



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 21 MAY 2025
REPORT ON: GOVERNANCE ACTION PLAN PROGRESS REPORT
REPORT BY: CHIEF FINANCE OFFICER
REPORT NO: PAC19-2025

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide the Performance and Audit Committee with an update on the progress of the actions set out in the Governance Action Plan.

2.0 RECOMMENDATIONS

It is recommended that the Performance and Audit Committee (PAC):

- 2.1 Note the content of the report and the progress made against the actions within the Governance Action Plan (contained within appendix 1).

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 MAIN TEXT

- 4.1 In November 2024, following the completion of an exercise to reprioritise outstanding recommendations within the Governance Action Plan (GAP), routine reporting the PAC recommenced (Article XI of the minute of the meeting of the Performance and Audit Committee held on 20 November 2024 refers). This included an overview of actions removed from the GAP following completion or because they had been abandoned.
- 4.2 Appendix 1 contains an overview report detailing the current status of the actions within the Governance Action Plan. Since January 2025, a further 4 actions have been completed, 4 additional actions have been added (Workforce Audit) and 23 remain ongoing.
- 4.3 Of the 23 ongoing actions there has been no further progress towards implementation for 13 actions since the last update was provided to PAC. This mainly reflects the prioritisation of resource to support the 2025/26 budget development process; however, some actions relate to actions that cannot be completed until the associated annual review or report activity is due (for example the annual review of the IJB Standing Orders). However, significant progress (25% or more) has been achieved in actions relating to: the reporting assurances to the IJB based on audit activity within the corporate bodies (Dundee City Council and NHS Tayside) and the planning of assurance reporting via an annual agenda tracker for both the IJB and the PAC; reporting against the strategic risk register and Governance Action Plan; and, changes to arrangements to monitor risks in relation to viability of third party providers.

5.0 POLICY IMPLICATIONS

- 5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 RISK ASSESSMENT

Risk 1 Description	Lack of progress toward completion of actions within the Governance Action Plan may undermine the sustainability of governance arrangements and assurances within the IJB.
Risk Category	Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is an Moderate Risk Level)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none">• All actions have now been uploaded to Ideagen system to support efficient and effective monitoring arrangements.• The process of updating the progress against each action currently being undertaken by officers across the Partnership.• Governance Action Plan updates are now being routinely reported to PAC.• A process is being established for new actions to be added to GAP, for example recommendations from audit reports.
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

7.0 CONSULTATIONS

7.1 The Chief Officer, Chief Internal Auditor and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

8.1 None.


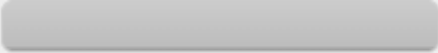

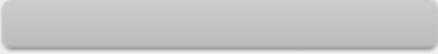
Christine Jones
Acting Chief Finance Officer

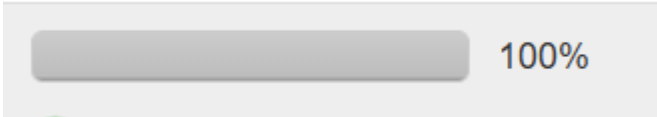
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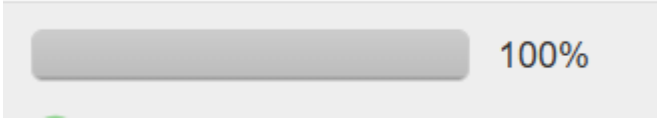
Clare Lewis-Robertson
Lead Officer, Strategic Planning and Business Support

IJB Outstanding Actions – Governance Action Plan


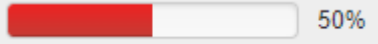
Completed since last update




		Title and Description	Due Date	Ownership	Latest Update
1		<p>DHSCPGAPIA20211124-1.3</p> <p>Finance & Performance Group</p> <p>The combined Finance & Performance Group, when constituted, should consider both finance and performance in the context of the IJB's strategic risks and both inform and be informed by the Strategic Commissioning Plan.</p> <div>  100% </div> <p>Completed since last update</p>	30 Jun 2022	Head of Service, Strategic Services	<p>02.04.25</p> <p>At this time there is no intention to re-establish the Finance and Performance Group. The Finance and Strategic Services Management Team meets on a monthly basis and includes an agenda that covers joint priorities and risks. This is a robust forum in which to take forward discussions whilst making best use of available resources.</p>
2		<p>DHSCPGAPIA20211124-1.4</p> <p>Process for analytical Reports</p> <p>Management should agree a process for what triggers deep dive/ analytical reports which should prioritise relevance to strategic IJB risks. Actions agreed should be monitored to ensure the desired effect is achieved.</p> <div>  100% </div>	31 Mar 2024	Head of Service, Strategic Services	<p>02.04.25</p> <p>Report tracker for IJB and PAC is now in place and closely monitored by the Senior Management Team, this includes identifying opportunities for the production and submission of deep dive analytical reports associated with specific strategic risks.</p>





		Completed since last update			
3	✓	<p>DHSCPGAPIA20230927-3.1</p> <p>Viability of External Providers - signing of contracts</p> <p>It is recommended that all contracts with care providers are signed by both parties as soon as possible after the contracting period starts if there is a change to the financial elements of the contract, or no later than the date which the contract commences where any other changes are made. To enable internal monitoring of this, the contracts register should be reviewed regularly to ensure contracts approaching renewal are suitably prepared and they can be signed in sufficient time for the new contract commencing</p> <div>  <p>100%</p> </div> <p>Completed since last update</p>	30 April 2024	Head of Service, Strategic Services	<p>02.04.25</p> <p>Funding letters for 2025/26 are in the process of being produced and issued following the IJB budget setting meeting. Contracts will be issued as quickly as possible after this, final legal advice is awaited on specific clauses.</p> <p>As previously noted it is not possible to have signed contracts in place by 01 April due to multiple external factors impacting the process. However the Senior Management Team is assured that the process has been improved and is as efficient as possible with the constraints placed upon the Partnership.</p>
4	✓	<p>DHSCPGAPIA20250129-3</p> <p>Workforce - terms of reference</p> <p>The Workforce Planning Group does not have a formal terms of reference, although its role and responsibilities have changed since the short life working group from which it developed was originally convened.</p> <p>Terms of Reference for the Workforce Planning Group should be prepared and agreed. This should include consideration of whether</p>	31 Jan 2025	<p>Head of Service, Strategic Services</p> <p>Head of Health and Community Care</p>	<p>02.04.2025</p> <p>Terms of Reference completed</p>

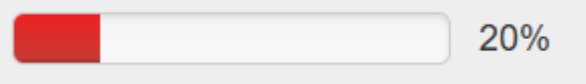



		<p>there are areas of overlap with the work of other management groups. If so, these should be similarly reflected in the terms of reference of those groups.</p>  <p>Completed since last update</p>			
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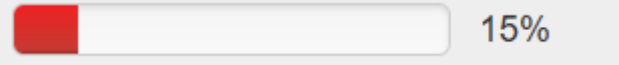



In progress



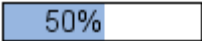
		Title and Abbreviated Description	Due Date	Ownership	Most Recent Update
5		<p>DHSCPGAPAIAR20190212</p> <p>Improved hosted services arrangements</p> <p>Development of improved Lead Authority Services arrangements around risk and performance management for lead authority services</p>  <p>No change in % achieved</p>	31 Oct 2020	<p>Chief Officer</p> <p>Chief Finance Officer</p>	<p>24.12.24</p> <p>Bi-monthly meetings in place to discuss key risks and strategic priorities. Financial summary of Lead Partner services included in monthly finance report to HSCP managers as well as finance report to IJB. Internal Audit of Lead Partner arrangements scheduled for 2025.</p>





6		<p>DHSCPGAPEA20201124</p> <p>Regular reporting against savings and transformation proposals</p> <p>Updates on the IJB's transformation programme and efficiency savings are not reported to the Board on a regular basis. The position on the achievement of savings proposals and transformation should be clearly and regularly reported to members.</p> <div data-bbox="360 587 736 635">  50% </div> <p>No change in % achieved</p>	31 Aug 2021	<p>Chief Officer</p> <p>Chief Finance Officer</p> <p>Head of Service, Strategic Services</p>	<p>23.10.24</p> <p>Financial monitoring reports contain information regarding financial implications of savings and transformation. This will be further strengthened through the ongoing financial recovery plan and forthcoming 25/26 budget setting process. There will also be additional opportunities to enhance reporting as the Delivery Plan is implemented and reported through the Senior Management Team and Strategic Planning Advisory Group, with exception reports to the IJB.</p>
7		<p>DHSCPGAPEA20211124</p> <p>Reporting against risk management improvement actions and strategic risk register</p> <p>Further improvement actions remain to be progressed associated with the IJBs risk management arrangements, including reviewing the IJB's risk management policy and developing further an understanding of the IJBs risk appetite. The Board and PAC should continue to be updated on progress on the delivery against the remaining risk management improvement actions and updates to the Strategic Risk Register.</p>	31 Oct 2022	<p>Chief Officer</p> <p>Head of Service, Strategic Services</p>	<p>2.04.2025</p> <p>Further progress on risk appetite delayed by 2025/26 budget process. To be prioritised in April and May 2025.</p>


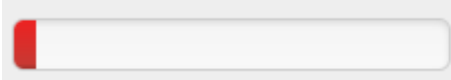

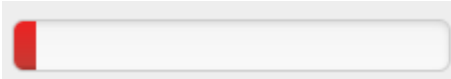

		 80% No change in % achieved			
8		<p>DHSCPGAPIA20210623-6</p> <p>Compliance from Partner Bodies</p> <p>There is currently no direct reporting to the IJB on its risk profile; nor direct, overt assurance on each of its strategic risks with risk monitoring occurring at the CCPG and the PAC receiving assurance on the overall system of risk management as above. Where controls sit within the partner bodies, the IJB receives only a general annual assurance through the year end processes. To further develop good governance arrangements, an IJB assurance plan could be implemented to ensure assurance on all risks is provided to the IJB, including where necessary assurances from partner organisation.</p>  75% 25 % increase since last update	31 Dec 2021	Chief Finance Officer	02.04.25 PAC and IJB report tracker now in place to ensure that relevant assurances are provided on core governance and strategic issues. This includes quarterly risk updates, as well as Clinical and Care Governance, performance, strategy, audit and finance. The tracker is reviewed and amended regularly by the Senior Management Team and in response to the action tracker from IJB and PAC meetings.
9		<p>DHSCPGAPIA20211124-1.1</p> <p>Revision of Integration Scheme</p> <p>As set out in the Integration Scheme, 'a list of targets and measures, which relate to the non-integrated functions of the partners that will have to be taken into account by the</p>	30 Jun 2022	Head of Service, Strategic Services	02.04.25 Information has been gathered regarding the approach taken to developing a performance framework for Perth & Kinross IJB. Links are also being made to developing work within



		<p>Integration Joint Board when preparing their Strategic Plan' should be included</p>  <p>10 % increase since last update</p>			NHS Tayside on their performance framework.
10		<p>DHSCPGAPIA20211124-1.2</p> <p>Enhanced Performance Reporting</p> <p>Further developments of the performance management arrangements should include the following: Assurance and performance reports should be related to specific risks and should contain an overt conclusion on whether the performance reports indicate that controls are operating effectively to mitigate the risk as intended.</p>  <p>15 % increase since last update</p>	30 Jun 2022	Head of Service, Strategic Services	<p>02.04.25</p> <p>Report tracker for IJB and PAC is now in place and closely monitored by the Senior Management Team, this includes identifying opportunities for the production and submission of deep diver analytical reports associated with specific strategic risks.</p>
11		<p>DHSCPGAPIA20211124-1.5</p> <p>Development of Strategic Plan Performance Measures – 2023/24</p> <p>The IJB should monitor the work of the ISPG to ensure that it develops the new SCP in such a way it embeds meaningful</p>	31 Mar 2024	Head of Service, Strategic Services	<p>02.04.25</p> <p>Information has been gathered regarding the approach taken to developing a performance framework for Perth & Kinross IJB. Links are also being made to developing work within</p>



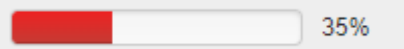

		<p>performance measures which can be reported regularly to allow a conclusion on whether the SCP is being implemented effectively and is delivering the required outcomes (not just inputs or outputs).</p>  <p>10% increase since last update</p>			NHS Tayside on their performance framework.
12		<p>DHSCPGAPIA20220622-2</p> <p>Consideration will need to be given to how the IJB will receive assurance and monitor progress against these actions.</p> <p>Having carried out the statutory review of the current strategic and commissioning plan, the Strategic Planning Advisory Group found that the vision and strategic priorities, as well as the overall format of the plan, remained fit for purpose but work was required to update the action lists associated with each priority. An addendum to the original plan was published which is supported by care group strategic planning / commissioning statements and transformation plans and reflects priorities arising from Covid19 remobilisation activity. These actions will be monitored by the Strategic Planning Advisory Group (SPAG).</p>  <p>5% increase since last update</p>	31 Dec 2022	Chief Finance Officer	<p>02.04.25</p> <p>Delivery Plan and reporting framework currently under review following 25/26 budget setting and in anticipation of statutory review of strategic commissioning framework to take place in 25/26.</p>
13		<p>DHSCPGAPIA20220622-4</p>	31 Dec 2022	Chief Finance Officer	<p>02.04.25</p> <p>Further progress on risk appetite delayed by 2025/26 budget process.</p>



		<p>The IJB should receive relevant, reliable and sufficient assurances against its strategic risks especially high scoring ones (above the risk appetite to be established)</p>  <p>No change in % achieved</p>			To be prioritised in April and May 2025.
14		<p>DHSCPGAPIA20220622-5</p> <p>Clinical and care governance arrangements will feed into the formation of IJB directions</p> <p>A draft Directions Policy & Procedure is being considered as an associated document with the revised Integration Scheme. We would reiterate our position that as part of any further developments in this area, consideration should be given as to how clinical and care governance arrangements will feed into the formation of IJB directions.</p>  <p>No change in % achieved</p>	31 Dec 2022	<p>Chief Officer</p> <p>Clinical Director</p>	<p>23.10.24</p> <p>IJB Directions policy has now been agreed and is being implemented. At the next review of that policy the interface with CCPG will be considered and relevant amendments recommend to the IJB.</p>





15		<p>DHSCPGAPIA20220622-7</p> <p>Overall assessment of progress in delivering the Risk Management Action Plan is included in the Governance Action plan (40% progress as at February 2022) but the individual actions are not reported to the PAC.</p> <p>Reporting should clearly set out progress against individual actions to allow for clear monitoring of the maturity assessment.</p> <div data-bbox="356 555 949 643">  50% </div> <p>40% increase since last update</p>	30 Nov 2022	Chief Finance Officer	<p>02.04.25</p> <p>Annual report on risk management arrangements is submitted to the IJB. Next report submitted for April 2025.</p>
16		<p>DHSCPGAPIA20220622-8</p> <p>CCPG Annual Report</p> <p>Dundee HSCP provides regular, high-quality assurance reports to the NHS Tayside Care Governance Committee as well as the PAC. An annual report for the year is planned for the June IJB. The report is comprehensive and well-written, but does not reference relevant strategic risk, or areas for development. There might be benefit in it being used to reflect on key concerns during the year and priorities for the coming year, as well as views on the relevant Strategic Risks.</p> <div data-bbox="356 1185 940 1265">  80% </div> <p>No change in % achieved</p>	30 June 2023	<p>Chief Officer</p> <p>Clinical Director</p>	<p>23.10.24</p> <p>Annual CCPG report is in place and provides a comprehensive retrospective overview of activities and concerns during the previous 12 months. It also reflects on impact in terms of the IJB's strategic risks.</p> <p>The 2025 report will be developed to also include forward looking content / priorities.</p>

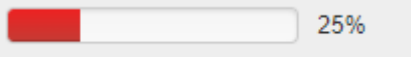

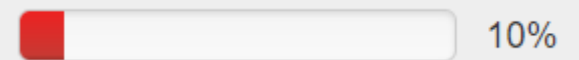

17		<p>DHSCPGAPIA20220720-1</p> <p>Cat 1 Responder -Definition of IJB Duties</p> <p>Category 1 responder resilience arrangements have not been fully and adequately incorporated into the IJBs governance structure. In addition to implementing the recommendation contained within the Internal Audit Annual Report 2020/21 (Action Point 3) relating to the PAC, it should be ensured that the duties of the IJB are fully defined.</p> <div data-bbox="358 590 896 670">  5% </div> <p>No change in % achieved</p>	31 Oct 2022	<p>Head of Service, Strategic Services</p> <p>Head of Health and Community Care</p>	<p>23.10.24</p> <p>This will be added to the next revision of the IJB Standing Orders in 2025.</p>
18		<p>DHSCPGAPIA20230130-1</p> <p>Sustainability of Primary Care - assurance from lead partner</p> <p>Angus IJB, as the lead partner for primary care, should provide assurance to Dundee IJB regarding progress against the audit recommendations and management actions arising from the Internal Audit of the Sustainability of Primary Care.</p> <div data-bbox="358 1125 896 1204">  5% </div> <p>No change in % achieved</p>	31 Mar 2023	Head of Health and Community Care	<p>23.10.24</p> <p>Assurance to be requested from Angus Chief Officer to inform the next Governance Action Plan update to Dundee IJB, due for submission in January 2025.</p>
19		DHSCPGAPIA20230621-1	31 Dec 2023	Chief Finance Officer	02.04.25

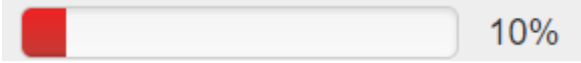

		<p>Sustainability - Delivering the IJB's strategic and commissioning priorities within the budget and resources that it has available will be a significant challenge.</p> <p>Delivering the IJB's strategic and commissioning priorities within the budget and resources that it has available will be a significant challenge. In these circumstances monitoring of the implementation of the SCF and of the development and then implementation of the supporting documents including the Annual Delivery Plan, Resource Framework, Workforce Plan and Performance Framework will be fundamental. Management should clearly set out how the IJB will receive assurance, including assurance over transformation. Reporting on implementation of Strategy and financial monitoring should have a clear focus on the success of transformational projects i.e. what has changed and how services are better delivered, with savings achieved, as a result of transformation.</p> <div>  </div> <p>25% increase since last update</p>			<p>Following completion of the 2025/26 budget processes the delivery plan is to be refreshed to reflect changes to financial pressures and risks. This will also be addressed via the statutory review of the strategic commissioning framework during 25/26.</p>
20		<p>DHSCPGAPIA20230621-2.1</p> <p>Consideration is given to how IJB members could be involved in the development and agreement of the organisation's risk profile.</p> <p>The Risk Management Strategy agreed in April 2021 states that the IJB Board is responsible for 'receipt, review and scrutiny of reports on strategic risks'. The latest risk update was provided to the May 2023 PAC meeting and noted that "target risk scores will be revisited following planned Risk Appetite sessions for the</p>	31 Dec 2023	Chief Finance Officer	<p>02.04.25</p> <p>Further progress on risk delayed by 2025/26 budget process. To be prioritised in April and May 2025.</p>

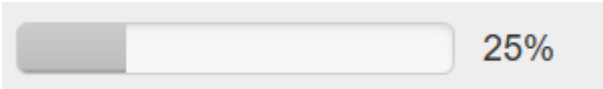

		<p>recent development work around risk appetite”. We welcome this intention and note that further work will also be required to identify how the new risk appetite will affect Strategy, decision-making prioritisation and budget setting and organisational focus, the ‘so what?’ question, which will be fundamental to making risk appetite real.</p> <div>  75% </div> <p>No change in % achieved</p>			
21		<p>DHSCPGAPIA20230621-2.2</p> <p>Implementation of Risk Appetite</p> <p>To help implementation of the Risk Appetite to be agreed, we recommend that the IJB sets out clearly how:- risk appetite is to be taken into consideration as part of decision making· risk appetite affects monitoring and escalation processes for individual risks· Risk appetite is reflected in target risk scores and how the IJB will understand whether target is actually being achieved.</p> <div>  35% </div> <p>No change in % achieved</p>	31 Dec 2023	Chief Finance Officer	<p>02.04.25</p> <p>Further progress on risk appetite delayed by 2025/26 budget process. To be prioritised in April and May 2025.</p>
22		<p>DHSCPGAPIA20230927-1.1</p> <p>Viability of External Providers - Financial Monitoring Process</p>	31 Dec 2023	Head of Service, Strategic Services	<p>02.04.25</p> <p>Regular 6 monthly meeting now in place to consider risk register. Senior (Contracts) and Chief Finance Officer</p>



		<p>It is recommended that the Monitoring and Review Protocol is enhanced to include a clear escalation process in the event that financial sustainability of a Care Provider is deemed to be at risk. This should include thresholds for each of the ratios considered in the financial monitoring template which would trigger escalation for enhanced monitoring, or other appropriate action, to ensure a consistent approach is taken. To ensure sufficiently regular financial monitoring of annual accounts is conducted for each provider, a review should be performed at least annually, including ensuring that a copy of the Care Provider's recent annual accounts is held. Overall assurance against this risk should then be reported to a pertinent Committee, or the IJB itself, and could include KPI reporting relating to the financial sustainability ratios.</p>  <p>25% increase in % achieved</p>			<p>meeting to discuss and agree any follow up action including consideration of % of contract value against total expenditure - to allow for a deeper dive of the data.</p> <p>Annual report to PAC in inspection gradings to be reviewed for 2025 to also include overview of quality, operational and financial risks.</p>
23		<p>DHSCPGAPIA20230927-2.1</p> <p>Viability of External Providers - contract monitoring template</p> <p>It is recommended that a single standardised template is developed and implemented for quarterly monitoring to ensure an agreed minimum level of quality monitoring is undertaken in respect of performance, quality, staffing levels and financial information. The template should also contain a further section which can be tailored to include any metrics specific to the provider to enable tailored monitoring as needed, above the minimum expected monitoring activities. Any monitoring reports identified which lack sufficient documentation of the quality</p>	31 Dec2024	Head of Service, Strategic Services	<p>02.04.25</p> <p>All templates updated as required to ensure agreed data collated. Care at Home template reviewed and minimised to ensure fit for purpose and necessary data collected. Wording in model contract for social care re-enforces need to provide agreed monitoring data under terms and conditions. All templates considered by Lead Officer, Quality, Data and Intelligence</p>

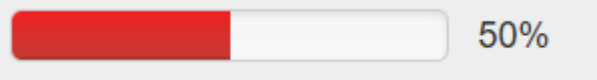

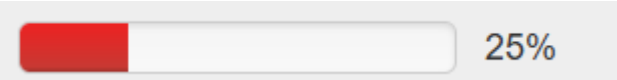
		<p>assessment should be escalated and discussed with the Contracts Officer to ensure appropriate action is taken in conjunction with the provider. When providers are subject to external review (e.g. through the Care Inspectorate), these findings should be triangulated with previous internal quality assessments to review whether pertinent issues were picked up, and therefore if the quality of the internal assurances is sufficiently robust or requires further improvement.</p>  <p>15% increase since last update</p>			<p>and agreement that all versions used are fit for purpose for the specific care and support portfolios. Summary of Quality Accreditation exercise still to be considered, however, model contract and current clause around Quality Assurance been signed off by Legal - no amendments at this stage to wording in quality clause. Competing priorities around budget consultation/savings agenda have impacted on this task being completed, however, will be prioritised into new financial year.</p>
24		<p>DHSCPGAPIA20240131-1.1</p> <p>Operational Planning - Development of operational plans</p> <p>All transformation boards should articulate the pathway towards the development of their underpinning operational plan, and report on its progress to a relevant governance group.</p>  <p>No change in % achieved</p>	30 Sept 2024	<p>Chief Finance Officer</p> <p>Head of Service, Strategic Services</p>	<p>02.04.25</p> <p>Further progress on planned work has been delayed due to capacity required to support 2025/26 budget setting process. However, this will now inform the approach to and prioritisation of these tasks during the first quarter of 2025/26.</p>
25		<p>DHSCPGAPIA20240131-2.1</p> <p>Operational Planning - Review of Terms of Reference</p>	30 June 2024	Chief Finance Officer	02.04.25

		<p>Terms of reference for governance and management groups and committees should specify the review period, generally annually, and Terms of Reference should be updated if necessary. This should, at a minimum, require that the remit of groups is reviewed each time the Strategic Commissioning Plan, or relevant strategic objectives, are updated.</p> <div>  25% </div> <p>No change in % achieved</p>		Head of Service, Strategic Services	Further progress on planned work has been delayed due to capacity required to support 2025/26 budget setting process. However, this will now inform the approach to and prioritisation of these tasks during the first quarter of 2025/26.
26		<p>DHSCPGAPIA20240131-3.1</p> <p>Operational Planning - project management arrangements</p> <p>The HSCP should outline the circumstances in which it is considered appropriate that formal project management is applied, and the minimum set of controls that should be applied. The complexity of the arrangements for delivery of the Strategic Commissioning Plan, and its underpinning delivery plans and programmes of transformation, is such that it may be appropriate to adopt a principles based approach.</p> <div>  10% </div> <p>No change in % achieved</p>	30 June 2024	<p>Chief Finance Officer</p> <p>Head of Service, Strategic Services</p>	<p>02.04.25</p> <p>Further progress on planned work has been delayed due to capacity required to support 2025/26 budget setting process. However, this will now inform the approach to and prioritisation of these tasks during the first quarter of 2025/26.</p>
27		<p>DHSCPGAPIA20240131-4.1</p> <p>Operational Planning - alignment to strategic plan</p>	30 June 2024	Chief Finance Officer	02.04.25

		<p>The HSCP has committed to the development of a revised set of Strategic Plan performance measures throughout 2023/24. Groups responsible for the implementation of delivery plans and supporting performance management frameworks should take cognisance of this work, and in developing their own suites of performance measures, should:</p> <ul style="list-style-type: none"> • Align the objectives of their implementation plans to the performance measures identified for the Strategic Plan, where it makes sense to do so • Consider other workstreams within delivery plans that contribute to the same objectives, and the relative impact. <p>Measurement of indicators and their reporting should account for the situation where indicators at a service level are improving, while deteriorating for the HSCP as a whole, or vice versa.</p> <div>  </div> <p>No change in % achieved</p>		Head of Service, Strategic Services	Further progress on planned work has been delayed due to capacity required to support 2025/26 budget setting process. However, this will now inform the approach to and prioritisation of these tasks during the first quarter of 2025/26.
28		<p>DHSCPGAPIA20250129-1</p> <p>Workforce - modelling future service demand and workforce requirements</p> <p>The HSCP has not yet developed an approach to modelling Service demand to a level of detail which supports effective planning for future workforce requirements. In the absence of an understanding of the way in which future workforce requirements are likely to develop, there is a risk that workforce planning interventions may not be applied in the areas of highest risk. While there are a number of actions related to</p>	30 Apr 2025	<p>Head of Service, Strategic Services</p> <p>Head of Health and Community Care</p> <p>Lead Officer, Quality Data</p>	<p>02.04.25</p> <p>The workforce plan is currently being reviewed and the prediction of future demand and workforce implications is being actively considered as part of this work. It is anticipated the revised workforce plan will be available by June 2025, however further work on prediction and modelling will continue after this date.</p>

		<p>understanding Service demand and modelling staff requirement reflected in the Workforce Planning action plan, these are expressed as open ended ambitions and, as a consequence, it is difficult to gain assurance over the extent to which progress has been made towards implementation.</p> <p>Audit Recommendation: The Workforce Planning subgroup should establish an approach to modelling future service demand and therefore workforce requirements which can be implemented within its currently available resources. This approach should be predicated on the basis of data already available and documented assumptions where data is not available. SMART Actions within the action plan should be refined such that they set out specific deliverables which can be used to update and refine the initial assessment of future service demand, ideally with expected timescales.</p>  <p>25% increase since last update</p>		and Intelligence	
29		<p>DHSCPGAPIA20250129-2</p> <p>Workforce - risk register development</p> <p>The Workforce Strategic Risk Register is not yet fully developed and currently does not support management in determining the most pressing workforce issues facing the HSCP, or in assessing the control framework in terms of the impact of the controls which are in place or the controls which would be required to mitigate risk to an acceptable degree. Register Scoring indicates</p>	31 Mar 2025	<p>Head of Service, Strategic Services</p> <p>Head of Health and Community Care</p>	<p>02.04.25</p> <p>Review of the workplace plan, including the associated risk register, is currently underway. A revised format for presenting risk information, aligned to the format utilised for the IJB, has been identified and content is currently being revised and populated.</p>

		<p>that the majority of identified workforce risks are unmitigated. Internal controls for all risks have not yet been identified.</p> <p>The Workforce Strategic Risk Register should be developed such that it provides at least: • Risk Scoring to a level of detail and consistency that allows management to distinguish the most severe risks from the those which are less critical. • An assessment of the internal controls which are already in place, and those which are not in place but would be required to reduce the level of risk to within tolerance. Ideally such an assessment would be based on an analysis which quantifies the impacts and likelihood of the risks identified, to ensure objective risk scoring. However, in the context of the HSCP's current resource constraints, it is likely that in the medium term this will require a number of assumptions to be made on the basis of management knowledge and experience. Where they are required, assumptions should be recorded so that their effect on the analysis is clear and can be updated if and when other information becomes available.</p> <div>  50% </div> <p>50% increase since last update</p>		Lead Officer, Strategic Planning and Business Support	
30		<p>DHSCPGAPIA20250129-4</p> <p>Workforce - workforce action plan</p> <p>The articulation of actions in the Workforce action plan is overly broad and not clearly linked to any approach to prioritisation. As a consequence, progress is difficult to assess, and the action</p>	31 Mar 2025	<p>Head of Service, Strategic Services</p> <p>Head of Health and</p>	<p>02.04.2025</p> <p>Review of the workplace plan, including the associated work plan, is currently underway. A revised format for presenting risk information, aligned to national guidance, has been identified and content is</p>

		<p>plan provides limited assurance that it addresses the areas in which management action can have the greatest impact.</p> <p>HSCP Management should refine the action plan with a focus on identifying specific deliverables and realistic timescales. This will likely involve breaking down some of the existing high level actions into a number of sub tasks. The elements of the action plan should reflect the required internal controls which are identified within the Workforce Strategic Risk Register. As this may result in a plan containing more actions than are realistically achievable, management should identify and pursue those actions which will deliver the maximum impact within the resource available, supported by the risk register scoring.</p>  <p>50% increase since last update</p>		Community Care	currently being revised and populated.
31		<p>DHSCPGAPIA20250129-5</p> <p>Workforce - workforce planning group reporting</p> <p>There is no clear and explicit link between the information which is formally reported to the Workforce Planning Group and relevant risks and controls. As such, the reporting does not provide assurance over the effectiveness of arrangements to mitigate workforce risks.</p> 	31 Mar 2025	<p>Head of Service, Strategic Services</p> <p>Head of Health and Community Care</p>	<p>02.04.25</p> <p>Initial conversations have been held and are informing the revision of the workforce plan, including the format and content of the risk register and work plan.</p>

PAC19-2025

		25% increase since last update			
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