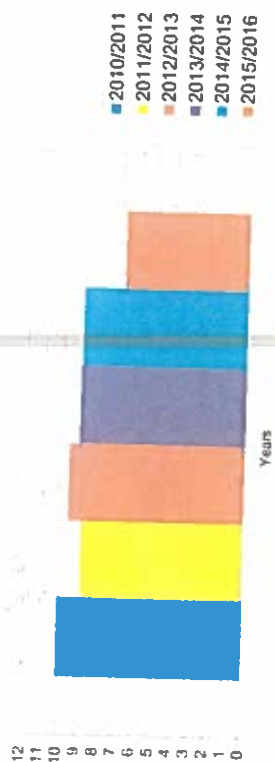
Year	Actual	Ranking	Costs (£)
2010/2011	10.12	23rd	6,882.45
2011/2012	8.90	11th	6,146.25
2012/2013	9.63	13th	6,058,539
2013/2014	9.06	12th	5,934,901
2014/2015	9.01	10th	5,808,594
2015/2016 Year to Date	6.78	Not known yet	4,376,490

Local Government Employees
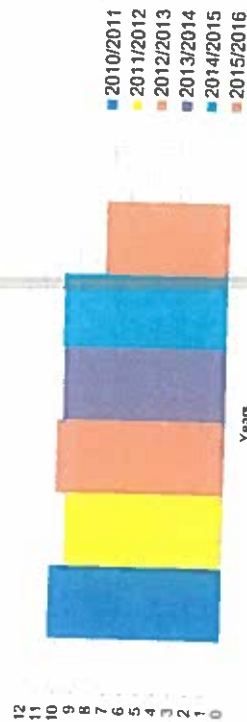
Year	Actual	Ranking	Costs (£)
2010/2011	10.50	15th	4,929,071
2011/2012	9.60	7th	4,462,908
2012/2013	10.20	8th	4,083,003
2013/2014	9.81	10th	4,176,906
2014/2015	9.92	9th	4,137,521
2015/2016 Year to Date	7.49	Not known yet	3,310,542

Teachers
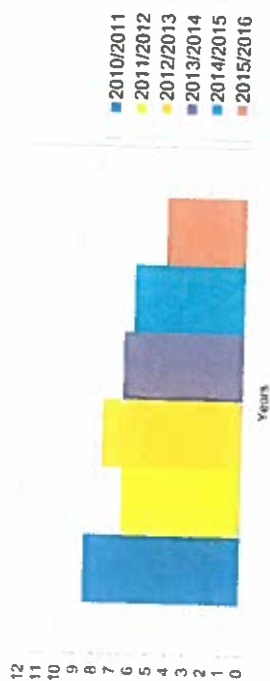
Year	Actual	Ranking	Costs (£)
2010/2011	8.60	28th	1,953,383
2011/2012	6.60	18th	1,683,343
2012/2013	7.70	25th	1,975,536
2013/2014	6.61	20th	1,757,995
2014/2015	6.05	12th	1,671,073
2015/2016 Year to Date	4.37	Not known yet	1,065.948

Item 5

Renfrewshire Council

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To: Audit, Scrutiny & Petitions Board

On: 6 June 2015

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Report by: Director of Finance and Resources

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Heading: **Audit, Scrutiny & Petitions Board – Annual Programme 2016/17**

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1.   **Summary**

1.1   In terms of the guidelines for its operation, the Audit, Scrutiny & Petitions Board is required to prepare an annual programme of activities which may include consideration of routine reports as well as areas of specific investigation.

1.2   Generally, each review takes at least five meetings to conclude, but this is dependent upon the availability of witnesses and whether the Board wishes to hear further evidence. It was agreed at an earlier meeting that, given the level of business before the Board, no more than two reviews be considered at each meeting to allow members to give sufficient consideration to each one and in order that meetings were not extended too late into the afternoon.

1.3   The Board historically undertook 3-4 reviews each year based on there being two meetings per cycle. However there is now only one meeting per cycle and only five cycles each year, although there is the facility to hold additional meetings if required; this has an impact on the number of reviews which can be undertaken and the length of time taken to conclude each review.

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1.4   At the meeting of the Board held on 1 June 2015 it was agreed that the 2015/16 annual programme comprise the following reviews and their order of priority: (i) Ward 15 (Children's Ward), Royal Alexandra Hospital; (ii) bus de-regulation and its effect on transport services in Renfrewshire; (iii) the newly-introduced speed limit in Brookfield (A761); (iv) restricting access to the Council's cycle to work scheme; (v) fly tipping in the countryside and at known fly-tipping spots; (vi) housing repairs by Council and outside contractors; (vii) Japanese knotweed in our landscapes and gardens; (viii) maintenance of multi-occupancy accommodation; and (ix) the effectiveness of Fair Trade.

1.5   The Board's review of Ward 15 (Children's Ward) Royal Alexandra Hospital is ongoing. The scope and terms of reference of the review of bus de-regulation and its effect on transport services in Renfrewshire was agreed by the Board at its meeting held on 30 November, 2015. However the Lead Officer for that review is no longer employed by the Council and the appointment of a new Lead Officer is awaited. The other seven reviews have yet to commence. Lead officers have been appointed for reviews (v) and (vi) as in paragraph 1.4 above.

1.6   Accordingly, unless members have any other areas they wish to propose for the Board's consideration, it is suggested that the 2016/17 programme comprise the reviews agreed for the 2015/16 programme, namely: (i) bus de-regulation and its effect on transport services in Renfrewshire; (ii) the newly-introduced speed limit in Brookfield (A761); (iii) restricting access to the Council's cycle to work scheme; (iv) fly tipping in the countryside and at known fly-tipping spots; (v) housing repairs by Council and outside contractors; (vi) Japanese knotweed in our landscapes and gardens; (vii) maintenance of multi-occupancy accommodation; and (viii) the effectiveness of Fair Trade. However, it should be noted that these reviews will not be concuded prior to the Local Government elections in May, 2017 as only four scheduled meetings of the Board remain. Although, as detailed in paragraph 1.3 above, there is the facility to hold special additional meetings if required.

1.7   Members were advised that this report would suggest that the 2016/17 programme comprise the eight reviews which have yet to commence as detailed at paragraph 1.6 above, unless they had any other areas they wished to propose for the Board's consideration and were asked, when proposing issues for consideration, to provide details of why the review should be undertaken and the expected outcome of the proposed review.

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1.8   Councillor J MacLaren has indicated that, currently, the Council does not list all council tax exemptions and reductions available to residents when issuing council tax notices and suggests that a review be undertaken as follows:

Why the review should be undertaken: because a number of exemptions are not known or readily available. For example, Many carers are not aware of possible exemptions and can end up paying many years of tax which is not refundable by back dated application, before they are told about any possible exemption.

Expected outcome of the review: People should be left in no doubt about what discounts and exemptions are available.

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2.   **Recommendations**

2.1   That members consider which issues they would wish the Board to consider for inclusion in its next annual programme of reviews, including the order of priority in which they are to be undertaken; and

2.2   That Lead Officers be appointed to consider all of the topics and prepare reports outlining the possible scope and terms of reference of specific investigations and suggest individuals, agencies and organisations who might be invited to contribute to the investigations.

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Implications of the Report

1.   **Financial** – *none*

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

3.   **Community Planning –** the Board's annual programme reflects the Council's commitment to open and transparent government.

4.   **Legal** *- none*

5.   **Property/Assets** - *none*

6.   **Information Technology** – *none*

7.   **Equality & Human Rights**

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

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

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Item 6

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

On: **6th June 2016**

Report by: **Lead Officer**

Heading: **Upkeep of Common Areas within Council Housing Stock including Garden Areas**

1. Summary

1.1 At its meeting on 2nd June 2014 the Audit, Scrutiny and Petitions Board approved the purpose of the Review namely, that it would consider how tenants comply with specific provisions within their Scottish Secure Tenancy Agreement in relation to common areas in gardens, ensuring that the landlord could and would take appropriate action and, in addition, agreed an annual programme of activity for the Board.

1.2 The Lead Officer submitted an initial scoping report on the Review of the upkeep of common areas within Council housing stock to the Audit, Scrutiny and Petitions Board at its meeting held on 30th September 2014. The Board considered and approved the purpose and scope of the Report and agreed the proposed provisional timescale for the Review. In addition, the Board approved that authority be delegated to the Lead Officer in consultation with the Convener, to alter the proposed timescale for the Review to accommodate the provision of material evidence including evidence provided by witnesses.

1.3 The purpose of the Review is to consider potential options for ensuring that internal and external areas of Council housing stock are maintained and that tenants should be made aware of their obligations.

2.   Scope of Review

2.1   The scope of the Review would consider the terms of the Council's Scottish Secure Tenancy Agreement particularly, in relation to the maintenance of gardens.

2.2   The Review would also look at evidence from Housing Services as to how compliance with the terms of the Tenancy Agreement was monitored.

2.3   The Review would further seek to identify areas of best practice from partner organisations including, Housing Associations.

2.4   In addition, local registered Tenants and Residents Associations would be contacted requesting their views on the subject matter of the Review.

2.5   The Review was requested by an elected member following concerns about the impact on the environment particularly within local authority housing areas.

3.   Findings

3.1   It is recommended that the Audit Scrutiny and Petitions Board notes the content of this report and considers and approves the following findings.

a)   tenants of Renfrewshire Council occupy their homes by virtue of a Scottish Secure Tenancy and the Tenancy Agreement contains obligations on both landlord and tenant.

b)   the Scottish Secure Tenancy Agreement confirms *inter alia*:-

i)   that it is the responsibility of the occupiers who use shared parts to keep them clean and tidy (this includes any shared stairs, windows and banisters and any bin chutes).   If the tenants cannot agree   on   the arrangements for the necessary cleaning, or if they do not do it, the Council can decide exactly what the tenants should do and as a result, tenants must accept the Council's decision and if they do not carry out the necessary work, the Council may do the work and charge tenants accordingly;

ii)   the tenant must take reasonable care to keep gardens from becoming over-grown or untidy and from causing a nuisance.   If the tenant does not do so, the Council can decide exactly what work needs to be done. If the tenant still does not do the work the Council may do it and charge the tenants;

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c) tenants are made aware of their responsibility by Housing Staff when Tenancy Agreements are signed;

d) tenants also watch a DVD compiled and produced by the Council at the signing of the Tenancy Agreement reinforcing the terms of the Tenancy Agreement;

e) tenants receive a copy of the Tenancy Agreement;

f) tenants, at sign-up, receive a Tenancy Pack. The pack includes information on how to advise the Council that repairs are required, bin collection, rent payments and tenants are again reminded that "they must keep gardens tidy and cut grass regularly;"

g) Housing Services have recognised that some tenants may be unable to adhere to their obligations and two assistance schemes are provided:-

   i) Common Maintenance Programme

   This operates in tenement and deck access properties where there are shared common areas. The programme covers 1,300 properties cross Renfrewshire the properties being identified through the course of Housing Estate Management monitoring. Following consultation with Community Resources properties can be added to the programme and tenants and residents can approach the Council direct. The service attracts a charge. The service is provided by Community Resources.

   ii) Garden Assistance Scheme

   This Scheme supports approximately 2,200 tenants who can approach the Council directly. The scheme runs from April to October with Community Resources cutting grass and removing clippings eight times a year and cutting hedges twice in this period. The criteria to be admitted to this scheme is age / medical related for tenants and assistance can also be provided to owners by Community Resources if owners again meet the appropriate criteria. The owners are charged accordingly.

h) if a tenant breaches the terms of his Scottish Secure Tenancy Agreement in respect of not fulfilling his obligations in respect of common parts and / or gardens, Housing Services will follow their Estate Management procedures. These procedures include conducting home visits in an attempt to contact and consult with the relevant tenants. Written warnings can be issued including a final warning that if the work is not carried out

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Housing Services may instruct the work and charge the tenant accordingly;

i) breaching tenancy obligations can ultimately result in action being taken to end a tenancy and evict a tenant. This is a last resort for any social landlord. Tenancy sustainment is the primary concern of housing providers. No eviction actions have been raised by Renfrewshire Council in respect of a tenant's failure to maintain gardens. Eviction actions are subject to the "reasonableness test" and action raised by Renfrewshire Council as a housing provider is subject to the independent and impartial scrutiny of a Sheriff;

j) for tenants struggling to adhere to their tenancy obligations, referrals to support services and agencies will be offered. Referrals include those to Money Advice and Housing and Social Work Support Services;

k) officers from within the Council's Department of Development and Housing Services advise that almost all tenants who have been issued with written warnings take action to resolve any problems with only a very few tenants receiving a final warning where the work required is eventually undertaken by the Council and the tenant re-charged appropriately;

l) the multi-tenure nature of housing estates within Renfrewshire contributes to the overall appearance and conditions within estates. Council ownership is often in the minority and many properties now lie within the private rented sector or are owner occupied. Private sector leases are generally granted on a six monthly basis and therefore these are transitory in nature;

m) private sector stock (owner occupied and private rented) has increased on a year by year basis. Statistics show that from 73% of all stock in 2006, this has risen to 76% of all stock in 2014; [1]

n) private landlords require to be registered by the Council. They have to meet the fit and proper test. The statutory process, as outlined to the Board, is contained within the Anti-Social Behaviour etc. (Scotland) Act 2004. In deciding whether a potential landlord is fit and proper a number of considerations can be looked at including:-

i) information as to whether nor not the proposed private landlord has committed any offence including fraud, dishonesty, firearms offences, violence or drugs or has committed a sexual offence;

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ii) information that the proposed private landlord has practised unlawful discrimination in or in connection with the carrying on of any business, has contravened the Letting Code or has contravened the law relating to housing or landlord and tenant law;

iii) information about anti-social behaviour for example information would be obtained as to whether or not the proposed landlord has ever been subject to an anti-social behaviour Order;

iv) a repairing standard enforcement order.

If the Council refuses an application for registration, the landlord can appeal a decision to the Sheriff Court which, if upheld, could result in an Order against the Council for legal expenses.   As explained to the Board by the Assistant Managing Solicitor (Licensing), untidy gardens are not a reason for refusing a landlord's application for registration.   The Assistant Managing Solicitor (Licensing) has further confirmed that the total number of applications refused by Renfrewshire Council is 36.

o)   Renfrewshire Council housing stock has reduced over the years as a result of large numbers of Right to Buy transactions and demolition of stock as part of regeneration strategies.   In 2006 there were 15,000 Council houses in Renfrewshire this has declined to 12,497 in 2014;[2]

p)   social rented stock in Renfrewshire is now in the minority and estimated to be 20,274 (24.082%) of all stock.   There are 7,777 (9.24%) Housing Association properties and 12,497 (14.84%) Renfrewshire Council properties.   There are 10,965 (13.02%) private rented sector properties and 50,484 (59.97%) of properties are owner occupied.   There were also 2,464 vacant private sector homes (2.93%) (2014);.   As at April, 2016 there were over 7,024 registered private landlords in Renfrewshire covering 8,703 properties;

q)   in their written submission, Ferguslie Park Housing Association confirmed that it operates both Garden Tidy Schemes and a Close Cleaning Service similar to the schemes operated by Renfrewshire Council.   Charges are made by the Housing Association to residents.   The Housing Association has also confirmed that they have not carried out any evictions for lack of garden maintenance and find that the use of estate management procedures assist the situation.   They confirm that they do not carry out work for tenants who default and then re-charge.   This is not included within their procedures.   They feel that recovery of the costs involved is unlikely to be achieved.   The Association's stock profile split is completely

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different from the Council.   They have houses rather than tenemental properties;

r)   Paisley South Housing Association, in conversations with the Lead Officer, confirmed that like the Council within traditional tenements they also had problems with mixed ownership.   They too charged for their maintenance scheme and they had schemes to assist the elderly and disabled;

s)   River Clyde Homes, a Housing Association formed as a result of a major stock transfer there from Inverclyde Council advised that they had formed Cleaner, Greener Teams, their principal functions being:-

- Care taking service
- Environmental maintenance and contract management for common open spaces
- Garden Tidy Scheme
- Environmental Assessment
- Neighbourhood Walkabout Programme Management
- Rota for stair / common area cleaning and enforcement including letters and warning

They advised that their customers are welcome to join in the walkabouts. Their Cleaner, Greener Team inspect common areas and if said areas are not within the exclusive ownership of the Housing Association they will then work with other agencies, owner occupiers and private landlords in an attempt to solve problems.   They have, in addition, set environmental standards as gold, silver and bronze with a gold standard requiring no action.   The Cleaner, Greener Team will work with other agencies and individuals including home owners in an attempt to raise the grading to silver and gold.   River Clyde Homes confirmed that their organisation was a Housing Association resulting from a major stock transfer and that their funding arrangements were accordingly different.   This enabled them to set up these initial Cleaner, Greener Teams.   It was also acknowledged by the Housing Association that with funding streams being under pressure, changes in the future may be required.

t)   tenants representatives were invited to take part and express their views. Views related to the upkeep of open areas rather than gardens attached to either individual houses or tenement properties.   Open areas, which although outwith the scope of this review in relation to how tenants maintain their gardens, was an area of interest for tenants and their representatives.   Individual areas of concern discussed were responded

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to by the representative from Community Resources present. Issues raised included the maintenance of rose beds and their removal and the maintenance of open grass areas. The representatives were positive about walkabouts that had taken place. They did acknowledge however that areas discussed were not always directly related to Council owned stock nor related to individual tenant's gardens or other areas of responsibility. They acknowledged that, in the past, Housing Officers would have dealt with the whole of a traditional housing estate there being no private landlord and few owner occupiers;

u)   Housing Services advised that a similar model of "estate walkabouts" as described by the representatives from River Clyde Homes was in place within Renfrewshire. Council had reviewed the approach, as outlined in a report to the Housing and Community Safety Policy Board on 2nd March 2010 entitled "Review of Housing Services Regeneration Strategies and Estate Management Initiatives" and it was agreed that "instead of the annual estate walkabout programme, tenants, members and partners should report any issues through existing Estate Management and Repairs channels and that relevant Housing and Property and Environmental Services Managers will take direct responsibility for reporting progress on the resultant actions to Local Housing Forums, as part of their wider estate management responsibilities. Where required, local walkabouts can be arranged at any point in the year with appropriate officer support, and outputs reported back via the Local Housing Forum structure". The Board, on balance, recognised that "walkabouts" were useful but there was the need to streamline processes to reflect the responsibilities of the appropriate Council Department in the hope that issues are resolved as part of ongoing operational functions;

v)   open spaces are not the responsibility of Housing Services. If open spaces are owned by the Council, the responsibility for maintenance thereof is delegated to Community Resources in the main. These are maintained in line with the outcome specifications developed by Community Resources since the Council's review of Streetscene Services which commenced in 2010;

w)   Housing Services advised that despite a tenant's obligations being clear and outlined in the Scottish Secure Tenancy Agreement and despite its management procedures unfortunately some tenants do not comply with the terms of their tenancy agreement nor the upkeep of common parts and garden areas can fall below standards expected. Where this is found through scheduled estate management inspections or through reports from other tenants or their representatives, there are clear procedures in place for staff to follow from intervention, through support, if required,

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through to warnings and ultimately the work would be done and the tenant re-charged;

x) it was acknowledged by both Housing Services and by tenant representatives that, many residents, be they Council or Housing Association tenants, private tenants or owner-occupiers, may not be interested in maintaining a garden and some often do not have the resources to do so;

y) Housing Services confirmed that by breaching the terms of their Scottish Secure Tenancy Agreement, tenants could become subject to eviction proceedings. They were at pains to point out that this is always a last resort particularly for a social landlord and that any eviction process would always be subject to the "reasonableness" test namely, would the Court consider that it is reasonable, in all the circumstances, to evict a secure tenant from social housing for having an untidy garden ;

z) depending on the nature and location of issues of key concern, appropriate Officers from Development and Housing Services and / or Community Resources will respond.

aa) from the evidence presented, it became clear that many of the issues raised, particularly in relation to the maintenance of open spaces, do not specifically fall within the scope of this review as these open spaces are not managed and dealt with in terms of the Council's Secure Tenancy Agreement;

3. **Recommendations**

There is no evidence to support the view that Housing Services are failing to advise Council tenants of their obligations under the Scottish Secure Tenancy Agreement or fail to address any issues raised with them which fall to be dealt with under their estate management procedures.

Housing Services operate two. This was confirmed by representatives of the Tenants and Residents Associations. One representative confirmed specifically that this had made a significant difference particularly within her area, namely Glenburn.

- It is recommended that Housing Services should be encouraged to continue both schemes.

- Targeted estate site visits continue to be encouraged, for example through Local Housing Forums.

7

- Housing Services consider refreshing the performance management guide within their Estate Management Procedures with pictorial guides using a similar system to the gold, silver and bronze standards for Council owned stock as used by River Clyde Homes.

- Housing Services should consider, with each new tenants pack providing a copy of the DVD played to tenants at their sign-up to the Scottish Secure Tenancy Agreement or providing a link through the Council's website depending on the preferred access route required by the customer.

- Housing Services and Community Resources should consider joint literature reflecting services available for all residents outlining and explaining the services available from the Council including for example the services of the Graffiti Squad, bin collections, bulk uplift etc.

- Acknowledge that with the increase in owner occupation and private landlords, the Council is often left as the minority owner in many Council areas and also in individual blocks of flatted dwelling houses with the resultant loss of control. The Board should also note that the Council has already taken the decision to offer for sale, single Council dwellings in larger common blocks where the Council has no other ownership. The majority of these dwellings are located in the Renfrew and Gallowhill areas as acknowledged within the report to Council on 13th May 2014:

  - ❖ Paisley North: 19
  - ❖ Paisley South: 1
  - ❖ Renfrew and Gallowhill: 69
  - ❖ Johnstone and Villages: 12
  - ❖ Houston, Crosslee, Riverside etc: 5

- That Housing Services continue to work with tenants outlining their obligations under their Tenancy Agreement and encouraging them to do all that is possible to maintain common areas and garden ground for which they are responsible.

Implications of the Report

1. **Financial** – none.

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

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

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4.   **Legal** – none.

5.   **Property/Assets** – none.

6.   **Information Technology** – none.

7.   **Equality & Human Rights** – none.

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

8.   **Health & Safety** – none

9.   **Procurement** – none.

10.   **Risk** – none.

11.   **Privacy Impact** – none.

12.   **List of Background Papers** – none.

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[1] Source: SG, Housing Statistics for Scotland – Key information and summary table, last updated September, 2015, weblink – Owner Occupied – 59.97% + PRS – 13.02% + Vacant private – 2.93% = 75.92% rounded to 76%)
[2] Source for PRS landlord data – Licensing Renfrewshire Council, 07/04/16

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Item 7

To: Audit, Scrutiny and Petitions Board

On: 6 June 2016

Report by: Lead Officer

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

1. Summary

1.1   At its meeting on 30 November 2015, the Audit, Scrutiny and Petitions Board agreed to the recommendations and review programme outlined in respect of providing an informed, evidence-based Council view of any consultation regarding the future of Ward 15 at the Royal Alexandra Hospital in Paisley.

1.2   The following report provides an update on the progress of the review following the Board meeting on 23 May which was attended by representatives from NHS Greater Glasgow and Clyde (NHS GGC).

1.3   In line with an action agreed at the meeting of this board on Monday 25 January 2016, Councillor M Macmillan will attend this meeting to discuss the NHS GGC Board's view as to the future of Ward 15 at the RAH.

1.   Recommendations

2.1   It is recommended that the Audit, Scrutiny and Petitions Board:

- Notes the progress of the review.

3. Progress

3.1 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.

3.2 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).

3.3 Neil Ferguson provide 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. A copy of the presentation has been included at Appendix 1.

3.4 The presentation was followed by a question and answer session. The key points arising from this session are noted below.

   a) In response to a question on the current status of the preferred option identified in the 2011/12 consultation exercise, the NHS GGC noted that the drivers for change identified in 2011 still remained. The Board were informed that the preferred option of transferring inpatient services to the Royal Hospital for Children, Glasgow, would be included as part of the NHS GGC's Local Delivery Plan proposals which will be considered by the 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. It was agreed that the NHS GGC would provide an overview of how this consultation would be conducted.

   c) Transport and travel issues were raised by Board members. Issues of concern included travel times and the cost of travel to the Royal Hospital for Children, 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 Royal Hospital for Children 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. It was agreed that further information would be provided by the NHS GGC on transport links and car parking capacity.

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. The NHS GGC welcomed this comment and agreed to take this on board in any future consultation exercise.

e) Members thanked the NHS GGC 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.

3.5 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.

4. Next Steps

4.1 In line with an action agreed at the meeting of this board on Monday 25 January 2016, Councillor M Macmillan will attend the Board meeting on Monday 6 June 2016. The Board had previously requested that Councillor Macmillan be invited to discuss the NHS GGC Board's view as to the future of Ward 15 at the RAH.

4.2 A final draft "Review of Ward 15 (Children's Ward) Royal Alexandra Hospital" will be submitted to this Board on Monday 19 September for approval.

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

NHS
Greater Glasgow
and Clyde

Renfrewshire Council
Audit Petitions & Scrutiny Board
23 May 2016

Ward 15, Royal Alexandra Hospital

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

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NHS
Greater Glasgow
and Clyde

Paediatric Services, Royal Alexandra Hospital

Ward 15

- 16 inpatient beds
- Planned care unit
  - 4 beds + 2 chairs
- Short stay medical assessment unit
  - 5 beds + 1 chair
- Outpatient clinics
- Neo natal services
- PANDA centre (community led unit)

Workforce

[Headcount]
- 27 Medical Staff
  - 11 Consultants
- 26 Nursing Staff
- 8 Admin + 1 Play specialist

supporting all acute paediatric services at RAH

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Quality - Healthcare Standards Dashboard

NHS Greater Glasgow and Clyde

Infection Control: Print Data Capture Sheet

Thresholds

<=65%	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	EAP	TBP	Quality Improvement	Overall Score
Glasgow Royal Infirmary	Pre SCBU	90%	82%	100%	50%	8%
Queen Elizabeth University Hospital Glasgow	Neo Icu	90%	89%	97%	50%	84%
Royal Alexandra Hospital	Scbu	93%	87%	100%	N/A	9%
Royal Alexandra Hospital — Ward 15	Area 1C / Day Care Unit	84%	81%	94%	100%	8%
Royal Hospital for Children	Ward 1D	96%	100%	100%	N/A	9%
Royal Hospital for Children	Ward 12	89%	77%	97%	100%	8%
Royal Hospital for Children	Ward 2A	91%	71%	100%	50%	6%
Royal Hospital for Children	Ward 2C					
Royal Hospital for Children	Ward 3A					
Royal Hospital for Children	Ward 3B					
Royal Hospital for Children	Ward 4					

Team	Date Confirmed to Programme	Months in Programme	EWS	Safety Brief	SBAR Use	SBAR Quality	PVC Maint	PVC Insert	CVC Maint
RAH-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
RHC-02c	Jan-13	40	SD	SD	SD	SD	SD	E	n/a
RHC-03a	Jan-13	40	SD	4	3	3	SD	n/a	E
RHC-03b	Jan-13	40	SD	SD	SD	SD	SD	n/a	E
RHC-03c	Jan-13	40	SD	SD	SD	SD	SD	n/a	SD
RHC-CDU	Sep-15	8	4	4	4	4	4	E	n/a
RHC-DSU	Jan-13	40	SD	SD	SD	SD	n/a	5	n/a
RHC-ED	Sep-13	32	SD	SD	5	5	n/a	5	n/a
RHC-Theatres	Nov-13	30	n/a	n/a	n/a	n/a	n/a	4	n/a
RHC-PICU	Jan-13	40	n/a	SD	n/a	n/a	SD	n/a	SD

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A&E and Ward 15 Activity 2015/16

NHS Greater Glasgow and Clyde

A&E Attendances	10045	Outwith Renfrewshire
of which discharged		8473

Non-elective admissions	4,822	43%
no overnight stay		2,958
stay of 1 night or more		1,864

Elective	664	37%
Day case		540
Inpatient		124

☐ 14% A&E attendances come by Ambulance

☐ Of those admitted, 50% will have come by ambulance

☐ Renfrewshire patients account for 60% of inpatient/daycase work

☐ Bed occupancy c.60%

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Drivers for Change

NHS
Greater Glasgow
and Clyde

National

- **Royal College standards**
  - Expectation of enhanced Senior Paediatrician cover

- **Workforce Regulations**
  - Safe & Sustainable rota
  - Compliance with Working Hours Directive
  - Challenge to maintain existing numbers

- **Junior Doctor restrictions**
  - Requirements for training
  - Restrictions on overseas doctors
  - Greater onus on Consultant cover

- **2016 Scottish Clinical Strategy**
  - evidence that suggests that some complex, and many less complex, operations are best performed in more specialist settings

Local

- **Continuation of 20yr strategy**
  - of concentration of inpatient services into fewer sites
  - Balanced by outpatient work devolved to local DGHs

- **Royal Hospital for Children**
  - (one of) largest Paediatric Teaching Hospitals in UK
  - Comprehensive, state of art facilities

- **Rights of Child**
  - Delivery of commitment to ensure age appropriate care

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![NHS Greater Glasgow and Clyde logo]

Options Appraisal (2011/12)

4 Options

Option 1:
Do nothing - maintain the current children's inpatient service at Ward 15, RAH

Option 2:
Transfer all inpatient services from Ward 15, RAH to RHSC, Yorkhill in 2012

Option 3:
Transfer some inpatient services from Ward 15, RAH to Yorkhill in 2012 but develop a dedicated facility for short-stay medical assessment and planned medical and surgical day-care next to the outpatient department, RAH. There would be no inpatient beds in this option.

Option 4:
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.

(Option 4 proposed by participants not GGC)

Criteria for change

- Is it person-centred?
- Is it safe?
- Is it effective?
- Is it efficient?
- Is it equitable – fair?
- Is it timely?

Dedicated event with 2 Groups considered and scored the options

Option 4 Scored highest in both groups

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Travel Survey – Key messages
(Conducted Nov-Dec 2011)

NHS Greater Glasgow and Clyde

58% of primary carers made a single journey then 'stayed in'
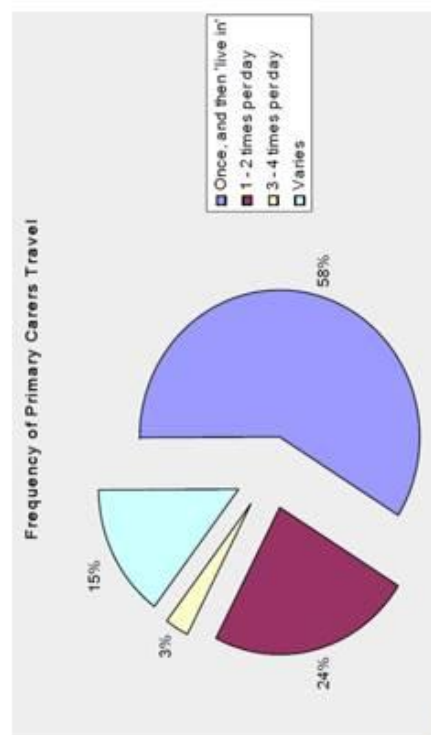
Strong preference for travelling by car (73.8%)

Distances travelled by patient/carers indicated 54% travelled under 10 miles but sizable proportion (>30%) travelling between 11 – 30 miles

Frequency of Primary Carers Travel

- 58%
- 24%
- 3%
- 15%

Legend:
- Once, and then 'live in'
- 1 - 2 times per day
- 3 - 4 times per day
- Varies

Parents/Carers Distance Travelled

Categories (bottom to top):
- Under 5 miles
- 6 - 10 miles
- 11 - 20 miles
- 21 - 30 miles
- 31 - 40 miles
- over 41 miles

Axis: 0.0%, 5.0%, 10.0%, 15.0%, 20.0%, 25.0%, 30.0%, 35.0%
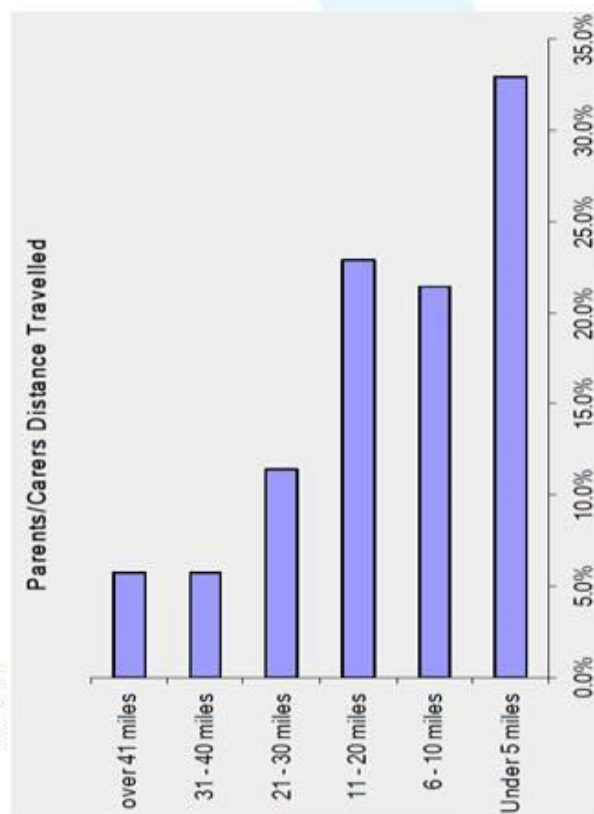
[Sample size: 81 respondents]

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Item 8

To: Audit, Scrutiny & Petitions Board

On: 6 June 2016

Report by: Director of Finance and Resources

Heading: Petition: Speed Bumps, Tiree Avenue, Renfrew

1. Summary

1.1 At the meeting of the Board held on 21 September, 2015 consideration was given to a petition by Ms J Campbell in the undernoted terms.

"Renfrewshire Council: agree to place speed bumps in Tiree Avenue for the safety of local children and drivers".

1.2 The Board were advised that the Head of Amenity Services had intimated that the Council was unaware of speeding instances in Tiree Avenue, Renfrew. However any injury accidents history in this street would be investigated and a meeting with Police Scotland would be arranged to discuss the issues in detail. It was indicated that further supporting information from the petitioners would be helpful.

1.3 The Board agreed that consideration of the petition be continued to allow a site meeting to take place to establish the extent of the problem, attended by the Transportation Manager, other officers as appropriate, Police Scotland, the principal petitioner and supporter, and the Convener and Depute Convener of the Board.

1.4 Following the site visit it was agreed that a driver feedback sign be installed to monitor vehicle speeds. The Head of Amenity Services has advised that the average speeds recorded were 13mph for North-bound vehicles and 12mph South-bound.

1.5 The principal petitioner has been asked to return to this meeting of the Board in order that the Board may resume consideration of her petition.

1.6 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 –

(a)   none

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

Item 9

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

On: **6 June 2016**

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

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Heading: **Petition: Inchinnan Junction, A8, Greenock Road**

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1. Summary

1.1. At the meeting of the Board held on 25 January 2016 consideration was given to a petition from Martin Rollo, Secretary, Inchinnan Community Council, in the following terms:

"To reduce the speed limit at Inchinnan Junction A8 Greenock Road, currently 50mph. ICC are promoting a petition to reduce the speed limit on approximately 500 metres of two carriageways of the Greenock Road A8 Inchinnan Junction at Old Greenock Road. This is a dangerous and badly sited intersection with massive traffic at peak times displaying complicated and confusing rights of way and is an area of frequent accidents. The road is bounded by a very busy bus depot, a Post Office/supermarket and a public house which have non-controlled exits joining on to a 50mph A road. Vehicle parking also contributes to the overall confusion of lane use. A junction improvement plan promised by Renfrewshire Council this year has again been delayed for budgetary reasons leaving the public and the village with no near-term safety improvement for users. We consider that the speed limit of this road is too fast and would like to have it lowered and by doing so would help alleviate accidents.

Action requested from Council: Renfrewshire Council Roads are requested to pursue the reduction of the petitioned speed, communicate and engage with appropriate government departments to make this change and to install the appropriate signage and structures".

1.2. The Board heard that the Head of Amenity Services had indicated that in line with the guidelines for setting speed limits, and in consultation with the Police, the Council reduced the speed limit to 50mph. Whilst the Council desired a lower limit the guidelines and the position taken by the then Strathclyde Police did not support this. For the Council to pursue a lower limit it would be necessary to gain the support of Police Scotland and promote a traffic order.

1.3.   The Board also heard that plans for a re-designed junction to include traffic lights at the location had been approved and an application had been made to Strathclyde Partnership for Transport (SPT) for funding of £510,000 to deliver this project.

1.4.   The Board agreed to recommend that as the outcome of the bid for funds from SPT could not be guaranteed, discussions be arranged between the petitioner, Council representatives and Police Scotland to promote the appropriate traffic order to reduce the speed limit in the event that the application was not successful.

1.5   It was further agreed that the outcome of the application to SPT for funding to deliver a re-designed road layout at the junction and the outcome of the discussions to promote a traffic order to reduce the speed limit in the event that the application to SPT was not successful, be reported to a future meeting of the Board at which consideration of the petition would be resumed.

1.6   The Head of Amenity Services has intimated that the Transportation Manager met with Police Scotland and Inchinnan Community Council. Following some accident investigation work and speed measurement, Police Scotland has indicated that they will not support a reduction to the speed limit. Funding is in place for £510,000 from SPT and arrangements are being made in relation to the tendering process for the junction improvement.

1.7   The principal petitioner has been asked to return to this meeting of the Board in order that the Board may resume consideration of his 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.

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2.   **Recommendation**

2.1   That the Board resumes consideration of the petition.

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