



**REPORT TO:** PERFORMANCE AND AUDIT COMMITTEE – 20 NOVEMBER 2024  
**REPORT ON:** GOVERNANCE ACTION PLAN PROGRESS REPORT  
**REPORT BY:** CHIEF FINANCE OFFICER  
**REPORT NO:** PAC43-2024

## **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 Notes 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 September 2024 the PAC was advised that an exercise had been completed to reprioritise outstanding recommendations within the Governance Action Plan, with the live actions having been uploaded into the Ideagen performance management system. At that time officers across the Partnership were in the process of updating each action; this process has also now been completed.
- 4.2 Appendix 1 contains an overview report detailing the current status of the actions within the reprioritised Governance Action Plan. This includes 17 actions that have now been completed and a further 7 that have been abandoned because they have been assessed to no longer be relevant in the current context or to be unachievable within current systems and resources. There are 29 actions currently in process, with the majority (25) demonstrating some level of progress.
- 4.3 Moving forward, a summary of progress against the actions within the Governance Action Plan will be provided to each meeting of the PAC. Over the period to the end of the current financial year officers will focus on progression and completion of outstanding, historical actions. A process has also been established to ensure that new recommendations and actions from relevant reports are added to the plan on an ongoing basis.

## **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"><li>• All actions have now been uploaded to Ideagen system to support efficient and effective monitoring arrangements.</li><li>• The process of updating the progress against each action currently being undertaken by officers across the Partnership.</li><li>• Governance Action Plan updates will now be available from November 2024.</li></ul>
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  
Chief Finance Officer

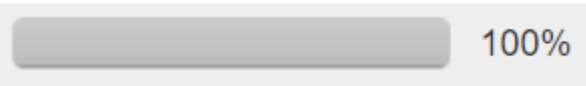
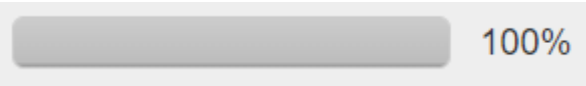
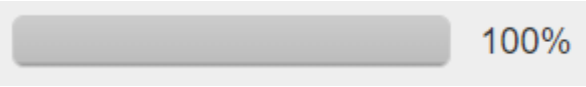
DATE: 24 October 2024

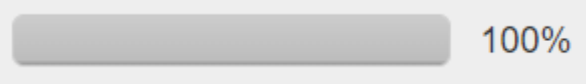

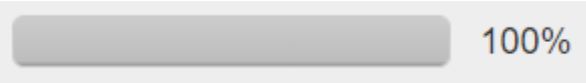
Clare Lewis-Robertson  
Lead Officer, Strategic Planning and Business Support


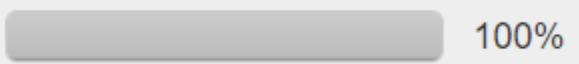

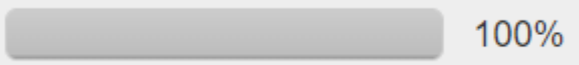

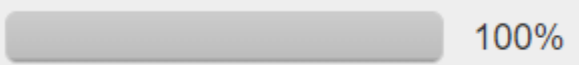

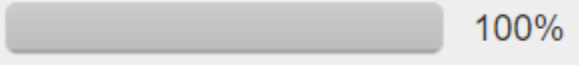
Kathryn Sharp  
Acting Head of Service, Strategic Services

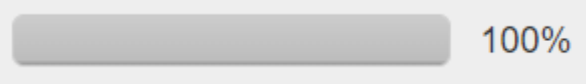
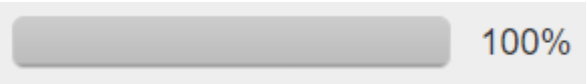

## IJB Outstanding Actions – Governance Action Plan


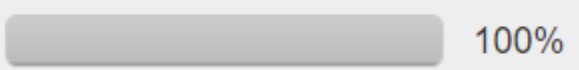

### Completed


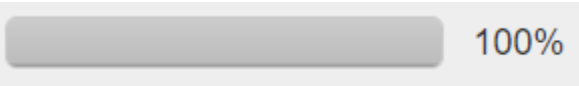
		<b>Title and Description</b>	<b>Due Date</b>	<b>Ownership</b>	<b>Latest Update</b>
1	✓	DHSCPGAPEA20170912  <b>National performance reports on SMT agenda</b>  	31 Oct 2020	Chief Officer	23.10.24  Recent Audit Scotland reports have been submitted to the IJB for consideration. This practice will continue, with screening of relevant reports by the revised Senior Management Team structure.  Management Team meeting agenda to consider appropriate reporting and information sharing forum.
2	✓	DHSCPGAPEA20180925  <b>Amend budget monitoring reports</b>  	31 Dec 2018	Chief Finance Officer	23.10.24  Outturn monitoring report now embedded within business as usual arrangements. Any significant revision of budgets, in excess of officers' delegated authority, will be communicated to IJB members within the regular budget monitoring report for approval.
3	✓	DHSCPGAPEA20201124  <b>Development opportunities for Board members</b>  	31 Oct 2020	Chief Finance Officer  Head of Service,	10 September 2024  A programme of monthly development sessions has been established and delivered starting in June 2024. Sessions are currently planned to end of 2024, with sessions for 2025 to be planned as part of

				Strategic Services	the process of developing the 2025 meeting schedule for the IJB
4	✓	DHSCPGAPEA20221123  <b>Best Value plans and reporting</b>  	31 Oct 2020	Chief Officer  Chief Finance Officer  Head of Service, Strategic Services	23 October 2024  Annual Best Value report was provided to the IJB in December 2023.
5	✓	DHSCPGAPEA20221123  <b>Monitoring impact of transformational change and reserves strategy</b>  	31 Oct 2020	Chief Officer  Chief Finance Officer  Head of Service, Strategic Services	23.10.24  Reserves Strategy submitted to IJB in August 2024.
6	✓	DHSCPGAPEA20221123  <b>PAC terms of reference</b>  	31 Oct 2020	Chief Officer  Chief Finance Officer  Head of Service, Strategic Services	10.09.2024  PAC terms of reference have been updated and were approved by the IJB in December 2023.


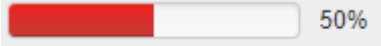

7		DHSCPGAPEA20231122  <b>Check on accounts presented for audit</b>  	31 Oct 2020	Chief Officer  Chief Finance Officer	23.10.2024  2022/23 accounts included this review and no subsequent issues were identified by the auditor
8		DHSCPGAPIA20210623-3.1  <b>Update to Standing Orders - Review Remit of PAC</b>  	31 Mar 2022	Chief Officer	10.09.2024  Revised PAC Terms of Reference were approved by the IJB on 13 December 2023 (DIJB72-2023).
9		DHSCPGAPIA20210623-3.2  <b>Update to Standing Orders - Review of Financial Regulations</b>  	31 Oct 2021	Chief Officer  Chief Finance Officer	10.09.2024  The Dundee IJB Standing Orders were updated in December 2023 and Financial Regulations were revised and approved by the IJB on 19 June 2024 (DIJB28-2024).
10		DHSCPGAPIA20210623-4  <b>New Strategic Commissioning Plan developed, focus should be on strategic, holistic solutions which allow the transfer of resources to facilitate improvements in services and shifting the balance of care, alongside the technical aspects of LHSA</b>  	31 Mar 2022	Chief Officer	10.09.2024  The IJB's new 10-year Strategic Framework was approved and published in April 2023. The IJB focused on a public facing strategic framework which continues to support service improvement and shifting the balance of care.

11	✓	DHSCPGAPIA20211124-2  <b>Review of the resources required for performance management and present the results to an appropriate IJB Committee</b>  	30 June 2022	Head of Service, Strategic Services	10.09.24  A review of the Partnership's Strategic Services has been completed, resulting in an agreed future structure. This includes a distinct Quality, Data and Intelligence Team focused on meeting the requirements of the IJB in relation to performance management and a range of other quality and data functions. The structure was reported to the Performance and Audit Committee on 22 May 2024.
12	✓	DHSCPGAPIA20220622-3  <b>PAC End of Year Report</b>  	28.02.2023	Chief Finance Officer	23.10.2024  The first Annual Report from the Chair of the PAC was submitted to the IJB in 2023. This will now be done on an annual basis - 2024 report will be submitted in December 2024.
13	✓	DHSCPGAPIA20220622-6  <b>Detailed monitoring of the position of individual savings initiatives to clearly show identified versus realised savings</b>  	31.12.2025	Chief Finance Officer	23.10.2024  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

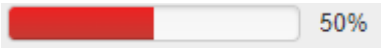

					implemented and reported through the Senior Management Team and Strategic Planning Advisory Group, with exception reports to the IJB.
14	✓	DHSCPGAPIA20220622-9  <b>Output from internal monitoring and quality assurance processes for care services should be overtly included within the clinical and care governance assurance reports and their quality should be assessed through triangulation</b>  	31.12.2023	Chief Finance Officer  Chief Social Work Officer	23.10.2024  CCPG forums and reporting includes consideration of quality monitoring for care services, including both internal and external scrutiny approaches. Exception reporting is included within this approach. This is then reflect within reports to the IJB as appropriate.
15	✓	DHSCPGAPIA20220720-2  <b>Cat 1 Responder - PAC Assurance from partner bodies</b>  	31 October 2022	Head of Service, Strategic Services  Head of Health and Community Care	23.10.2024  Annual Category 1 Responder report now submitted the the IJB. This incorporates assurances from the corporate bodies.
16	✓	DHSCPGAPIA20220720-3  <b>Cat 1 Responder - Assurance on the current status of the implementation of the IJBs Category 1 responsibilities</b>  	31 October 2022	Head of Service, Strategic Services  Head of Health and Community Care	23.10.2024  Category One Annual Report submitted to IJB in both 2023 and 2024, this will now be submitted on an annual basis.





17		DHSCPGAPIA20220720-4  <b>Cat 1 Responder - Action Plan</b>  	31 October 2022	Head of Service, Strategic Services  Head of Health and Community Care	23.10.2024  Category 1 Responder Action Plan now in place. Originally submitted to the IJB in October 2022 (DIJB73-2022) and progress is now tracked via the Category 1 Responder Annual Reports.
----	---	---	-----------------	--	---

## In progress


		Title and Description	Due Date	Ownership	All Updates
18		DHSCPGAPIAR20190212  <b>Improved hosted services arrangements</b>  Development of improved Lead Authority Services arrangements around risk and performance management for lead authority services  	31 Oct 2020	Chief Officer  Chief Finance Officer	23.10.24  Lead Partner meetings now taking place on a bi-monthly basis, including the Chief Officers, Chief Finance Officers and Heads of Service. Provides a forum for sharing service developments, financial reporting and performance reporting for lead partner services.  12.02.2019  Work continues to be progressed, including in relation to revision of strategic plans and preparation of 22/23 annual performance reports.
19		DHSCPGAPEA20201124  <b>Regular reporting against savings and transformation proposals</b>	31 Aug 2021	Chief Officer	23.10.24  Financial monitoring reports contain information regarding financial implications

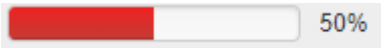



		<p>Updates on the IJB's transformation programme and efficiency savings are not reported to the Board on a regular basis. Members may not be fully aware of the position and unable to take corrective actions. The position on the achievement of savings proposals and transformation should be clearly and regularly reported to members. The impact from Covid-19 and delivering pandemic remobilisation plans will also need to be considered.</p> 		<p>Chief Finance Officer</p> <p>Head of Service, Strategic Services</p>	<p>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> <p>24.11.2020</p> <p>The IJB is provided with an overview of the risks of delivery associated with the savings programme as part of regular financial monitoring reports presented to the IJB. This will be enhanced during the year with a minimum of two specific savings and transformation reports outlining the progress made with implementation of service change initiatives.</p>
20		<p>DHSCPGAPEA20211124</p> <p><b>Reporting against risk management improvement actions and strategic risk register</b></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. Until risk management arrangements have matured further there is a risk that exposure to risks may</p>	31 Oct 2022	<p>Chief Officer</p> <p>Head of Service, Strategic Services</p>	<p>06.11.24</p> <p>Risk Appetite Setting Session held with IJB members in November 2024. Feedback from risk appetite setting will allow risk appetite categories to be determined and targets applied to Strategic risks by end of 2024.</p> <p>June 2022</p> <p>Work is progressing to develop the risk management policy and the Joint Board's risk</p>

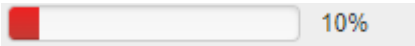

		<p>not be fully understood, highlighted, appropriately mitigated through management controls, and scrutinised. The Board and PAC should continue to be updated on progress on the delivery against the remaining risk management improvement actions and updates to the Strategic Risk Register.</p> 			<p>appetite, both of which has been informed by Joint Board development sessions. There is an intention to set a risk appetite for the Joint Board by autumn / winter 2022</p> <p>24.11.2021</p> <p>Will continue to be reported through the Governance Action Plan Update Report.</p>
21		<p>DHSCPGAPEA20221123</p> <p><b>Governance changes following revision of Integration Scheme</b></p> <p>Following ministerial approval of the revised integration scheme, the Joint Boards governance arrangements will require to be reviewed alongside its existing governance action plan outstanding actions. Governance arrangements do not support effective decision making. Management should identify the governance changes needed following ministerial approval of the Joints Boards revised integration scheme, alongside its existing governance action plan's outstanding actions. As part of this process management should review actions: for their currency; against strategic priorities and risk profile; and against its capacity to deliver.</p> 	31 Oct 2020	<p>Chief Officer</p> <p>Chief Finance Officer</p> <p>Head of Service, Strategic Services</p>	<p>10.09.24</p> <p>Standing orders, scheme of delegation and financial regulations have been updated and approved by the IJB. Internal Audit has completed a review of the Governance Action Plan, with actions currently being uploaded onto Ideagen and updated with current progress.</p> <p>24.11.2022</p> <p>Once Integration Scheme has ministerial approval any required changes to the IJB's Standing Orders, financial regulations and scheme of delegation will be presented to the IJB. Work continues with the support of Internal Audit to review the existing governance action plan.</p>
22		DHSCPGAPIA20200825-1	31 Oct 2020	Chief Officer	10.09.2024


	<p><b>Proper monitoring and escalation of agreed governance improvement actions</b></p> <p>A high proportion of issues previously highlighted by ourselves and others which have resulted in agreed recommendations have not been taken forward as expected. Whilst Covid-19 may have had some impact, it is not, in our view, the primary cause of the failure to deliver these key changes. We have also reported a number of areas where update reports were promised but not delivered. We would expect these areas for improvement to continue to feature in the IJB's Governance statement and would reiterate the need for robust monitoring by the PAC and consideration of the consequences of non-achievement on the overall control environment. The lack of progress in implementing agreed governance improvements 'due to challenges in meeting a range of priorities with limited resources available to progress within the Health and Social Care Partnership' has not been included in the Chair's Assurance report which is presented to the IJB following a meeting of the PAC, nor has this topic been discussed by the IJB. Correspondence has now been received from the Scottish Government advising that given the Covid-19 response it does not expect IJBs to continue work on developing successor Integration Schemes. This update work had been intended to address a number of key governance issues which will still require to be resolved, notwithstanding the delay in updating the Integration Scheme.</p> <p>Alongside proper monitoring of agreed governance improvement actions, we would recommend that a clearer escalation route of such issues encountered is</p>		<p>Head of Service, Strategic Services</p>	<p>Work has now been completed by Internal Audit to map all outstanding governance actions. Officers are finalising the upload of all actions to Ideagen to aid monitoring and reporting, including via Governance Action Plan report to PAC. This will prompt responsible officer to provide updates against all actions prior to reporting to November 2024 PAC.</p> <p>25.08.2020</p> <p>The issue of delays in completing agreed improvement actions is recognised and accepted as an area of improvement. A further review of progress of the Governance Action Plan and agreement of the escalation process will be brought to the meeting of the Performance and Audit Committee in September 2020 and reflected in the Chairs Assurance report to the IJB for further consideration by the wider IJB membership.</p>
--	--	--	--	--

		<p>needed to prompt the IJB to determine any remedial actions to be taken. Barriers to achievement and solutions to address these should be clearly identified and the Chair's Assurance report should clearly identify these key governance issues so that the IJB understands their importance, impact and is able to take appropriate action. The discussion should include how to address issues involving Partners, with further escalation to the Working Together Forum, where the Chairs, Council Leaders, Chief Executives and Chief Officers from all partner bodies meet.</p> <div> <div></div> 75% </div>			
23		<p>DHSCPGAPIA20210623-6</p> <p><b>Compliance from Partner Bodies</b></p> <p>Strategic risks and their controls are well articulated and nearly all IJB agenda items can be linked to one of the organisation's strategic risks. However, 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, for example the IJB does not currently receive specific staff governance assurances from the employing partners, nor on compliance with GDPR and other information governance arrangements. To further develop good governance arrangements, an IJB assurance plan could be implemented to ensure</p>	31 Dec 2021	Chief Finance Officer	<p>23.10.2024</p> <p>Findings of internal audit reports conducted by the Council and NHS Tayside with relevance to the IJB are now summarised and reported to PAC. Further work is to be progressed in relation to FTF Governance Assurance Principles over the next 12 months.</p> <p>23.06.2021</p> <p>Recommendation to be implemented accordingly.</p>


		<p>assurance on all risks is provided to the IJB, including where necessary assurances from partner organisation. The FTF internal audit assurance principles are appended to this report and should be used to inform development of any assurance workplan. Any monitoring or performance reports should be overtly related to specific risks and should contain a conclusion on whether the performance reports indicate that controls are operating effectively to mitigate the risk as intended. Some assurances may require to be provided by the partners, to ensure the IJB receives assurance that its strategies and statutory responsibilities are supported by the enabling strategies and governance arrangements of its partners and these are appropriately prioritised, resourced and monitored.</p> 			
24		<p>DHSCPGAPIA20211124-1.1</p> <p><b>Revision of Integration Scheme</b></p> <p>Performance reports do not currently provide overt conclusions on their impact on specific risks and whether controls are operating as intended. Our Annual Internal Audit Report for 2017/18 noted that it was intended to frame the performance report information in the context of a delivery plan to ensure that operational delivery of the Strategic Commissioning Plan can be monitored. We recommended a Delivery Plan to track actions which will support implementation of the Strategic Commissioning Plan. This is not yet in place. There are no clear criteria for the commissioning of deep dive reports into specific areas</p>	30 Jun 2022	Head of Service, Strategic Services	<p>10.09.2024</p> <p>Scoping work for the Performance Framework required within the Integration Scheme has been undertaken. Further development of the framework will be a priority within the Partnership Delivery Plan for 2024-2026.</p> <p>24.11.2021</p> <p>The IJB receives regular assurances on performance through the Chairs Assurance Report from the Performance &amp; Audit Committee (PAC) and the Annual Performance Report. The quarterly</p>


	<p>of operation. Overall, we note that there is no clear process for monitoring that any actions agreed in response to the scrutiny of performance are progressing as intended and improving performance. A combined Finance &amp; Performance Group was to assist with the linking of finance and performance decisions. However, this new amalgamated group has not yet met to discuss performance. Whilst performance management arrangements have been developed for integrated function, this is still not in place for non-integrated functions, although this was required under the Integration Scheme.</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. The attached Committee Assurance Principles may be helpful in this regard. The combined Finance &amp; 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. The IJB should monitor the work of the ISPG to ensure that it develops the new SCP in such a way it embeds meaningful 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). 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</p>			<p>performance reports to the PAC continue to evolve with the 2021/22 Quarter 1 report presented to the November 2021 PAC reflecting some of the above recommendations with further work to be done to enhance the connections between performance and risk. This includes further development of the process to escalate operational risks to strategic risk and resultant overall assurance to the IJB that risks are being mitigated and do not impact on performance. The finance and performance group will be reconstituted as recommended. The likely outcome of the review of the Strategic &amp; Commissioning Plan will be an extension of the plan throughout 2022/23 with work undertaken in 2023/24 to develop the new plan. The required performance measures to meet the recommendation above will be considered as part of that process. A more formal process to trigger further analytical reports will be developed. The Integration Scheme is currently being revised and consideration will be given to establishing the relevant performance information relating to non-integrated functions as part of that process.</p>
--	--	--	--	--

		<p>achieved. 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 Integration Joint Board when preparing their Strategic Plan' should be included</p> 			
25		<p>DHSCPGAPIA20211124-1.2</p> <p><b>Enhanced Performance Reporting</b></p> <p>Performance reports do not currently provide overt conclusions on their impact on specific risks and whether controls are operating as intended. Our Annual Internal Audit Report for 2017/18 noted that it was intended to frame the performance report information in the context of a delivery plan to ensure that operational delivery of the Strategic Commissioning Plan can be monitored. We recommended a Delivery Plan to track actions which will support implementation of the Strategic Commissioning Plan. This is not yet in place. There are no clear criteria for the commissioning of deep dive reports into specific areas of operation. Overall, we note that there is no clear process for monitoring that any actions agreed in response to the scrutiny of performance are progressing as intended and improving performance. A combined Finance &amp; Performance Group was to assist with the linking of finance and performance decisions. However, this new amalgamated group has not yet met to discuss performance. Whilst performance management arrangements have been developed for integrated function, this is still not in place for non-integrated</p>	30 Jun 2022	Head of Service, Strategic Services	<p>10.09.24</p> <p>All performance and assurance reports contain a risk assessment section to ensure that they are clearly linked to relevant strategic and operational risks. The development and submission of performance reports has been further evolved since 2021 - including the development of distinct suites of indicators and regular reporting against these for areas of service which are considered to be strategic risks (this includes mental health, drugs and alcohol and unscheduled care). Within the new Strategic Services structure there is further scope for refinement of performance reporting, including interface with risk and finance, which will be explored further by colleagues over the next year.</p> <p>24.11.2021</p> <p>The IJB receives regular assurances on performance through the Chairs Assurance Report from the Performance &amp; Audit</p>


		<p>functions, although this was required under the Integration Scheme.</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. The attached Committee Assurance Principles may be helpful in this regard. The combined Finance &amp; 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. The IJB should monitor the work of the ISPG to ensure that it develops the new SCP in such a way it embeds meaningful 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). 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. 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 Integration Joint Board when preparing their Strategic Plan' should be included</p> 			<p>Committee (PAC) and the Annual Performance Report. The quarterly performance reports to the PAC continue to evolve with the 2021/22 Quarter 1 report presented to the November 2021 PAC reflecting some of the above recommendations with further work to be done to enhance the connections between performance and risk. This includes further development of the process to escalate operational risks to strategic risk and resultant overall assurance to the IJB that risks are being mitigated and do not impact on performance. The finance and performance group will be reconstituted as recommended. The likely outcome of the review of the Strategic &amp; Commissioning Plan will be an extension of the plan throughout 2022/23 with work undertaken in 2023/24 to develop the new plan. The required performance measures to meet the recommendation above will be considered as part of that process. A more formal process to trigger further analytical reports will be developed. The Integration Scheme is currently being revised and consideration will be given to establishing the relevant performance information relating to non-integrated functions as part of that process.</p>
--	--	--	--	--	---



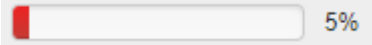

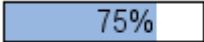
26	 <p>DHSCPGAPIA20211124-1.3</p> <p><b>Finance &amp; Performance Group</b></p> <p>Performance reports do not currently provide overt conclusions on their impact on specific risks and whether controls are operating as intended. Our Annual Internal Audit Report for 2017/18 noted that it was intended to frame the performance report information in the context of a delivery plan to ensure that operational delivery of the Strategic Commissioning Plan can be monitored. We recommended a Delivery Plan to track actions which will support implementation of the Strategic Commissioning Plan. This is not yet in place. There are no clear criteria for the commissioning of deep dive reports into specific areas of operation. Overall, we note that there is no clear process for monitoring that any actions agreed in response to the scrutiny of performance are progressing as intended and improving performance. A combined Finance &amp; Performance Group was to assist with the linking of finance and performance decisions. However, this new amalgamated group has not yet met to discuss performance. Whilst performance management arrangements have been developed for integrated function, this is still not in place for non-integrated functions, although this was required under the Integration Scheme.</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. The</p>	30 Jun 2022	Head of Service, Strategic Services	<p>10.09.24</p> <p>The role of a Finance and Performance Group is being considered as part of ongoing discussions within the Senior Leadership Team regarding the structure and focus of leadership and management meetings.</p> <p>24.11.2021</p> <p>The IJB receives regular assurances on performance through the Chairs Assurance Report from the Performance &amp; Audit Committee (PAC) and the Annual Performance Report. The quarterly performance reports to the PAC continue to evolve with the 2021/22 Quarter 1 report presented to the November 2021 PAC reflecting some of the above recommendations with further work to be done to enhance the connections between performance and risk. This includes further development of the process to escalate operational risks to strategic risk and resultant overall assurance to the IJB that risks are being mitigated and do not impact on performance. The finance and performance group will be reconstituted as recommended. The likely outcome of the review of the Strategic &amp; Commissioning Plan will be an extension of the plan throughout 2022/23 with work undertaken in 2023/24 to</p>
----	--	-------------	-------------------------------------	---


		<p>attached Committee Assurance Principles may be helpful in this regard. The combined Finance &amp; 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. The IJB should monitor the work of the ISPG to ensure that it develops the new SCP in such a way it embeds meaningful 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). 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. 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 Integration Joint Board when preparing their Strategic Plan' should be included</p> <p>5%</p>			<p>develop the new plan. The required performance measures to meet the recommendation above will be considered as part of that process. A more formal process to trigger further analytical reports will be developed. The Integration Scheme is currently being revised and consideration will be given to establishing the relevant performance information relating to non-integrated functions as part of that process.</p>
27		<p>DHSCPGAPIA20211124-1.4</p> <p><b>Process for analytical Reports</b></p> <p>Performance reports do not currently provide overt conclusions on their impact on specific risks and whether controls are operating as intended. Our Annual Internal Audit Report for 2017/18 noted that it was intended to frame the performance report information in the context of a delivery plan to ensure that operational delivery of the Strategic Commissioning Plan can be monitored. We</p>	31 Mar 2024	Head of Service, Strategic Services	<p>10.09.2024</p> <p>The role of a Finance and Performance Group is being considered as part of ongoing discussions within the Senior Leadership Team regarding the structure and focus of leadership and management meetings. This will include consideration of the group / process by which analytical reports can be commissioned.</p>


		<p>recommended a Delivery Plan to track actions which will support implementation of the Strategic Commissioning Plan. This is not yet in place. There are no clear criteria for the commissioning of deep dive reports into specific areas of operation. Overall, we note that there is no clear process for monitoring that any actions agreed in response to the scrutiny of performance are progressing as intended and improving performance. A combined Finance &amp; Performance Group was to assist with the linking of finance and performance decisions. However, this new amalgamated group has not yet met to discuss performance. Whilst performance management arrangements have been developed for integrated function, this is still not in place for non-integrated functions, although this was required under the Integration Scheme.</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. The attached Committee Assurance Principles may be helpful in this regard. The combined Finance &amp; 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. The IJB should monitor the work of the ISPG to ensure that it develops the new SCP in such a way it embeds meaningful 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</p>			<p>In the meantime the new Quality, Data and Intelligence Team has introduced a formal process for requesting analytical work. The PAC action tracker also provides a mechanism for recording and tracking requests made by the PAC and / or IJB</p> <p>24.11.2021</p> <p>The IJB receives regular assurances on performance through the Chairs Assurance Report from the Performance &amp; Audit Committee (PAC) and the Annual Performance Report. The quarterly performance reports to the PAC continue to evolve with the 2021/22 Quarter 1 report presented to the November 2021 PAC reflecting some of the above recommendations with further work to be done to enhance the connections between performance and risk. This includes further development of the process to escalate operational risks to strategic risk and resultant overall assurance to the IJB that risks are being mitigated and do not impact on performance. The finance and performance group will be reconstituted as recommended. The likely outcome of the review of the Strategic &amp; Commissioning Plan will be an extension of the plan throughout 2022/23 with work undertaken in 2023/24 to develop the new plan. The required performance measures to meet the recommendation above will be considered as</p>
--	--	--	--	--	--

		<p>outputs). 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. 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 Integration Joint Board when preparing their Strategic Plan' should be included #</p> <div>50%</div>			<p>part of that process. A more formal process to trigger further analytical reports will be developed. The Integration Scheme is currently being revised and consideration will be given to establishing the relevant performance information relating to non-integrated functions as part of that process.</p>
28		<p>DHSCPGAPIA20211124-1.5</p> <p><b>Development of Strategic Plan Performance Measures – 2023/24</b></p> <p>Performance reports do not currently provide overt conclusions on their impact on specific risks and whether controls are operating as intended. Our Annual Internal Audit Report for 2017/18 noted that it was intended to frame the performance report information in the context of a delivery plan to ensure that operational delivery of the Strategic Commissioning Plan can be monitored. We recommended a Delivery Plan to track actions which will support implementation of the Strategic Commissioning Plan. This is not yet in place. There are no clear criteria for the commissioning of deep dive reports into specific areas of operation. Overall, we note that there is no clear process for monitoring that any actions agreed in response to the scrutiny of performance are progressing as intended and improving performance. A combined Finance &amp; Performance Group was to assist with the</p>	31 Mar 2024	Head of Service, Strategic Services	<p>10.09.2024</p> <p>Scoping work for the Performance Framework required within the Integration Scheme has been undertaken. Further development of the framework will be a priority within the Partnership Delivery Plan for 2024-2026.</p> <p>24.11.2021</p> <p>The IJB receives regular assurances on performance through the Chairs Assurance Report from the Performance &amp; Audit Committee (PAC) and the Annual Performance Report. The quarterly performance reports to the PAC continue to evolve with the 2021/22 Quarter 1 report presented to the November 2021 PAC reflecting some of the above recommendations with further work to be done to enhance the connections between</p>

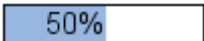

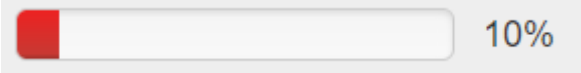

	<p>linking of finance and performance decisions. However, this new amalgamated group has not yet met to discuss performance. Whilst performance management arrangements have been developed for integrated function, this is still not in place for non-integrated functions, although this was required under the Integration Scheme.</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. The attached Committee Assurance Principles may be helpful in this regard. The combined Finance &amp; 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. The IJB should monitor the work of the ISPG to ensure that it develops the new SCP in such a way it embeds meaningful 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). 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. 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 Integration Joint Board when preparing their Strategic Plan' should be included</p>			<p>performance and risk. This includes further development of the process to escalate operational risks to strategic risk and resultant overall assurance to the IJB that risks are being mitigated and do not impact on performance. The finance and performance group will be reconstituted as recommended. The likely outcome of the review of the Strategic &amp; Commissioning Plan will be an extension of the plan throughout 2022/23 with work undertaken in 2023/24 to develop the new plan. The required performance measures to meet the recommendation above will be considered as part of that process. A more formal process to trigger further analytical reports will be developed. The Integration Scheme is currently being revised and consideration will be given to establishing the relevant performance information relating to non-integrated functions as part of that process.</p>
--	--	--	--	--



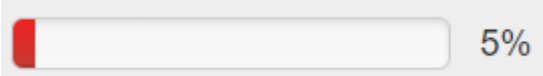

					
29		<p>DHSCPGAPIA20220622-2</p> <p>Consideration will need to be given to how the IJB will receive assurance and monitor progress against these actions.</p> 	31 Dec 2022	Chief Finance Officer	<p>23.10.2024</p> <p>IJB has endorsed the HSCP Delivery Plan for October 2024 to March 2026. This will be monitored via the Senior Management Team and the Strategic Planning Advisory Group, with exception reporting to the IJB where required.</p> <p>10.09.2024</p> <p>Work has progressed to produce a Partnership Delivery Plan to support the delivery of the strategic shifts within the IJB's Strategic Framework. In response to previous audit findings the Delivery Plan is intended to incorporate Partnership transformation programmes / projects so that there is a single, consolidate operational delivery plan on an annual basis (first plan will cover 18 months).</p> <p>22.06.2022</p> <p>This issue is already being considered by the Strategic Planning Advisory Group for 2022/23 and in preparation for the implementation of the new Strategic and Commissioning Plan from 2023/24 onwards.</p>

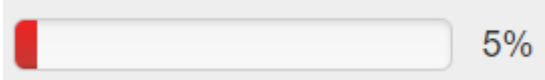
30	 <p><b>DHSCPGAPIA20220622-4</b></p> <p><b>The IJB should receive of relevant, reliable and sufficient assurances against its strategic risks especially high scoring ones (above the risk appetite to be established)</b></p> <p>Whilst we note the improvement work undertaken in relation to risk management; there is currently no direct reporting to the IJB providing direct overt assurance on each of its strategic risks. Nearly all agenda items can be linked to one of the organisation's strategic risks. However, these are not specifically reported in such a way that allows an assessment of whether for the related strategic risk: • the risk score is correct, • controls are adequate and operating effectively • mitigating actions are being delivered • overall the risk is being mitigated effectively Action is to be taken to link risk and performance management. However, there is currently a lack of data or other performance reporting against many of the highest strategic risks of the organisation, including in particular Drugs &amp; Alcohol Services. The Getting it Right for Everyone (GIRFE) Steering Group is still considering how assurance over hosted services should operate pan-Tayside. Implementation of this will be crucial for the IJB to receive assurance in relation to some of its new significant strategic risks including Primary Care Services and Mental health. We previously commented that the IJB does not currently receive specific staff governance assurances from the employing partners and recommended that the overall review of assurances on strategic risks to the IJB should include assurances over staff governance. We would note that staff resource is one</p>	31.12.2022	Chief Finance Officer	<p>23.10.2024</p> <p>Development session to establish risk appetite scheduled for November 2024.</p> <p>PAC receives regular reports against the strategic risk register, with any exceptions reported to the IJB via the Chair's Assurance Report. An annual risk management report is submitted directly to the IJB.</p> <p>22.06.2022</p> <p>Recommendation to be adopted through assessing against planned substantive service specific reports to be taken to the IJB during the year and ensure a high quality risk assurance assessment is included as standard in reporting</p>
----	---	------------	-----------------------	---

		<p>of the highest risks of the organisation scored at the highest possible 5x5.</p> <p>The IJB should receive of relevant, reliable and sufficient assurances against its strategic risks especially high scoring ones (above the risk appetite to be established). Such reporting could be through adapting existing reporting processes to ensure they signpost the relevant information to conclude on the areas listed above, or through specific deep dive assurance reports against individual risks. For some risks, assurance will have to come from other organisations including other IJBs and partner bodies.</p> <div>50%</div>			
31		<p>DHSCPGAPIA20220622-5</p> <p><b>Clinical and care governance arrangements will feed into the formation of IJB directions</b></p> <p>A draft Directions Policy &amp; Procedure is being considered as an associated document with the revised Integration Scheme. This Policy seeks to enhance governance, transparency and accountability between the IJBs, Local Authorities and NHS Tayside, by clarifying responsibilities and relationships to address the statutory guidance issued in 2020 in response to the proposals of the Ministerial Strategic Group (MSG) Health and Community Care Review of Progress with Integration.</p> <p>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>	31 December 2022	<p>Chief Officer</p> <p>Clinical Director</p>	<p>23.10.2024</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> <p>22.06.2022</p> <p>Issues of clinical and care governance will be considered where relevant in the issuing of Directions</p>



					
32		<p>DHSCPGAPIA20220622-7</p> <p><b>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.</b></p> <p>An 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. Reporting should clearly set out progress against individual actions to allow for clear monitoring of the maturity assessment.</p> 	30 November 2022	Chief Finance Officer	<p>23.10.2024</p> <p>Following the risk management development session (November 2024) consideration will be given to how these individual actions are subsequently reported to the IJB.</p> <p>22.06.2022</p> <p>A summary review of the individual actions will be undertaken and progress against each one presented to the PAC in a composite update report on risk management arrangements</p>
33		<p>DHSCPGAPIA20220622-8</p> <p><b>CCPG Annual Report</b></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 and provides positive assurance on the work of the group. Throughout the year the level of assurance provided was moderate. The report is comprehensive and well-written, but does not reference relevant strategic risk, or areas for development.</p>	30 June 2023	<p>Chief Officer</p> <p>Clinical Director</p>	<p>23.10.2024</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> <p>22.06.2022</p>


		<p>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> 			<p>Noting the positive comments around the comprehensive and well written annual report, this element of potential improvement will be considered for the next annual report.</p>
34		<p>DHSCPGAPIA20220720-1</p> <p><b>Cat 1 Responder -Definition of IJB Duties</b></p> <p>Category 1 responder resilience arrangements have not been fully and adequately incorporated into the IJBs governance structure. The IJB has received no additional reports on resilience since its April 2021 meeting and no update reports on resilience arrangements have been submitted to any groups within the IJB governance framework to date during 2021/22.</p> <p>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 and that the appropriate governance arrangements for resilience, including reporting of such and the provision of necessary assurances to the IJB are specified within the IJBs governance framework. This should include consideration of how the role of the TLRPG integrates into the IJBs governance framework.</p> 	31 October 2022	<p>Head of Service, Strategic Services</p> <p>Head of Health and Community Care</p>	<p>23.10.2024</p> <p>This will be added to the next revision of the IJB Standing Orders in 2025.</p> <p>Further review of relevant governance documents to be undertaken to address this omission.</p> <p>20.07.2022</p> <p>Actions to be implemented as per recommendation. IJB / PAC Standing Orders and Scheme of Delegation to be reviewed following agreement of revised Integration Scheme which will incorporate above recommendations.</p>
35		DHSCPGAPIA20230130-1	31 March 2023	Head of Health and	23.10.2024


	<p><b>Sustainability of Primary Care - assurance from lead partner</b></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> 		<p>Community Care</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> <p>Management actions agreed in response to the audit report were:</p> <ul style="list-style-type: none"> <li>• A revised scope for a General Practice and associated MDT strategic risk has been proposed and a revised narrative to articulate the risk has been prepared for submission to and consideration by Primary Care Board target date 8 December 2022.</li> <li>• The PCB will discuss the status of risks associated with other contractor streams.</li> <li>• The concept of breaking down the GP Contractor risk is accepted. A second Primary Care risk workshop will take place to consider the appropriate methodology and risk elements with respect to this risk during 2022/23.</li> <li>• The Chief Officer Angus IJB as lead partner will take the outcome of the workshop to Primary Care Board for consideration.</li> <li>• The primary care strategic risks indicated above will be reviewed and all four bodies will agree a consistent approach to managing the risk. Processes have been initiated to analyse the risk and review the terms of reference of the Primary Care Board.</li> </ul>
--	--	--	--

					<ul style="list-style-type: none"><li>• A second risk workshop (planned for March 2023), commissioned by the Chief Officer, Angus IJB will map out the approach and will identify the operational, service level, risks that are common to all. The workshop will include senior management and clinical manager input. An agreed response to the full recommendations will be provided to Primary Care Board and NHS Tayside by June 2023.</li><li>• It is accepted that the clinical and strategic commissioning plans for IJBs need to reflect a joined- up vision for Primary Care. This will be reflected in the next iteration of each IJB's Strategic Commissioning Plan. Perth &amp; Kinross IJB has prepared a plan for the period 2023 to 2026. Dundee and Angus IJB will prepare plans by 31 March 2023.</li><li>• Reflecting the work in Perth, the principle of a consistent GP sustainability survey across each IJB to support a Tayside wide assessment is accepted. A core question set will form the basis of the survey, with each IJB having the option to add bespoke questions to inform local assessments. The outcome will be reported back to the Primary Care Board on a twice yearly basis together with associated local delivery plans.</li><li>• The Chief Officer, Angus IJB as lead partner will initiate a Tayside wide discussion comprising the three Chief Officers and the AMD for Primary Care, with input for NHS Tayside as required, for example with regards to premises and finance, to review</li></ul>
--	--	--	--	--	---

					<p>responsibilities regarding primary care management and risks within that. The Chief Officer, Angus IJB will prepare a report with the recommendations for discussion with ELT.</p> <ul style="list-style-type: none"><li>• The strategic risk 353 Sustainability of Primary Care is now reporting into Care Governance Committee.</li><li>• Further consideration has been given to the benefits of a new committee taking responsibility for the Primary Care Risk. This will be clarified through the outcome of the current project work revising the terms of reference of the Primary Care Board.</li><li>• The Chief Officer, Angus IJB as lead partner will initiate discussion amongst the three IJB Chief Officers and NHS Tayside senior management representatives. The discussion will form the basis of a paper for consideration at the Primary Care Board in the first instance.</li><li>• As per action point 3, the principle of a regular, consistent GP sustainability survey in each Tayside IJB is accepted. A sustainability survey with a core question set will be undertaken. The data will triangulated with data from national and local sources to establish a baseline. The core question set will provide a Tayside wide indicator. The updated outputs will be reported back to the Primary Care Board on a twice yearly basis, with associated local delivery plan.</li></ul>
--	--	--	--	--	--


				<ul style="list-style-type: none"><li>• At Primary Care Board level, it is expected that NHS Tayside contributions to mitigating and resolving risks (for example regarding property issues) is further explored. The Primary Care Board will liaise with the NHS Tayside Property department on how the required contribution will be provided. This will inform the report back to ELT.</li><li>• The recommendation is accepted that the Primary Care Board provides a single forum for strategic decision making for Primary Care and has responsibility and authority for managing the risk, recognising that operational decision making is devolved to each of the three HSCP as described within their respective Integration Schemes. This requires the Primary Care Board to have the appropriate organisational status and NHS Tayside and IJBs will work towards that, reviewing membership and Terms of Reference of the Primary Care Board to achieve this.</li><li>• We accept the need for consistent and senior proactive input from the NHST Property Services to assist in the addressing of aspects of the Primary Care risk. This should be alongside the recognised input from NHST Digital Services and the requirement for ongoing NHST Human Resources input.</li><li>• The Chief Officer, Angus IJB as lead partner will initiate discussion amongst the three IJB Chief Officers and NHS Tayside senior</li></ul>
--	--	--	--	--



					<p>management representatives preparing a paper for consideration at the Primary Care Board in the first instance and subsequently NHS Tayside ELT.</p> <ul style="list-style-type: none"> <li>• The Associate Medical Director role is currently being reviewed with a view to a permanent recruitment with an updated job description, which will reflect the risk responsibilities.</li> <li>• The Chief Officer, Angus IJB as the lead partner for Primary Care Services under the Integration Scheme will co-ordinate strategic planning and will seek approval from all Integrated Joint Boards on the proposed strategy.</li> <li>• As noted above, a new, broader Terms of Reference for the Primary Care Board is required and this will address the reporting arrangements to provide a flow for assurance.</li> </ul>
36		<p>DHSCPGAPIA20230524-1</p> <p><b>GAP -reprioritisation of outstanding recommendations</b></p> <p>The current GAP does not make it easy to identify if all the recommendations from a specific report/source have been completed. Whilst we note the background to produce one overarching GAP, we now consider this approach to be over complicated and difficult to follow. An exercise, facilitated by Internal Audit, including reprioritisation of outstanding recommendations is undertaken to ensure completeness of actions to be</p>	30 September 2023	Chief Finance Officer	<p>23.10.2024</p> <p>Work has now been completed by Internal Audit to map all outstanding governance actions. Officers are finalising the upload of all actions to Idagen to aid monitoring and reporting, including via Governance Action Plan report to PAC. This will prompt responsible officer to provide updates against all actions prior to reporting to November 2024 PAC.</p>

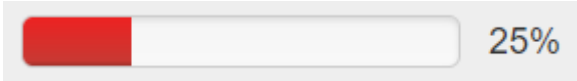

		<p>followed up within the respective reports recommended by Internal Audit, which may present the opportunity for consolidation or cross reference. We recommend that separate reports are maintained and reported to the PAC as follows:</p> <ul style="list-style-type: none"> <li>• Internal Audit Report and Annual Report recommendations</li> <li>• External Audit Recommendations</li> <li>• External review recommendations, for example MSG report</li> <li>• Governance Statement Improvement Actions</li> <li>• Actions from agenda item discussions to be reported within the standard agenda item – Action Tracker</li> </ul> <p>Areas of enhancement to the reporting could include:</p> <ul style="list-style-type: none"> <li>• Chart showing total number of action points due broken down into complete, in progress, due date extended, no longer relevant</li> <li>• Link to risk (and/or area of governance) – updates should clearly identify risks of non-delivery of actions and these should be summarised in the risk assessment section of the cover paper, which should link to relevant strategic risks.</li> <li>• a RAG rating for outstanding actions</li> </ul> <p>Consider drafting a Follow Up Protocol to clarify roles and responsibilities, monitoring and escalation arrangements over the process. The PAC Terms of Reference will require updating to reflect the arrangements going forward, along with related protocols.</p>			<p>24.05.2023</p> <p>When first developed, the Governance Action Plan reflected the complicated range of governance arrangements required to be implemented for the IJB as an emerging organisation within a new integrated legislative framework for which there was no previous model to follow. The range of actions continued to be added to at each stage a review on particular aspects of governance was undertaken. It is agreed by management that this has now become overly complicated to manage in a single plan and management agrees that this can now be streamlined against the categories outlined in the report. Management will develop future reporting to the PAC to be consistent with the recommendations.</p>
37		<p>DHSCPGAPIA20230621-1</p> <p><b>Sustainability - Delivering the IJB's strategic and commissioning priorities within the budget and resources that it has available will be a significant challenge.</b></p>	31 December 2023	Chief Finance Officer	<p>23.10.2024</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</p>





	<p>Delivering the IJB's strategic and commissioning priorities within the budget and resources that it has available will be a significant challenge. Over the coming 5-year period, it is estimated that total savings of nearly £36m will be required. It is extremely unlikely that savings of this magnitude can be achieved without a significant transformation programme accompanied by clear prioritisation. This will mean difficult choices. There is no detail in the new Strategic Commissioning Framework about areas that may need to be de-prioritised or how these will be identified. An Annual Delivery Plan configured to include transformation supplemented by a resource framework and a performance framework is in the initial stages of development. The culture and conditions which provided financial stability may well have dissipated during the Covid pandemic given the prioritisation of immediate operational activity and ease of access to funding.</p> <p>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. Reporting should provide a rounded view of overall performance, financial sustainability and progress in implementing the priorities set out in the Strategic Plan, linked to assurance</p>		<p>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> <p>Budget development sessions planned for November and December 2024 and January to March 2025 will provide an opportunity for reflection with IJB members and to develop culture around prioritisation. 2025/26 is the third year of the IJB's Plan for Excellence and therefore work will begin on statutory review of the plan, this will include the need to engage IJB members in further discussion about prioritisation of strategic shifts and associated financial plans.</p> <p>21.06.2023</p> <p>Management is focussed on developing and progressing transformation plans with clear links to the IJB's Strategic Commissioning Plan and consideration of the future financial sustainability of health and social care services. The further development of governance and reporting around transformation are key priorities for management over 2023/24 and beyond and a detailed proposal for changes to the governance and reporting, taking into account</p>
--	--	--	---



		<p>on any relevant strategic risks. Financial monitoring reports should also clearly link to the Strategy Delivery plan and resource framework and clearly show progress with savings (identified and actually achieved against a planned trajectory) arising from these actions. A key area will be culture. The IJB should ensure that financial sustainability is given appropriate priority in all decisions, recognising that money spent now will not be available for future needs. There may be benefit in a future Board Seminar giving overt consideration as to how such a culture can be set and reinforced in all future decisions, at the IJB Board, Standing Committee and operational levels.</p> <div>50%</div>			this recommendation, will be presented to the IJB for approval.
38		<p>DHSCPGAPIA20230621-2.1</p> <p><b>Consideration is given to how IJB members could be involved in the development and agreement of the organisation's risk profile.</b></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'. Agreement of the new Strategic Commissioning Plan and the ongoing work on the accompanying Annual Delivery Plan, Resource Framework and Performance Framework provides an opportunity for the IJB to reflect on its overall risk profile, i.e. all issues with the potential to stop the organisation achieving its strategic objective and An IJB Development session on risk is being prepared for before end of June 2023 and will address outstanding actions including Risk</p>	31 December 2023	Chief Finance Officer	<p>23.10.2024</p> <p>Further risk management development session planned for November 2024, which will fully include IJB members in setting the organisations risk profile.</p> <p>21.06.2023</p> <p>Management in agreement with the recommendations noted above and will ensure action is taken to work in partnership with IJB members to development and understanding of the IJB's risk profile and appetite A detailed report on progress will be provided to the PAC, with the 2023/24 Risk Management Annual report providing further</p>

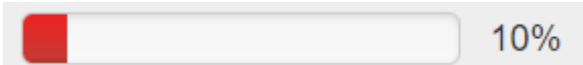

		<p>Appetite. The latest risk update was provided to the May 2023 PAC meeting and noted that “target risk scores will be revisited following planned Risk Appetite sessions for the recent development work around risk appetite”. We welcome this intention and note that further work will also be required 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>50%</div>			assurance on the effectiveness of these developments.
39		<p>DHSCPGAPIA20230621-2.2</p> <p><b>Implementation of Risk Appetite</b></p> <p>To help implementation of the Risk Appetite to be agreed, we recommend that the IJB sets out clearly how:</p> <ul style="list-style-type: none"> <li>• risk appetite is to be taken into consideration as part of decision making</li> <li>• risk appetite affects monitoring and escalation processes for individual risks</li> <li>• Risk appetite is reflected in target risk scores and how the IJB will understand whether target is actually being achieved.</li> </ul> <div>30%</div>	31 December 2023	Chief Finance Officer	<p>23.10.2024</p> <p>These actions will be followed up after the forthcoming risk management development session. The approach to be taken will be informed by the views of IJB members.</p> <p>21.06.2023</p> <p>Management in agreement with the recommendations noted above and will ensure action is taken to work in partnership with IJB members to development and understanding of the IJB’s risk profile and appetite A detailed report on progress will be provided to the PAC, with the 2023/24 Risk Management Annual report providing further assurance on the effectiveness of these developments.</p>
40		<p>DHSCPGAPIA20230927-1.1</p> <p><b>Viability of External Providers - Financial Monitoring Process</b></p>	31 December 2023	Head of Service, Strategic Services	<p>24.10.2024</p> <p>Office365 Lists function is now being used to support payment processes and monitoring.</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>Social Care Contracts and Finance colleagues have scheduled meeting to focus on development of risk and escalation processes.</p> <p>23.09.23</p> <p>The financial monitoring process will be strengthened through the redirection of financial management support from within existing HSCP Finance Team resources to focus on supporting contractual monitoring arrangements.</p> <p>Routes to reporting to relevant committee for assurance or escalation of risks to be confirmed following review. Options include reporting alongside Clinical Care and Professional Governance assurances to the Performance and Audit Committee or through the annual Care Inspectorate Gradings Report as a separate section on financial viability concerns.</p>
41		<p>DHSCPGAPIA20230927-2.1</p> <p><b>Viability of External Providers - contract monitoring template</b></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</p>	31 December 2024	Head of Service, Strategic Services	<p>24.10.2024</p> <p>Senior Officer has reviewed all templates in use and confirmed that these are fit for purpose for the service area. All templates in use require updates around quality assurance/care inspections/internal quality checks/evaluations/complaints/compliments and anonymised case study to demonstrate impact. Care at Home version revised to focus on service specific information.</p>

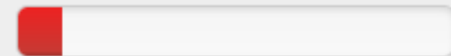

		<p>any metrics specific to the provider to enable tailored monitoring as needed, above the minimum expected monitoring activities. To assist in suitably embedding the new template across all care providers, a Senior Officer within DHSCP should undertake a sample inspection each quarter to assess the quality of monitoring reports. Any monitoring reports identified which lack sufficient documentation of the quality 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>Broader exercise now underway to look at quality accreditation aligned to contract clause – online survey results being considered with a view to making clear our expectation around accredited quality assurance systems. Small working group also in place to consider requirements in terms of submission of workforce data as part of monitoring templates.</p> <p>23.09.23</p> <p>Given the range of services contracted out to care providers not one size template fits all in terms of service outcomes and performance. The qualitative aspects of service monitoring are derived from a range of areas including the Care Inspectorate, service user consultation and care planning. Therefore, the template itself is not considered in isolation. Each contract has an allocated lead officer who is a senior officer within the HSCP. They are responsible for monitoring the quality of services and taking action if the service is not delivering what they are contracted to do. Any risks would be escalated to the Clinical Care and Professional Governance Group of the HSCP which reports into the IJB's Performance and Audit Committee, therefore there is low risk of a decline in care not being identified. The Contracts team will however review the current templates in use and consider how</p>
--	--	--	--	--	---

					various aspects of the templates can be standardised for future. A process of peer review will be developed to assess the quality of monitoring reports.
42		<p>DHSCPGAPIA20230927-3.1</p> <p><b>Viability of External Providers - signing of contracts</b></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 data-bbox="344 916 546 956"> <div></div> 90% </div>	30 April 2024	Head of Service, Strategic Services	<p>24.10.2024</p> <p>Amendments to contract clauses around safer staffing and data protection delayed progress slightly for 2024/25 contracts. Prioritising contracts that require uplift declaration to be signed in accordance with Scottish Government requirements. Majority of contracts for 24/25 issued and steady flow of signed contracts being returned. Meeting planned in November to begin planning for 25/26 contract workload which will take account of learning from last year's issues. Aim to have range of documents ready awaiting outcome of national finance frameworks.</p> <p>23.09.23</p> <p>Note that the provider and the contractor know what is expected from the contractual arrangement each year. Given the IJB is unable to set its annual budget until the end of March each year as it is dependent on the local authority and NHS Tayside to set their budgets, it is impossible for these contractual agreements to be put in place by the 1st April each year. This situation has recently been exacerbated by an additional declaration</p>

					having to be signed by care providers to confirm they will pay the Scottish Living Wage to their adult social care staff for that contract period. Contracts are issued as timeously as they can during April and contracts officers follow up on any outstanding unsigned contracts in their portfolios.
43		DHSCPGAPIA20240131-1.1  <b>Operational Planning - Development of operational plans</b>  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.  <div data-bbox="344 842 546 884"> <div style="width: 50%;"></div> 50% </div>	30 September 2024	Chief Finance Officer  Head of Service, Strategic Services	23.10.2024  IJB has now endorsed the HSCP Delivery Plan for October 2024 to March 2026. This includes actions relating to transformation and related savings. Reporting will be facilitated by regular oversight of the delivery plan by the Senior Management Team and Strategic Planning Advisory Group, with exception reports to the IJB as required. Further work will now be undertaken to look at planning arrangements at the next tier - that is care group level.  31.01.2024 Review to be undertaken to ensure clear pathways exist for the development of operational plans to support transformation including reporting processes.
44		DHSCPGAPIA20240131-2.1  <b>Operational Planning - Review of Terms of Reference</b>	30 June 2024	Chief Finance Officer	31.01.2024 The workplan for the completion of the replacement Strategic Commissioning Plan includes a follow-on action to review the structure of Strategic Planning and

		<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> 		Head of Service, Strategic Services	Transformation Groups, with a view to ensuring alignment between the remit / focus of the groups and the strategic shifts within the plan. Confirmation of a revised structure will be contained within the Resource Framework (companion document to the plan) that is currently being developed. At that point a consistent approach to developing and reviewing terms of reference will also be implemented (including a standardised format). It is recognised that there is a need for enhanced administrative capacity to ensure that key documents, such as terms of reference are maintained for planning and transformation groups; the revised structure for the Strategy, Performance and Business Support Service addresses this.
45		<p>DHSCPGAPIA20240131-3.1</p> <p><b>Operational Planning - project management arrangements</b></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>	30 June 2024	<p>Chief Finance Officer</p> <p>Head of Service, Strategic Services</p>	<p>23 October 2024</p> <p>Both Dundee City Council and NHS Tayside have recently developed a Project Management Office approach to support transformation activity. The HSCP will make connections to these emerging structures to progress discussions regarding a collaborative approach to project management and access to available resources.</p> <p>31.01.2024</p>



		 10%			<p>The HSCP does not have centralised project management capacity to support projects. The resources that are available are not always directly controlled by the HSCP as they are accessed through Dundee City Council and NHS Tayside, with many working to joint groups within the acute sector or across Tayside and guided by their direction. Where the HSCP has project management capacity, it is usually because it is funded by specific funding streams (for example unscheduled care). Overall the HSCP has a lack of formal project management skills as the expectation of integration is to access existing resources and not replicate wherever possible. Nevertheless, the HSCP will develop the principles of where project management is required and seek the appropriate resources from the partner bodies or specific funding from the IJB as required</p>
46		<p>DHSCPGAPIA20240131-4.1</p> <p><b>Operational Planning - alignment to strategic plan</b></p> <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"> <li>• Align the objectives of their implementation</li> </ul>	30 June 2024	<p>Chief Finance Officer</p> <p>Head of Service, Strategic Services</p>	<p>31.01.2024</p> <p>The HSCP is working through the complexities of this within some groups but at the pace that available resources allow. Some additional service level datasets have already been developed for the Performance and Audit Committee e.g. around mental health, drugs and alcohol and hospital discharge management which are trying to focus on improvement and where possible impact. There is a national challenge regarding how to</p>

		<p>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. 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></div> <div>10%</div> </div> <div> <div></div> <div>10%</div> </div>			<p>measure impact. The HSCP is engaged with and contributing to ongoing work within Scottish Government on a new National Improvement Framework for health and social care. The HSCP will complete the work on the main performance framework and continue to work with strategic planning / transformation groups to further develop and align their reporting as resources allow</p>
--	--	--	--	--	--

## Abandoned

		<b>Title and Description</b>	<b>Due Date</b>	<b>Ownership</b>	<b>All Updates</b>
47		DHSCPGAPEA20170912  <b>Hospital acute services set aside</b>	31 Oct 2020	Chief Officer  Chief Finance Officer	23.10.24  Developments on large hospital set aside have been suspended and replaced with collaboDHSCPGAPEA20230621-1rative working on the unscheduled care pathway. Minimum reporting standards for set aside within the integration legislation continue to be met through end of year financial transactions.
48		DHSCPGAPEA20180925  <b>Budget setting timescale</b>	31 Oct 2020	Chief Finance Officer	23.10.24  Given NHS Tayside do not approve their financial plan until, at the earliest, the

					April NHS Tayside Board meeting the IJB is not in a position to finalise their budget until after this time. This position will not change unless there are changes to NHS Tayside budget setting processes and timescales, which are also connected to national budget arrangements.
49		DHSCPGAPEA20180925  <b>Combine financial and performance reporting</b>	31 Oct 2020	Chief Officer  Chief Finance Officer  Head of Service, Strategic Services	23.10.24  This is a complex task which would require significant additional resource to achieve. At a broad level connections are made through the Annual Performance report regarding areas of investment and improved performance, for example delayed discharge and drug and alcohol services. However, more in-depth analysis is not possible at this time.
50		DHSCPGAPIA20200922  <b>Governance mapping - strategic objectives</b>	31 Mar 2021	Chief Officer	23.10.2024  This action has been abandoned given its historic nature. The Senior Management Team will continue to agree and monitor membership and attendance at meetings.
51		DHSCPGAPIA20220622-1  <b>IJB Ensure Actions Implemented MSG</b>	31 Dec 2022	Chief Officer	23 October 2024  MSG is no longer being pursued by the Scottish Government, with focus now on National Care Service.
52		DHSCPGAPIA20230621-3.1  <b>Outstanding Actions - PAC Annual Report to IJB</b>	31 Aug 2023	Chief Finance Officer	23 October 2024

					This is a duplicate action so has been abandoned.
53		DHSCPGAPIA20230621-3.2  <b>Outstanding Actions - Development of streamlined reporting to PAC</b>	30 September 2023	Chief Finance Officer	23 October 2024  This is a duplicate action so has been abandoned.