

## DRAFT RISK MANAGEMENT FRAMEWORK

	Risk Title	Risk without controls in place		Risk with controls in place	
		Likelihood	Consequence	Likelihood	Consequence
1	CORPORATE GOVERNANCE	5	5		
2	CLINICAL, CARE & PROFESSIONAL GOVERNANCE	5	5		
3	STRATEGIC PLAN	4	5		
4	EFFECTIVE FINANCIAL MANAGEMENT	5	5		
5	STAKEHOLDER ENGAGEMENT AND PARTNERSHIP WORKING	5	5		
6	HEALTH EQUITY	4	5		
7	INFORMATION GOVERNANCE & SHARING	5	5		
8	WORKFORCE DEVELOPMENT & STAFF GOVERNANCE	5	5		
9	CAPACITY AND FLOW	5	5		
10	LOCALITY DEVELOPMENT	5	5		

The following categories have been used for the risk controls throughout the remainder of this risk profile.

A	Controls are working effectively
B	Controls require further development
C	Significant controls not operating effectively
D	Significant controls do not exist or have broken down

## STRATEGIC RISK 1 – Corporate Governance

The inability to establish efficient and effective structures and arrangements required for the partnership will lead to a risk of the partnership being unable to function effectively.

<b>Relevant Strategic Objectives:</b>	
<b>Clinical, Care &amp; Professional Governance domains:</b>	ALL
<b>Risk manager:</b>	Jane Smith
<b>Risk likelihood <u>without</u> controls:</b>	5
<b>Risk consequence <u>without</u> controls:</b>	5
<b>Risk likelihood <u>with</u> controls:</b>	
<b>Risk consequence <u>with</u> controls:</b>	

<b>Current Internal Controls</b>	<b>Responsible Lead</b>	<b>Strength</b>	<b>Current Status</b>	<b>Future Improvement actions</b>
Standing Orders are in place and include an appropriate Code of Conduct		<b>A</b>	IJB adopted a template Code of Conduct drafted by the Scottish Government at its meeting on 13.05.16	
Scheme of administration sets out membership and quoracy, remit, authority, reporting arrangements, minimum frequency of meetings Requirement for a workplan to ensure the remit is fulfilled, and a requirement for an annual report (in advance of accounts sign-off)		<b>A</b>		
Annual review of governance identifies strengths, challenges and opportunities for improvement.		<b>A</b>	This action is part of the annual accounts process. This statement has been drafted and will be presented to the IJB.	
Deputising arrangements for the short or long-term absence of the Chief Officer have been agreed		<b>B</b>	This was discussed at the IJB meeting on the 23 <sup>rd</sup> March 16.	
The responsibilities and the reporting lines of the IJB in respect of governance arrangements reflected in existing management and governance arrangements		<b>B</b>	Full review of existing arrangements undertaken and improvement plan drafted for discussion at COG	

Current Internal Controls	Responsible Lead	Strength	Current Status	Future Improvement actions
Action plan in relation to recommendations made for Integration Authorities in the Dec 2015 Audit Scotland report has been agreed and is currently being implemented.		B	IJB considered the report at its meeting on 13.5.16 item 11. IJB also agreed the actions relating to the report's recommendations.	
Audit & Performance Committee is being established, with appropriate terms of reference in line with best practice		B	Recommendations for the establishment of an Audit Committee by 1 <sup>st</sup> July.	
Internal Audit arrangements including plan and resources been approved by the IJB		A	Recommendations for the establishment of an Audit Committee by 1 <sup>st</sup> July.	
The Chief Officer and Senior Management Team meet weekly as the Chief Officers Group		A		
IJB risk management framework has been agreed.		A	Risk Policy & Strategy approved at the January 2016 IJB meeting.	
Identified, assessed and prioritised the significant risks along with mitigating actions		B	The risk profile will be presented to the IJB on the 1 <sup>st</sup> July 2016.	Ongoing work required to agree the ongoing assurance and reporting arrangements
Arrangements have been made for the IJB to receive corporate services support functions		A		
Performance Framework has been agreed along with core measures.		A	Annual performance report to be presented to the IJB	
CNORIS cover for Clinical, Medical and other negligence claims is in place for 2015/16		A		

Proposed Internal Controls	Responsible Lead	Strength	Current Status	Future Improvement actions
For hosted services, ensuring that the objectives of the other partnerships strategic plans can be achieved			Joint Forum to be established to discuss the strategic objectives and implications for hosted services and agree ongoing mechanism for discussion and ongoing review.	
The Chief Officer is an executive member of the Community Planning Partnership Executive Steering Group				
Performance & Risk Forum to be established				
Audit & Performance Committee to be established				

## STRATEGIC RISK 2 – Clinical, Care & Professional Governance

The inability to deliver locality structures underpinned by robust standards and professional codes of practice results in a risk of failure to deliver reliable, safe and effective health and social care in all settings, resulting in harm or deterioration to service users.

<b>Relevant Strategic Objectives:</b>	ALL
<b>Clinical, Care &amp; Professional Governance domains:</b>	ALL
<b>Risk manager:</b>	Evelyn Devine & Val Johnston
<b>Risk likelihood <u>without</u> controls:</b>	5
<b>Risk consequence <u>without</u> controls:</b>	5
<b>Risk likelihood <u>with</u> controls:</b>	
<b>Risk consequence <u>with</u> controls:</b>	

<u>Current Internal Controls</u>	Responsible Lead	Strength	Current Status	Future Improvement actions
Framework for Clinical, Care & Professional Governance agreed and in place		A		
The P&K HSCP Care & Professional Governance Forum in place , which is co-chaired by the Chief Social Worker and Clinical Director.		B	Forum workplan to be finalised at the meeting on 18 <sup>th</sup> June.	Terms of Reference in place, to be brought to the IJB for approval. To agree the Care & Professional Governance structures and assurance for hosted services.
Within health, the existing Safety, Clinical Governance and Risk Group continues to meet to provide assurances of safe, effective and person centred care		A	Group continues to meet on a 2 monthly basis	
Within health, each service has a Safety, Clinical Governance & Risk groups in place which has a responsibility for ensuring safe, effective and person centred care within their service.		A		Locality based Clinical Governance and Risk groups will require to be established.
Performance information regarding Clinical and Care governance is currently discussed and scrutinised at the health Safety, Clinical Governance & Risk Group		A		Performance information will be brought to future SMT meetings for scrutiny.
Clinical Governance & Risk Coordinator in place in the partnership, and facilitators in place within Mental Health.		A		

<b>Current Internal Controls</b>	<b>Responsible Lead</b>	<b>Strength</b>	<b>Current Status</b>	<b>Future Improvement actions</b>
Professional Nurse Forum in place within the partnership. This group oversees the professional development of nursing staff across health.		<b>B</b>		AHP Professional Forum to be established
Both Community Care and Health have risk management arrangements and processes in place		<b>A</b>		Further discussion to take place regarding the use of DATIX for risks within the partnership
DATIX system in place for adverse event reporting within Health		<b>B</b>		Further discussion to take place regarding the use of DATIX for adverse event reporting within the partnership
Business Continuity Plans in place with health and community care.		<b>A</b>		Future plans or revisions to existing plans should be joint where appropriate
Complaints processes in place in both Health and Community Care.		<b>A</b>	The current arrangement for complaint handling is that complaints will be managed and responded to by the lead organisation responsible for the delivery of the service to which the complaints refers	National work ongoing regarding a joint approach to complaint management.
Professional revalidation of both Health & Social Care staff through SSSE for Social Work, and the various professional bodies for Health staff		<b>A</b>		

<b>Proposed Internal Controls</b>	<b>Responsible Lead</b>	<b>Strength</b>	<b>Current Status</b>	<b>Future Improvement actions</b>
Development of clear and robust reporting and assurance arrangements for Adult Mental Health (Community and Inpatient)				
Development of a professional governance network across the P&K HSCP partnership, with clear links to partner organisations, and other IJB's				
To develop clear links between Clinical and Care Governance and workforce and skills development				
Within Community Care, a Quality Assurance Process is being established				Consideration to be given for the quality assurance processes required for commissioned services.

### STRATEGIC RISK 3 – STRATEGIC PLAN

There is a risk that a failure to implement the aims and priorities in the strategic plan will lead to failure to meet the needs and challenges of our communities, reputational damage and unsustainable future services.

<b>Relevant Strategic Objectives:</b>	ALL
<b>Clinical, Care &amp; Professional Governance domains:</b>	ALL
<b>Risk manager:</b>	Lorna Cameron
<b>Risk likelihood <u>without</u> controls:</b>	4
<b>Risk consequence <u>without</u> controls:</b>	5
<b>Risk likelihood <u>with</u> controls:</b>	
<b>Risk consequence <u>with</u> controls:</b>	

Current Controls	Responsible Lead	Strength	Current Status	Future Improvement actions
There is a standing item at the IJB regarding with regards to the 19 priorities and the actions within the plan		A	The first update was provided to the IJB on the 13 <sup>th</sup> May	The next update is due at the August IJB and will include details of specific priority areas and milestones.
Regular reporting through the COG, and COG members identified to lead each of the key actions.		A	This is recorded via minutes.	
Identified lead officer for the Strategic Plan, supported by the planning and commissioning team.		A		
Joint SMT and Integrated Leadership Group in place		B		<p>Role of Joint SMT will be reviewed to ensure a focus on the Strategic Plan as it relates to Locality Development during 16/17</p> <p>Strategic planning group to be reconvened.</p> <p>Function of the Integrated Leadership Group to be revisited.</p> <p>Ensuring robust agenda for COG, Joint SMT and ILG to ensure strategic commissioning plan is a standing item.</p>

Current Controls	Responsible Lead	Strength	Current Status	Future Improvement actions
Locality Planning Partnerships are in development, and the lead for the Strategic Commissioning Plan is lead for Perth City Locality.		<b>B</b>	Locality planning partnership meetings are currently being established, and the strategic plan will be introduced via this forum	
The third sector is an integral part of the Strategic Commissioning plan, as is NHS Tayside Clinical Strategy and the PKC Corporate Plan		<b>A</b>		
Locality working arrangements are supporting the delivery of the Strategic Plan		<b>B</b>	Monthly locality meetings in all three localities with representation from all sectors.	Locality Development Framework requires to be developed to support consistency of approach and maximising the benefits of integrated working.

Proposed Controls	Responsible Lead	Strength	Current Status	Future Improvement actions
Underpinning Locality plans required to be developed to support the delivery of the Strategic Commissioning Plan			Perth City has a draft plan in place. The North and South localities are progressing to this stage	
Ensuring alignment of the strategic plan with the financial plan, and underpinning both with the transformation plan			Scrutiny, assurance and performance monitoring.	Establishment of a joint transformation board.

## STRATEGIC RISK 4 – EFFECTIVE FINANCIAL MANAGEMENT

Failure to develop and implement a balanced financial plan will lead to a risk of unsustainable services and create a barrier to the necessary transformations.

	<b>Relevant Strategic Objectives:</b>	ALL
	<b>Clinical, Care &amp; Professional Governance domains:</b>	ALL
	<b>Risk manager:</b>	Jane Smith
	<b>Risk likelihood without controls:</b>	5
	<b>Risk consequence without controls:</b>	5
	<b>Risk likelihood with controls:</b>	
	<b>Risk consequence with controls:</b>	

	<b>Current Controls</b>	<b>Responsible Lead</b>	<b>Strength</b>	<b>Current Status</b>	<b>Future Improvement actions</b>
	Completion of Financial Assurance Process to ensure budgets devolved are sufficient.	CO	<b>B</b>	Financial Assurance not yet complete for Large Hospitals.	Joint CO/CFO Group established to take forward completion of Due Diligence and to take forward joint planning linked to each IJB's Strategic Plan and 3 year Financial Plan.
	Sign off of Integrated Budget which supports delivery of 2016/17 Strategic Plan	CO/CFO	<b>C</b>	Budgets for GP Prescribing and Inpatient Mental Health cannot be recommended for sign off by IJB at this stage. In parallel, budgets for services being hosted by other IJBs cannot be recommended for sign off at this stage.  A number of outstanding budget issues remain to be resolved within Inpatient mental Health Services including Management Resources, SG Allocation impacts and the cost of LD Settlements.	Meeting with NHS Tayside Interim Director of Finance has been requested to discuss implications of invoking the risk sharing agreement at this stage in the Financial Year.  A Hosted Services Forum is to be established with other IJBs to ensure effective sharing of progress and risks in relation to Hosted Services.
	Approval of IJB Financial Regulations	CFO	<b>A</b>	Approved by the IJB in 2015/16	
	Approval of IJB Scheme of Delegation	CO	<b>A</b>	Approved by the IJB in 2015/16	



<b>Current Controls</b>	<b>Responsible Lead</b>	<b>Strength</b>	<b>Current Status</b>	<b>Future Improvement actions</b>
Agreed management structure which ensures clear accountability for budgets.	CO	<b>C</b>	Third tier structure for community health currently being developed including locality management.  Management Structure and arrangements for Inpatient Mental Health still to be finalised.	Management arrangements for Mental Health across Tayside to be finalised by CO's/NHST including responsibility for strategic development.
Robust budget monitoring process across health and social care to highlight issues which may prevent services from delivering within planned budget.	CFO	<b>A</b>	2015/16 monitoring arrangements are suitably robust and will be carried forward.	Monthly monitoring of savings delivery, management of supplementary staffing costs, GP Prescribing expenditure (including savings), expenditure on Residential Care, and ongoing impact of delayed discharge across NHST are all being developed as part of review of monthly monitoring.
Through NHST Transformation Programme, work stream arrangements are in place to support delivery of GP Prescribing savings with new Medicines Management Group meeting for the first time at the end of May 2016.	CO/NHST	<b>C</b>		A review of membership and remit of Medicines Management Group by three IJB CO's is required to ensure strong GP ownership across NHST, ongoing learning from other Health Boards and a clear and deliverable action plan.  Establishment of monthly management information including patterns of growth, change in prices, and impact of supply shortages.

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<b>Proposed Controls</b>	<b>Responsible Lead</b>	<b>Strength</b>	<b>Current Status</b>	<b>Future Improvement actions</b>
Supplementary Staffing/Work Force) scrutiny panel to be established	CFO/Head of Health			Role, remit and membership to be considered by COG at next meeting.
Review of arrangements for ongoing scrutiny and review of utilisation of Partnership Funding to be undertaken to ensure strong focus on strategic plan priorities and to ensure that implications of withdrawal of Scottish Government Funding clear on an ongoing basis.	CFO			Paper to COG expected Mid July.
Performance and risk sub-group of COG currently being established which will include financial performance	CO/CFO			Role, remit and membership to be considered by COG at its next meeting

	<b>Proposed Controls</b>	<b>Responsible Lead</b>	<b>Strength</b>	<b>Current Status</b>	<b>Future Improvement actions</b>
	Effective governance and leadership arrangements for transformation programme are being implemented	CO/CFO		Transformation Portfolio and Membership of Transformation Board agreed. Short term additional capacity and expertise being identified.	Role and remit to be considered by COG at its next meeting. Close connectivity with NHST and PKC Transformation arrangements and governance to be reviewed and maximised Best Value to be key feature of work of the Board and to be built into Role and Remit
	Development of a three year Financial Plan setting out financial direction aligned to transformation strategy.	CFO		Three year budget set out for Community Care 2016/17 : 2018/19 Financial Recovery Plan development for Health has focused on three year timeframe. 2016/17 : 2018/19 Review to align financial planning timescales has commenced	Flow and Capacity Improvement Plan will require to have clear revenue implications (including investment and disinvestment) against a clear improvement trajectory linked to future need for inpatient beds and residential home placements and community based services. Clear model of locality working to be set out to drive fundamental review of opportunity for efficiency arising from integrated health and social care services. For Inpatient Mental Health Services establish strong and effective links with Steps to Better Healthcare Business Case development process o ensure strong focus on future financial sustainability in parallel to safety and quality.
	Develop a strong and capable transformation resource with capacity to support significant redesign.	CO/CFO			With NHST and PKC, identify sufficient financial management capacity to support range of complex redesign projects which span health and social care for which revenue implications must be clearly understood and communicated from an early stage. With NHST and PKC identify sufficient short and longer term programme/project management and other expertise to ensure key projects can be driven with necessary momentum and rigour.
	All business cases include clear details of financial implications	CFO			Standard approach to articulating revenue implications with all business cases will be developed.

## STRATEGIC RISK 5 – STAKEHOLDER ENGAGEMENT AND PARTNERSHIP WORKING

There is a risk of failure to engage effectively and timeously regarding key service developments which will lead to a risk of reputational damage and unnecessary delay.

<b>Relevant Strategic Objectives:</b>	ALL The key participation and engagement objectives are: <i>To build collaborative relationships between key stakeholders that are built on trust and a shared commitment to common goals.</i> <i>To establish and/or develop meaningful and sustained dialogue between Health &amp; Social Care services and communities, service users and carers</i> <i>To meet the integration delivery principles and make sure processes meet national standards for engagement</i>
<b>Clinical, Care &amp; Professional Governance domains:</b>	ALL
<b>Risk manager:</b>	Helen MacKinnon
<b>Risk likelihood <u>without</u> controls:</b>	5
<b>Risk consequence <u>without</u> controls:</b>	5
<b>Risk likelihood <u>with</u> controls:</b>	3
<b>Risk consequence <u>with</u> controls:</b>	2

<b>Current Controls</b>	<b>Responsible Lead</b>	<b>Strength</b>	<b>Current Status</b>	<b>Future Improvement actions</b>
Participation & Engagement Strategy in place, outlining the partnerships approach and key commitments to ensure effective engagement	Chairs of the steering group to discuss the control owner of each control.	<b>A</b>	Workshop taken place and sub-group established.	Developing a performance framework containing indicators and agreeing best practice standards. <b>Timescale – End July</b>
Joint Management has been briefed		<b>A</b>		
Engagement sub group has been briefed on the engagement standards/ requirements used by each partner to form a joint approach. This allows for a shared understanding of the processes and governance		<b>A</b>	Agreed as a Steering Group and training to be scheduled	Engagement steering group to undertake training in CEL4 to ensure a partnership-wide understanding of engagement around major service change. Cognisance will be taken regarding imminent transformation projects. <b>Timescale – end August</b>

<b>Current Controls</b>	<b>Responsible Lead</b>	<b>Strength</b>	<b>Current Status</b>	<b>Future Improvement actions</b>
Locality management groups have membership on the engagement steering group		<b>A</b>		Half day engagement focused workshop with in development. This would be Tayside wide, including the locality managers. <b>Timescale – end August</b>
Engagement planning and recording tool is in place to support effective community engagement		<b>A</b>	Template ready to be used for this work	Ensuring that the engagement activity are connected to the strategic priorities.
Formal participation structures in place to support the IJB.		<b>B</b>	Developing induction processes	Further work to take place to formalise a service user forum.
Communication protocols are in place across the partnership to ensure timely and coordinated action and responses.		<b>B</b>		Liaise with Communication Managers to ensure protocols are effective.
Engagement / Communication steering groups are connected to tayside engagement groups.		<b>A</b>		Continue to improve the sharing and building in mechanisms for more regular updates
Review and strengthen mechanisms for engagement with the independent sector.		<b>B</b>		

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<b>Proposed Controls</b>	<b>Responsible Lead</b>	<b>Strength</b>	<b>Current Status</b>	<b>Future Improvement actions</b>
As we develop our workforce we build in components that include community engagement and communication skills				Communication specific training for managers and leaders of change.
Locality Participation and engagement plans to support clear engagement planning around priorities.				To ensure that the locality plans include clear engagement and communication plans with standardised reporting arrangements from localities to the engagement strategy.
Communication Strategy to be put in place.				Strategy in draft; to be taken to the IJB.
As we move into localities, ensuring engagement with the Community Planning Partnerships and GP clusters.				
Hosted services engagement framework				To discuss with the group and form a plan to address.

## STRATEGIC RISK 6 – HEALTH EQUITY

There is a risk that a failure to prioritise health equity issues in all decision making will result in an inability to reduce the health equity gap

<b>Relevant Strategic Objectives:</b>	ALL
<b>Clinical, Care &amp; Professional Governance domains:</b>	Equality and social justice
<b>Risk manager:</b>	Lorna Cameron
<b>Risk likelihood <u>without</u> controls:</b>	4
<b>Risk consequence <u>without</u> controls:</b>	5
<b>Risk likelihood <u>with</u> controls:</b>	
<b>Risk consequence <u>with</u> controls:</b>	

Current Controls	Responsible Lead	Strength	Current Status	Future Improvement actions
The strategic plan identifies 5 priority areas, and health equity is one of these priorities. As such, it will be reported as part of the Strategic Planning reporting to the IJB		A		
The Health Equity component of the strategic commissioning plan is in line with the Health Equity strategies within NHST and PKC.		A		
The strategy will be informed by the newly established Fairness Commission within Perth and Kinross		B		Key improvement actions will be captured when reported in Spring 2017.
Locality profiles are capturing where there are gaps in health equity.		B		Updates to the locality profiles by Oct 16 by the Business Improvement Team.

Proposed Controls	Responsible Lead	Strength	Current Status	Future Improvement actions
A draft health inequalities strategy is out for consultation at present			The strategy will be adopted after consultation in Dec 16	Continued close working with Public Health.

## STRATEGIC RISK 7 – INFORMATION GOVERNANCE & SHARING

Inability to efficiently and effectively share information at patient level with partners will lead to a risk of harm, duplication and inefficiencies

<b>Relevant Strategic Objectives:</b>	1,2,3,5,6,7,8,9,10,11,12,13,14,15,16,17,18
<b>Clinical, Care &amp; Professional Governance domains:</b>	Information Governance
<b>Risk manager:</b>	Diane Fraser
<b>Risk likelihood <u>without</u> controls:</b>	5
<b>Risk consequence <u>without</u> controls:</b>	5
<b>Risk likelihood <u>with</u> controls:</b>	
<b>Risk consequence <u>with</u> controls:</b>	

<b>Current Controls</b>	<b>Responsible Lead</b>	<b>Strength</b>	<b>Current Status</b>	<b>Future Improvement actions</b>
Information Sharing Protocol in place for health and social care		<b>B</b>	Remit to existing IT working group to give progress update on ISP usage and current inhibitors to use  Develop mechanisms to allow for sharing appropriate service user information across organisational boundaries  Audit current practice to identify gaps and develop improvement plans as required  An information sharing protocol is in place for which NHST and PKC have signed agreements. The IJB is not a signatory to the information sharing agreement.	The Social Care data set will be CHI seeded to facilitate easier data sharing
IT Systems Development Group in place		<b>B</b>		
Adult Support and Protection procedures are in place in health and social care		<b>B</b>		

	<b><u>Current Controls</u></b>	<b>Responsible Lead</b>	<b>Strength</b>	<b>Current Status</b>	<b>Future Improvement actions</b>
	ILG activity is supporting person centred care and care planning – including care provider key/named worker		<b>B</b>		
	There is activity taking place to develop Integrated Care Teams		<b>B</b>	To work with each ICT to develop methods and systems that allow for the sharing of person specific information across organisational boundaries – including the third sector.	

	<b><u>Proposed Controls</u></b>	<b>Responsible Lead</b>	<b>Strength</b>	<b>Current Status</b>	<b>Future Improvement actions</b>

## STRATEGIC RISK 8 – WORKFORCE DEVELOPMENT AND STAFF GOVERNANCE

Inability to develop and sustain our workforce creates a risk of unsustainable services

<b>Relevant Strategic Objectives:</b>	1, 3, 5, 9, 10, 12, 17
<b>Clinical, Care &amp; Professional Governance domains:</b>	Professional Regulation & Workforce Development
<b>Risk manager:</b>	Jim Foulis
<b>Risk likelihood <u>without</u> controls:</b>	5
<b>Risk consequence <u>without</u> controls:</b>	5
<b>Risk likelihood <u>with</u> controls:</b>	
<b>Risk consequence <u>with</u> controls:</b>	

	Current Controls	Responsible Lead	Strength	Current Status	Future Improvement actions
10	Mapping of services with Health and workforce "Christmas trees" are being completed.		A		
	An organisational strategy has been developed for the IJB		A		
	Professional Lead Nurse in place for P&K, who has established a PNF, which focusses on Codes of practice revalidation.		A	Agreed as a Steering Group and training to be scheduled	
	Chief Social worker in place, professional accreditation and development for social care		A		
	Community Care and Housing have in place a professional structure in place. Health has a professional structure in place, however locality management arrangements are in development. Services are currently managed P&K wide, but services will be delivered within localities.		A	A joint SMT has been established which reports to the CHIEF officers group.	



Current Controls	Responsible Lead	Strength	Current Status	Future Improvement actions
Short life working group, which has focussed in supplementary spend and workforce (this has been initially health focussed).		<b>B</b>	It has been agreed that a scrutiny and assurance panel be convened which will give better assurances around the reduction of supplementary spend and workforce development. There are clear links to Tayside wide transformation programmes with this focus	
Planned development event for senior managers with Prof. Bill Lucas in respect of Health & Social care leadership and joint working.		<b>B</b>		
For the last 2 years, the Integrated Leadership Group supporting the general workforce to deliver programmes such as ECS, Person Centred care and capacity and flow.		<b>A</b>		
Staff satisfaction surveys undertaken across partner organisations annually		<b>A</b>	Improvement plans identified where appropriate	

Proposed Controls	Responsible Lead	Strength	Current Status	Future Improvement actions
OD strategy requires an OD plan to be developed to include leadership development and locality workforce development.				
Locality service delivery plans require to reflect locality workforce development and staff governance arrangements.				
Staff governance regulations require to become more aligned across Health & Social Care				
Process for assessing all savings/transformation plans to ensure consistency with workforce development strategy and professional standards will be implemented.				

## STRATEGIC RISK 9 – CAPACITY & FLOW

There is a risk of failure to engage effectively and timeously regarding key service developments which will lead to a risk of reputational damage and unnecessary delay.

<b>Relevant Strategic Objectives:</b>	1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,17,19
<b>Clinical, Care &amp; Professional Governance domains:</b>	Patient, Service User, Carer and Staff Experience Patient, Service User, Carer and Staff Safety
<b>Risk manager:</b>	Colin Johnston
<b>Risk likelihood without controls:</b>	5
<b>Risk consequence without controls:</b>	5
<b>Risk likelihood with controls:</b>	
<b>Risk consequence with controls:</b>	

<b>Current Controls</b>	<b>Responsible Lead</b>	<b>Strength</b>	<b>Current Status</b>	<b>Future Improvement actions</b>
Standing item on Chief Officers Group weekly		<b>B</b>	It has been recognised that single project management approach is required	Unified programme management approach required with dedicated project support – end June 2016
Delayed Discharge Performance & Resource planning has been established and is meeting weekly and is undertaking individual case reviews		<b>B</b>	Activity now more focused and person centred	Require to improve administration and organisational arrangements – 17 June 2016
Community Care discharge and improvement plan meeting around commissioning and other relevant items – has PKC Director in attendance		<b>A</b>		
Recent Rapid Improvement Event based on capacity and flow		<b>B</b>	Very effective RIE event which highlighted gaps and needs however the plan requires to be produced and solutions clearly articulated within – to be shared and owned	Develop action plan for improvement – 49 key actions identified – mid June 2016
Community Care management restructure putting more resources into early intervention		<b>B</b>	Hospital discharge team now joined with access team. Joint OT service now in place.	Programme to be completed by 01 October 2016

<b>Current Controls</b>	<b>Responsible Lead</b>	<b>Strength</b>	<b>Current Status</b>	<b>Future Improvement actions</b>
IJB have been fully briefed through a development event and a Delayed Discharge Action plan.		<b>A</b>		Develop a basis on which regular reports can be feedback to the IJB.
General Manager now in place for PRI		<b>A</b>		Better co-ordination and links
Visiting other areas and organisations to learn from best practice		<b>B</b>	Visit to Renfrewshire April 2016.	Visit to Dundee and Midlothian being planned – dates to be confirmed.
Deep diving to diagnose where improvements are required		<b>B</b>	Day of care audit April 2016. Deep dive of case files March 2016	Outcomes to be included in strategic commissioning plan

<b>Proposed Controls</b>	<b>Responsible Lead</b>	<b>Strength</b>	<b>Current Status</b>	<b>Future Improvement actions</b>
A requirement to capture all patient capacity and flow actions within one plan – owned by COG				Require clarity on who is developing this plan – identify project lead by mid June 2016
Need single programme management arrangement underpinning the one plan				This requires to also be in place by mid June 2016
Performance framework to be developed to underpin improvement programme				This requires to also be in place by mid June 2016
Commissioning group will revisit current home care commissioning arrangements				Tender specification to be completed by 01 August 2016

## STRATEGIC RISK 10 – LOCALITY DEVELOPMENT

Failure to develop effective locality working will lead to a risk that people will not receive care in line with the principles of the integration of Health & Social Care

<b>Relevant Strategic Objectives:</b>	1,2,3,4,7,8,9,10,11,12,14,15,19
<b>Clinical, Care &amp; Professional Governance domains:</b>	ALL
<b>Risk manager:</b>	
<b>Risk likelihood <u>without</u> controls:</b>	5
<b>Risk consequence <u>without</u> controls:</b>	5
<b>Risk likelihood <u>with</u> controls:</b>	
<b>Risk consequence <u>with</u> controls:</b>	

	<b>Current Controls</b>	<b>Responsible Lead</b>	<b>Strength</b>	<b>Current Status</b>	<b>Future Improvement actions</b>
20	3 localities identified – Perth City, North and South Perthshire Community Care locality management arrangements in place		<b>A</b>	3 x Locality managers identified with role and remit agreed	Develop Locality plans based on local needs Clearly define locality boundaries
	Health Locality Management arrangements in development although senior management locality leadership in place		<b>B</b>	Locality management job descriptions developed and require grading by agenda for change. Consultation paper being developed in support of Locality arrangements – in conjunction with Community Care Heads of Service	Structures required to be agreed and service management roles aligned to locality management roles – end of July 2016
	Locality Management Steering groups in place		<b>B</b>	Each locality is developing early locality plans based on the strategic commissioning plan priorities and “join the conversation” outputs	A more co-ordinated approach to consolidate activity required – end July 2016
	Locality development network events taking place with input from front line staff		<b>B</b>		Needs to be more inclusive of third sector and other partner members and to include public/community involvement

<b><u>Current Controls</u></b>	<b>Responsible Lead</b>	<b>Strength</b>	<b>Current Status</b>	<b>Future Improvement actions</b>
H&S care transformation projects have been identified in support of locality working		<b>B</b>	Examples – ECS programme being rolled out, transformation of district nursing, GP Cluster activity, “join the conversation” engagement activity helping to support Locality planning, community based service reviews creating greater capacity to care provision in communities.	There requires to be a joint transformation approach and a joint board to be established – end June 2016

<b><u>Proposed Controls</u></b>	<b>Responsible Lead</b>	<b>Strength</b>	<b>Current Status</b>	<b>Future Improvement actions</b>
Development and implementation of Integrated Care Teams		<b>B</b>	See workforce risk profile.	Build on existing good practice in joint working with localities and ensure robust processes are in place to support this.

