



PERTH AND KINROSS INTEGRATION JOINT BOARD

Council Building
2 High Street
Perth
PH1 5PH

12 January 2017

A meeting of the **Audit and Performance Committee of the Perth and Kinross Integration Joint Board** will be held in the **Council Chambers, Ground Floor, Council Building, 2 High Street, Perth** on **Tuesday 17 January 2017 at 1.00pm.**

If you have any queries, please contact Scott Hendry on 01738 475126 or e-mail committee@pkc.gov.uk.

Robert Packham
Chief Officer

Members

Councillor Peter Barrett, Perth and Kinross Council
Councillor Ian Campbell, Perth and Kinross Council
Bernie Campbell, Carer Public Partner
Linda Dunion, Tayside NHS Board (Chair)
Jim Foulis, Associate Nurse Director, NHS Tayside
Stephen Hay, Tayside NHS Board

Audit and Performance Committee of the Perth and Kinross Integration Joint Board

17 JANUARY 2017

AGENDA

1. Welcome and Apologies
2. Minute of Meeting of the Audit and Performance Committee of the Perth and Kinross Integration Joint Board of 28 October 2016 (copy herewith)
(Pages 1-18)
3. Matters Arising
4. Terms of Reference – (copy herewith G/17/6) **(Pages 19-22)**
5. **Audit**
 - 5.1 IJB: Accountability and Responsibility – Verbal Report by Chief Finance Officer
 - 5.2 Governance Action Plan – Report by Chief Finance Officer (copy herewith G/17/7) **(Pages 23-28)**
 - 5.3 Internal Audit Plan 2016/17 – Verbal Update by Tony Gaskin, Chief Internal Auditor, NHS Tayside
 - 5.4 External Audit Plan: KPMG – Report by Chief Finance Officer (copy to follow)
 - 5.5 Audit and Performance Forward Plan 2017/18 – Report by Chief Finance Officer (copy herewith G/17/8) **(Pages 29-36)**
6. Performance Indicators – Core Suite – Verbal Report by Chief Finance Officer
7. **Governance**
 - 7.1 Risk Register – Report by Chief Finance Officer (copy herewith G/17/9) **(Pages 37-58)**
8. CIPFA Training – Verbal Update by Chief Finance Officer
9. Any Other Competent Business
10. Proposed Meeting Dates 2017

Tuesday 28 March 2017 at 1.00pm
Tuesday 27 June 2017 at 1.00pm
Tuesday 26 September 2017 at 1.00pm
Tuesday 28 November 2017 at 1.00pm

All meetings to take place at Council Building, 2 High Street, Perth.

AUDIT AND PERFORMANCE COMMITTEE OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD

Minute of Meeting of the Audit and Performance Committee of the Perth and Kinross Integration Joint Board held in Room 346, Third Floor, Council Building, 2 High Street, Perth on Friday 28 October 2016 at 9.30am.

Present: Councillors P Barrett and I Campbell (both Perth and Kinross Council); L Dunion and S Hay (both NHS Tayside); and B Campbell, Carer Representative.

In Attendance: Councillor D Doogan; R Packham, Chief Officer; J Smith, Chief Finance Officer; T Gaskin, Chief Internal Auditor, NHS Fife; S Hendry and J Clark (both Perth and Kinross Council).

Apologies: J Foulis, NHS Tayside.

L Dunion, Chair.

1. WELCOME AND APOLOGIES

L Dunion welcomed all those present to the meeting and an apology was submitted and noted as above.

2. ESTABLISHMENT OF AUDIT AND PERFORMANCE COMMITTEE / TERMS OF REFERENCE / MEMBERSHIP

There was submitted a report by the Chief Finance Officer updating members on progress in establishing the Audit and Performance Committee since the meeting of the Integration Joint Board on 1 July 2016 and also to consider the Terms of Reference, membership and to establish a pattern of meetings for the future.

Resolved:

- (i) The revised Terms of Reference, as detailed in Annex 2 of the report, be agreed subject to future ratification at the Integrated Joint Board and with further revision of Section 5 on Quorum;
- (ii) The membership of the Committee, as set out in the report, be agreed;
- (iii) The Internal Audit Plan for 2016/17, as set out in Annex 1 of the report, be noted;
- (iv) It be agreed that future meeting dates be determined following the setting of the Integration Joint Board meeting dates for 2017 with 4 meetings to take place per year.
- (v) It be agreed that the Council's External Auditors, KPMG, be invited to future meetings of the Committee.

3. INTERNAL AUDIT PLAN 2016/17 / EXTERNAL AUDIT UPDATE / AUDIT COMMITTEE DEVELOPMENT

T Gaskin provided the Committee with a slide based presentation (see attached) on both Internal and External Audit.

Resolved:

- (i) The Committee noted the position;
- (ii) A more detailed discussion to take place at the next meeting of the Committee on the specific roles and responsibilities of the Audit and Performance Committee, Integration Joint Board, Perth and Kinross Council and NHS Tayside Audit Committee.
- (iii) An Annual Draft Workplan to be submitted to the next meeting of the Committee, with future agenda formats to align with the duties set out in the Terms of Reference: Performance/Best Value, Governance, Audit, and Standards.
- (iv) It be agreed that the next meeting of the Committee would include an opportunity for a development / learning session for committee members and that all members be given the opportunity to undertake CIPFA Audit training as required.

4. ANY OTHER COMPETENT BUSINESS

There was no further business discussed.

Audit Committee Development Session 28 October 2016

Audit and Audit Committees

Tony Gaskin

Chief Internal Auditor

Internal and External Audit

Internal Audit

‘Internal auditing is 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.’

Public Sector Internal Audit Standards 2016

PSIAS requirements

- Audit Charter
- Appropriate status and reporting lines
- Unrestricted access to people and records
- Independent and objective
- Confidentiality
- Professionalism and proficiency
- Quality assurance

Internal Audit – annual cycle

- Audit Plan prepared by CIAs, discussed with management and approved by the Audit Committee
- Reports with recommendations
- Progress reports to Audit Committee on completed work
- Follow-up of previously agreed actions
- Annual Report containing opinion on the adequacy and effectiveness of the IJB's internal control environment and governance arrangements

Key Areas

- Governance and Accountability
- Assurance Framework/Risk Management
- Information
- Effectiveness of controls/Achievement of objectives
- Provide opinion
- Added Value

External audit

- Audit Scotland – appointed for five-year period by the Accounts Commission (who utilise a mix of private sector firms and Audit Scotland)
- Wider public sector audit model
 - Audit opinion on financial statements
 - Assess the use of resources – propriety and best value
 - Overview of corporate governance arrangements including financial management, financial sustainability, regularity, governance and transparency
 - Other work as directed by the Controller of Audit

Audit Committee

Definitions

The governance group charged with independent assurance of the adequacy of the risk management framework, the internal control environment and the integrity of financial reporting. PSIAS

The Audit Committee should support the Board and Accountable Officer by reviewing the comprehensiveness of assurances in meeting the assurance needs of the Board and Accountable Officer and reviewing the reliability and integrity of these assurances.' SPFM

Audit Committee Principles in Local Authorities in Scotland

There are three fundamental principles which define the expression “audit committee principles” and these are that there should be effective mechanisms in place to provide;

- *independent assurance of the adequacy of the risk management framework and the associated control environment within the authority;*
- *independent scrutiny of the authority’s financial and nonfinancial performance to the extent that it affects the authority’s exposure to risk and weakens the control environment; and*
- *assurance that any issues arising from the process of drawing up, auditing and certifying the authority’s annual accounts are properly dealt with.*

Independent Assurance

- Corporate Governance
 - Control Environment
 - Risk Management
- Internal and External Audit :
 - Outputs and issues arising
 - Approve Internal Audit plans
 - Effectiveness of Internal Audit and relationship with EA
 - Private meetings with IA/EA
- Review own performance and remit

Annual Accounts and Governance Statement

- Scrutinising Annual Accounts
- Assurance process -
 - Annual report from External Auditor
 - Internal Audit Annual Report
 - Assurances to and from the parties
 - Assurances from Directors
 - Governance Programme

Key characteristics of an effective Audit Committee

- Understanding of organisation and its objectives, own role and that of the AC
- Effective communication
- Balanced, objective, independent, appropriate skills and knowledge, judgement
- Constructive and effective challenge
- Structure and support
- SPFM – Self-assessment and Annex F

IJB Audit Committee

- New organisation:
 - Scope of AC and IJB
 - Understanding of risk
 - Emergent assurance frameworks
- Relationship with other Committees/IJB/other bodies
- Complex and challenging environment
- Interaction of different control systems and cultures
- Accountability Principles

Audit Committee – Conclusion

- Understand role, scope and relationships
- Accept that the AC will develop over time
- Guidance, advice and support available
- Take best elements and adapt for P&K IJB
- How do we know?
- No such thing as a bad question

PERTH & KINROSS HEALTH AND SOCIAL INTEGRATION JOINT BOARD AUDIT AND PERFORMANCE COMMITTEE TERMS OF REFERENCE

INTRODUCTION

1. The Audit and Performance Committee is identified as a Committee of the Integration Joint Board (IJB). The approved Terms of Reference and information on the composition and frequency of the Committee will be considered as an integral part of the Standing Orders. The Committee will be a Standing Committee of the IJB.

CONSTITUTION

2. The IJB shall appoint the Committee. The Committee will consist of not less than six members of the IJB, excluding professional advisors. At least four Committee members must be IJB voting members.
3. The Committee may at its discretion set up working groups for review work. Membership of working groups will be open to anyone whom the Committee considers will assist in the task assigned. The working groups will not be decision making bodies or formal committees but will make recommendations to the Audit and Performance Committee.

A committee established under paragraph (1) must include voting members, and must include an equal number of the voting members appointed by the Health Board on the one hand and the local authority or, as the case may be, local authorities, on the other hand.

Any decision relating to the carrying out of functions under the Act or to integration functions taken by a committee established under paragraph (1) must be agreed by a majority of the votes of the voting members who are members of the committee.

CHAIR

4. The Chair of the Committee will be a voting Member nominated by the IJB, noting that the Chair of the IJB cannot also chair the Audit and Performance Committee.

QUORUM

5. Four Members of the Committee will constitute a quorum. Quorum for sub Committees must have a balance of voting and non voting members. Where only non voting members are in attendance no decisions will be taken and only recommendations made be remitted to the next quorate meeting or escalated to the Integration Joint Board (parent body).

ATTENDANCE AT MEETINGS

6. The Chief Officer, Chief Finance Officer, Chief Internal Auditor and other professional advisors or their nominated representatives will normally attend meetings. Other persons shall attend meetings at the invitation of the Committee.
7. The external auditor will attend at least one meeting per annum.

MEETING FREQUENCY

8. The Committee will meet at least three times each financial year.

AUTHORITY

9. The Committee is authorised to request reports and make recommendations to the IJB for further investigation on any matters which fall within its Terms of Reference.

DUTIES

10. The Committee will review the overall internal control arrangements of the IJB and make recommendations to the Board regarding signing of the Governance Statement.
11. Specifically it will be responsible for the following duties:

Performance / Best Value

- (i) The preparation and implementation of the strategy for Performance Review;
- (ii) Ensuring that the Chief Officer establishes and implements satisfactory arrangements for reviewing and appraising service performances against set objectives, levels and standards of service, to receive regular reports on these and to review progress against the outcomes in the Strategic Plan;
- (iii) Acting as a focus for Best Value and performance initiatives;
- (iv) Monitoring the performance of the Partnership towards achieving its policy objectives and priorities in relation to all functions of the IJB.

Governance

- (i) To review and approve the annual Internal Audit Plan on behalf of the IJB, receive reports and oversee and review progress on actions taken on audit recommendations and report to the IJB on these as appropriate;
- (ii) Receive monitoring reports on the activity of Internal Audit;
- (iii) To consider External Audit Plans and reports (including annual audit certificate / annual report), matters arising from these and management actions identified in response;
- (iv) Review risk management arrangements and receive regular risk management updates and reports.
- (v) Ensure existence of and compliance with an appropriate Risk Management Strategy.

Audit

- (i) To consider annual financial accounts and related matters before submission to and approval by the IJB;
- (ii) To be responsible for setting its own work programme which will include the right to undertake reviews following input from the IJB, other IJB Committees and the Chief Officer / Chief Financial Officer / Chief Internal Auditor.

Standards

- (i) Promoting the highest standards of conduct and professional behaviour by IJB members in line with The Ethical Standards and Public Life etc (Scotland) Act 2000;
- (ii) Assisting IJB Members in observing the relevant Codes of Conduct and;
- (iii) Monitoring and keeping under review the Codes of Conduct maintained by the IJB.

Governance Action Plan

Annual report actions	Current Status	Responsible Officer/ Timescale	To be reported to	Status R/A/G/ Complete	Further Action
Developments in 2016/17- in place or planned by management					
1	Code of Conduct for the IJB	Adopted 13 th May 2016	Rob Packham /Jane Smith	IJB	A development session for Board members focusing on Conflict of Interest is recommended by the Chief Internal Auditor. Completion of Conflict of Interest Forms by all members to be undertaken.
2	A draft Governance Statement has been prepared for 2015/16 as part of the annual accounts process and is planned to be presented to the IJB in July 2016	Complete	JS	IJB	Complete
3	Work is ongoing on management structures for the partnership	A four tier structure established for the Partnership. Implemented for Social Care	RP	COG	For Health recruiting to 2 Locality Management posts at Level 3 by end Jan 2017 Joint Partnership posts currently in development and to be in post by end March 2017 For In-Patient Mental Health Level 3 structure being finalised
4	In May 2016, the IJB considered the two Audit Scotland reports on HSCI including recommendations for future action	Under review	ED/DF/VJ	EMT	EMT to review actions from reports on a regular basis.
5	Establishment of an Audit & Performance Committee, appointment of Internal Auditors for 2016/17 and approval of the 2016/17 annual internal audit plan are planned for July 2016.	Inaugural meeting took place on 28 th October.	JS	IJB	Further meeting 17 th January 2017.

Governance Action Plan

	Annual report actions	Current Status	Responsible Officer/ Timescale	To be reported to	Status R/A/G/ Complete	Further Action
6	Work is ongoing on the strategic risk profile including current and proposed controls.	Risk management framework endorsed by IJB on 1 st July along with proposed arrangements for ongoing monitoring and review.	JS	COG (Performance & Risk sub group) / Audit & Performance Committee		A risk management group is under development as part of the wider development of governance arrangements.
7	Further work is planned on the Large Hospital plan and arrangements for hosted services	To be taken forward through CO/CFO Tayside Group	CO/CFO	COG		Further strategic direction is outlined in recent publication of Health and Social Care Delivery Plan Dec 2016. High level principles to be worked up in partnership with the CO of Acute Division and COs of Angus and Dundee IJBs.
7	Corporate support services require to be developed further	Increasing pressure to secure effective corporate support around transformation, financial management, audit performance, audit committee, governance and annual accounts.	JS	COG		A Corporate Support Service Review Group now needs to be established by March 2017. Aligning existing support with the EMT for reporting responsibilities.
9	Further work has been agreed on the development of the performance framework including on the agreed core set of performance measures and targets for reporting to the IJB	Draft set of indicators established and drill down work now underway	JS	COG / Audit & Performance Committee		Report for IJB in February 2017, along with development session.

Governance Action Plan

Further Actions Section

	Annual report actions	Current Status	Responsible Officer/ Timescale	To be reported to	Status R/A/G/ Complete	Further Action
10	Accountability and responsibilities of the IJB in respect of all governance arrangements should be clarified and agreed by the IJB and parties and flow through to risk management and assurance arrangements	Formal clarification requested for lines of accountability and governance arrangements between IJB and NHS Tayside.	RP/JS	COG/IJB/ Audit Committee		An overarching review with colleagues from both Perth and Kinross Council and NHS Tayside has commenced to develop a mutual understanding of the governance and accountability routes. Review to achieve mutual understanding of governance issues has been request for a meeting of Chief Executive Officers and Chief Officer to be arranged by Stephen Hay. A further workshop to be held early January
11	Structures of assurance should include consideration of reporting lines and the flow of assurance from groups and fora in place up to the IJB (e.g. <i>P&K Care and Professional Governance Forum</i>)	As above	RP	COG/IJB/ Audit Committee		As 10 above
12	Adoption of an Assurance Framework linking the strategic risk profile and associated controls with assurance processes (Cf <i>Risk Management Policy and Strategy Appendix 2</i>)			COG/IJB/ Audit Committee		As 10 above
13	A workplan should be developed for the IJB, showing items of business required to be considered in year to deliver the purpose and remit of the IJB as well as any additional reporting agreed by members	A draft for consideration has been created and will be taken to the January Governance workshop	RP/JS	COG/EMT		As 10 above
14	An Action Points Update should be introduced as a standard agenda item for IJB meetings	Introduced November 2016.	RP	IJB		Complete

Governance Action Plan

15	As integration develops, the requirements for corporate services support may increase. The IJB should formally assess if the level of Corporate Support will be sufficient to enable the IJB to successfully deliver the Strategic Plan	As previous, the requirement for support is increasing and a final assessment based on a future look now needs to be undertaken.	RP/JS	COG	As 7 above
16	The implementation of the proposed actions planned in response to the Audit Scotland reports should be monitored		JS	COG	Current resource being reviewed to identify designated lead.
Key Arrangements in place at year end 2015/16					
17	A Tayside-wide Clinical, Care and Professional Governance Framework ('Getting it Right for Everyone') was adopted and progress in implementation reported to the IJB in year.	Local Joint Forum is in Place (R2) R3 in place for Mental Health Prof Forum	HD/BA	COG	Paper to IJB on 3 rd February
18	Financial assurance (Due Diligence) was undertaken on budgets to be transferred. This was reviewed by internal audit and reported in March 2016.	Outstanding issues in relation to GP Prescribing and In Patient Mental Health	JMS	IJB	Will be picked up as part Risk Sharing discussion in relation to year end forecast position and as part of budget setting discussion as 2017/18
19	Financial regulations were approved in March 2016.	Complete	JMS	IJB	Complete. An annual review will be undertaken working with Tayside CFO's
20	A workforce and Organisational Development Strategy was agreed in March 2016.	Workforce Plan under development	JF	IJB	A early update of the development of the Workforce Plan will be considered end of January 2017
21	Development sessions have been held for IJB members at each of their meetings to date.	Ongoing	RP	IJB	Programme is being developed for 2017
22	In November 2016, the IJB agreed to become a member of CNORIS Scheme to ensure appropriate liability and indemnity cover	Complete	HD/BA	COG	To be considered as part of role of Clinical Care & Professional Governance route.
23	An information sharing protocol is in place signed by NHS Tayside and Perth & Kinross Council.	Complete	RP		Complete

Governance Action Plan

Further Developments						
24	Implementation and embedding of the Clinical, Care and Professional Governance Framework including adverse event management is ongoing	Functioning R2 Group in place and developing a portfolio of risk management activity	HD	COG		As 17 above
25	Further work is required on the workforce strategy related to locality working			COG		As 20 above
26	Progress is being made towards the IJB becoming a signatory to the Scottish Accord in the Sharing of Personal Information (SASPI).	Refreshed agreement signed on 23 rd November and lodged with Scottish Government	RP/SS	Audit Committee/ COG		Complete
27	The IJB should work with the parties to develop a Further Scheme of Delegation within the partnership			COG		To be taken forward



Audit and Performance Committee FORWARD PLAN 2017/18

This Forward Plan outlines the major items the Audit and Performance Committee has to consider as part of its schedule of work and the corresponding Best Value Characteristics under the headings of regular reports, annual reports, corporate risk reporting, minutes for information and policies

AUDIT AND PERFORMANCE COMMITTEE FORWARD PLAN 2017/18

	Responsible Officer	Comment	Proposed Date of Meeting 17 January 2017	Proposed Date of Meeting 28 March 2017	Proposed Date of Meeting 27 Jun 2017	Proposed Date of Meeting 26 Sept 2017	Proposed Date of Meeting 28 Nov 2017
Annual Accounts							
Accounting Policies	J Smith			X			
Annual Accounts Guidance	J Smith			X			
Draft Governance Statement	J Smith			X			

AUDIT AND PERFORMANCE COMMITTEE FORWARD PLAN 2017/18

	Responsible Officer	Comment	Proposed Date of Meeting 17 January 2017	Proposed Date of Meeting 28 March 2017	Proposed Date of Meeting 27 Jun 2017	Proposed Date of Meeting 26 Sept 2017	Proposed Date of Meeting 28 Nov 2017
Risk Management							
Performance and Risk Mgt Group Annual Report – Sub Group of COG	J Smith				X		
Performance and Risk Mgt Annual Report (NHST & PKC)	J Smith	Annual			X		
Risk Management Annual Report inc Risk Management CIPFA Self Assessment and Audit Checklist	J Smith	Annual			X		
Risk Management Framework	J Smith	As and when required					
Risk Management Register (last presented to IJB on 23 March 2016)	J Smith	Bi Annual		X		X	
Clinical Governance & Risk Management Report (R1)	H Dougall	Standing Item	X	X	X	X	X
Clinical Governance & Risk Management Report (R2)	H Dougall	Standing Item	X	X	X	X	X
Review of Internal Controls							
Committee Annual Reports & Assurances	R Packham	Annual			X		
Best Value Framework Assurances	J Smith	Annual			X		
Review Framework of Internal Controls & Corporate Governance	J Smith				X		
Lead Officer Statement on Governance Statement on Internal Control to Chief Internal Officer	J Smith				X		
Chief Internal Auditors Annual Report & Assurance Statement	T Gaskin	Annual			X		

AUDIT AND PERFORMANCE COMMITTEE FORWARD PLAN 2017/18

	Responsible Officer	Comment	Proposed Date of Meeting 17 January 2017	Proposed Date of Meeting 28 March 2017	Proposed Date of Meeting 27 Jun 2017	Proposed Date of Meeting 26 Sept 2017	Proposed Date of Meeting 28 Nov 2017
Code of Corporate Governance (COCG)							
Updates to Code of Corporate Governance	R Packham	As and when available		X			
Governance Review Group Annual Report (NHST & PKC)	R Packham			X			
Internal Audit							
Internal Audit Action Plan Progress Report – Governance Action Plan	J Smith	Standing item	X	X	X	X	X
Internal Audit Annual Report (incl report on previous years (Internal Control))	T Gaskin				X		
Approval of Internal Audit Strategy and Annual Plan	T Gaskin			X			
Private Discussions	T Gaskin		X	X	X	X	X

AUDIT AND PERFORMANCE COMMITTEE FORWARD PLAN 2017/18

	Responsible Officer	Comment	Proposed Date of Meeting 17 January 2017	Proposed Date of Meeting 28 March 2017	Proposed Date of Meeting 27 Jun 2017	Proposed Date of Meeting 26 Sept 2017	Proposed Date of Meeting 28 Nov 2017
External Audit							
Annual Audit Plan	J Smith		X				
External Audit Plan Progress Report	KPMG			X			
External Audit Interim Report	KPMG			X			
Audit Scotland Financial Overview Report	J Smith		X				
Audit Scotland Annual Report on NHS Scotland	J Smith		X				
Audit Scotland Publications	J Smith	As & when available					
Audit Scotland Technical Bulletins	J Smith	Quarterly		X	X	X	X
Financial Statements Checklist	J Smith			X			
Interim Management Letter	KPMG					X	
Report to those charged with Governance on the Audit of NHS Tayside Financial Statements	KPMG					X	
Private Discussions			X	X	X	X	X

AUDIT AND PERFORMANCE COMMITTEE FORWARD PLAN 2017/18

	Responsible Officer	Comment	Proposed Date of Meeting 17 January 2017	Proposed Date of Meeting 28 March 2017	Proposed Date of Meeting 27 Jun 2017	Proposed Date of Meeting 26 Sept 2017	Proposed Date of Meeting 28 Nov 2017
Other reports							
CNORIS	R Packham			X			
Annual Reports							
Audit Committee Annual Report					X		
Audit Committee Terms of Reference & Workplan	J Smith		X			X	
Audit Committee Handbook & Checklist	J Smith					X	
Minutes for Information							
Strategic Risk Management Group (NHST & PKC)		As & when available					
Governance Review Group		As & when available					
Policies to be adopted by the Committee as and when required							
Adverse Event Management Policy	R Packham	As & when required					
Health and Safety/Risk Management Policies	R Packham						

AUDIT AND PERFORMANCE COMMITTEE FORWARD PLAN 2017/18

REGULAR REPORTS									
Audit Follow Up									
Full Cycle Reports									
Agreement of AFU Protocol	T Gaskin							X	
Update of AFU Protocol	T Gaskin					As & when required			
Evaluation of AFU Process, FTF Report	T Gaskin								

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.

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

	Current Internal Controls	Responsible Lead	Strength	Current Status	Future Improvement actions
CO	Standing Orders are in place and include an appropriate Code of Conduct		A	IJB adopted a template Code of Conduct drafted by the Scottish Government at its meeting on 13.05.16	
CO	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)		A		
	Annual review of governance identifies strengths, challenges and opportunities for improvement.		A	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	This was discussed at the IJB meeting on the 23 rd March 16.	
	The responsibilities and the reporting lines of the IJB in respect of governance arrangements reflected in existing management and governance arrangements		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 st July.	
Internal Audit arrangements including plan and resources been approved by the IJB		A	Recommendations for the establishment of an Audit Committee by 1 st 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 st 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.

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

<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 th 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		

Current Internal Controls	Responsible Lead	Strength	Current Status	Future Improvement actions
Professional Nurse Forum in place within the partnership. This group oversees the professional development of nursing staff across health.		B		AHP Professional Forum to be established
Both Community Care and Health have risk management arrangements and processes in place		A		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		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.		A		Future plans or revisions to existing plans should be joint where appropriate
Complaints processes in place in both Health and Community Care.		A	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		A		

Proposed Internal Controls	Responsible Lead	Strength	Current Status	Future Improvement actions
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.

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

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 th 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	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		A		
Locality working arrangements are supporting the delivery of the Strategic Plan		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.

Relevant Strategic Objectives:	ALL
Clinical, Care & Professional Governance domains:	ALL
Risk manager:	Jane Smith
Risk likelihood without controls:	5
Risk consequence without controls:	5
Risk likelihood with controls:	
Risk consequence with controls:	

Current Controls	Responsible Lead	Strength	Current Status	Future Improvement actions
Completion of Financial Assurance Process to ensure budgets devolved are sufficient.	CO	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	C	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	A	Approved by the IJB in 2015/16	
Approval of IJB Scheme of Delegation	CO	A	Approved by the IJB in 2015/16	

<u>Current Controls</u>	<u>Responsible Lead</u>	<u>Strength</u>	<u>Current Status</u>	<u>Future Improvement actions</u>
Agreed management structure which ensures clear accountability for budgets.	CO	C	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	A	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	C		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.

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

	Proposed Controls	Responsible Lead	Strength	Current Status	Future Improvement actions
	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.

Relevant Strategic Objectives:	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 & 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>
Clinical, Care & Professional Governance domains:	ALL
Risk manager:	Helen MacKinnon
Risk likelihood <u>without</u> controls:	5
Risk consequence <u>without</u> controls:	5
Risk likelihood <u>with</u> controls:	3
Risk consequence <u>with</u> controls:	2

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Current Controls	Responsible Lead	Strength	Current Status	Future Improvement actions
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.	A	Workshop taken place and sub-group established.	Developing a performance framework containing indicators and agreeing best practice standards. Timescale – End July
Joint Management has been briefed		A		
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		A	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. Timescale – end August

Current Controls	Responsible Lead	Strength	Current Status	Future Improvement actions
Locality management groups have membership on the engagement steering group		A		Half day engagement focused workshop with in development. This would be Tayside wide, including the locality managers. Timescale – end August
Engagement planning and recording tool is in place to support effective community engagement		A	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	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		Liaise with Communication Managers to ensure protocols are effective.
Engagement / Communication steering groups are connected to tayside engagement groups.		A		Continue to improve the sharing and building in mechanisms for more regular updates
Review and strengthen mechanisms for engagement with the independent sector.		B		

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Proposed Controls	Responsible Lead	Strength	Current Status	Future Improvement actions
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

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

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

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

Current Controls	Responsible Lead	Strength	Current Status	Future Improvement actions
Information Sharing Protocol in place for health and social care		B	<p>Remit to existing IT working group to give progress update on ISP usage and current inhibitors to use</p> <p>Develop mechanisms to allow for sharing appropriate service user information across organisational boundaries</p> <p>Audit current practice to identify gaps and develop improvement plans as required</p> <p>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.</p>	The Social Care data set will be CHI seeded to facilitate easier data sharing
IT Systems Development Group in place		B		
Adult Support and Protection procedures are in place in health and social care		B		

	<u>Current Controls</u>	Responsible Lead	Strength	Current Status	Future Improvement actions
	ILG activity is supporting person centred care and care planning – including care provider key/named worker		B		
	There is activity taking place to develop Integrated Care Teams		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.	

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

STRATEGIC RISK 8 – WORKFORCE DEVELOPMENT AND STAFF GOVERNANCE

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

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

	Current Controls	Responsible Lead	Strength	Current Status	Future Improvement actions
	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	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		
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.		A		
Staff satisfaction surveys undertaken across partner organisations annually		A	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.

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

Current Controls	Responsible Lead	Strength	Current Status	Future Improvement actions
Standing item on Chief Officers Group weekly		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	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		A		
Recent Rapid Improvement Event based on capacity and flow		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	Hospital discharge team now joined with access team. Joint OT service now in place.	Programme to be completed by 01 October 2016

Current Controls	Responsible Lead	Strength	Current Status	Future Improvement actions
IJB have been fully briefed through a development event and a Delayed Discharge Action plan.		A		Develop a basis on which regular reports can be feedback to the IJB.
General Manager now in place for PRI		A		Better co-ordination and links
Visiting other areas and organisations to learn from best practice		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	Day of care audit April 2016. Deep dive of case files March 2016	Outcomes to be included in strategic commissioning plan
Proposed Controls	Responsible Lead	Strength	Current Status	Future Improvement actions
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

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

Current Controls	Responsible Lead	Strength	Current Status	Future Improvement actions
3 localities identified – Perth City, North and South Perthshire		A		Develop Locality plans based on local needs Clearly define locality boundaries
Community Care locality management arrangements in place		A	3 x Locality managers identified with role and remit agreed	
Health Locality Management arrangements in development although senior management locality leadership in place		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	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		Needs to be more inclusive of third sector and other partner members and to include public/community involvement

<u>Current Controls</u>	Responsible Lead	Strength	Current Status	Future Improvement actions
H&S care transformation projects have been identified in support of locality working		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

<u>Proposed Controls</u>	Responsible Lead	Strength	Current Status	Future Improvement actions
Development and implementation of Integrated Care Teams		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.

