



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 29 JANUARY 2025

REPORT ON: GOVERNANCE ACTION PLAN PROGRESS REPORT

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC9-2025

1.0 PURPOSE OF REPORT

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

2.0 RECOMMENDATIONS

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

- 2.1 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 November 2024, following the completion of an exercise to reprioritise outstanding recommendations within the Governance Action Plan (GAP), routine reporting the PAC recommenced (Article XI of the minute of the meeting of the Performance and Audit Committee held on 20 November 2024 refers). This included an overview of actions removed from the GAP following completion or because they had been abandoned. As at 20 November 2024 there were 29 actions that remained live within the GAP.
- 4.2 Appendix 1 contains an overview report detailing the current status of the actions within the Governance Action Plan. Since November 2024, a further 3 actions have been completed, no additional actions have been added and 26 remain ongoing.
- 4.3 Of the 26 ongoing actions there has been no further progress towards implementation for 20 actions since the last update was provided to PAC. This reflects the relatively short period of time that has elapsed since the last PAC meeting, end of year holiday period and prioritisation of all available resources to support both winter pressures and the 2025/26 budget development process. However, significant progress (25%) has been achieved in actions relating to IJB member involvement in development of the organisation's risk profile and in relation to arrangements for financial monitoring of external providers.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

8.1 None.



Christine Jones
Acting Chief Finance Officer


DATE: 23 December 2024

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


IJB Outstanding Actions – Governance Action Plan

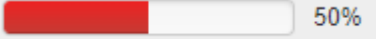

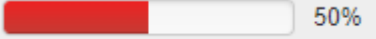

Completed since last update



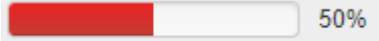

		Title and Description	Due Date	Ownership	Latest Update
1		<p>DHSCPGAPEA20221123</p> <p>Governance changes following revision of Integration Scheme</p> <p>Management should identify the governance changes needed following ministerial approval of the Joints Boards revised integration scheme, alongside 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 Mar 2023	<p>Chief Officer</p> <p>Chief Finance Officer</p> <p>Head of Service, Strategic Services</p>	<p>10.12.24</p> <p>Review of Governance Action Plan now completed and routine update reporting to the IJB reinstated.</p>
2		<p>DHSCPGAPIA20200825-1</p> <p>Proper monitoring and escalation of agreed governance improvement actions</p> <p>Alongside proper monitoring of agreed governance improvement actions, we would recommend that a clearer escalation route of such issues encountered is 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>	31 Oct 2020	<p>Chief Officer</p> <p>Head of Service, Strategic Services</p>	<p>10.12.2024</p> <p>Review of Governance Action Plan is now complete and routine reporting to IJB has been reinstated.</p>

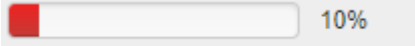



3		<p>DHSCPGAPIA20230524-1</p> <p>GAP -reprioritisation of outstanding recommendations</p> <p>The current GAP does not make it easy to identify if all the recommendations from a specific report/source have been completed. Areas of enhancement to the reporting could include:· Chart showing total number of action points due broken down into complete, in progress, due date extended, no longer relevant· 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. · a RAG rating for outstanding actions 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>	30 Sept 2023	Chief Finance Officer	<p>10.12.24</p> <p>Review of the Governance Action Plan is now completed, and routine reporting has been reinstated at every PAC meeting.</p>
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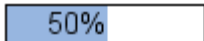

In progress

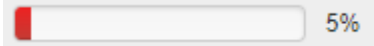

		Title and Abbreviated Description	Due Date	Ownership	Most Recent Update
4		<p>DHSCPGAPIAR20190212</p> <p>Improved hosted services arrangements</p> <p>Development of improved Lead Authority Services arrangements around risk and performance management for lead authority services</p>	31 Oct 2020	<p>Chief Officer</p> <p>Chief Finance Officer</p>	<p>24.12.24</p> <p>Bi-monthly meetings in place to discuss key risks and strategic priorities. Financial summary of Lead Partner services included in monthly finance report to HSCP managers as well as finance report to IJB. Internal Audit of Lead Partner arrangements scheduled for 2025.</p>

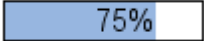



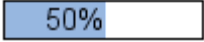
		 No change in % achieved			
5		DHSCPGAPEA20201124 Regular reporting against savings and transformation proposals Updates on the IJB's transformation programme and efficiency savings are not reported to the Board on a regular basis. The position on the achievement of savings proposals and transformation should be clearly and regularly reported to members.  No change in % achieved	31 Aug 2021	Chief Officer Chief Finance Officer Head of Service, Strategic Services	23.10.24 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.
6		DHSCPGAPEA20211124 Reporting against risk management improvement actions and strategic risk register Further improvement actions remain to be progressed associated with the IJBs risk management arrangements, including reviewing the IJB's risk management policy and developing further an understanding of the IJBs risk appetite. The Board and PAC should continue to be updated on progress on the delivery against the remaining risk management improvement actions and updates to the Strategic Risk Register.	31 Oct 2022	Chief Officer Head of Service, Strategic Services	10.12.24 Risk appetite survey of IJB members currently being developed and to be finalised for issuing in January 2025.


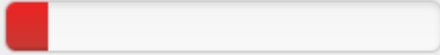

		 80% No change in % achieved			
7		DHSCPGAPIA20210623-6 Compliance from Partner Bodies <p>There is currently no direct reporting to the IJB on its risk profile; nor direct, overt assurance on each of its strategic risks with risk monitoring occurring at the CCPG and the PAC receiving assurance on the overall system of risk management as above. Where controls sit within the partner bodies, the IJB receives only a general annual assurance through the year end processes. To further develop good governance arrangements, an IJB assurance plan could be implemented to ensure assurance on all risks is provided to the IJB, including where necessary assurances from partner organisation.</p>  50% No change in % achieved	31 Dec 2021	Chief Finance Officer	23.10.24 <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>
8		DHSCPGAPIA20211124-1.1 Revision of Integration Scheme	30 Jun 2022	Head of Service, Strategic Services	10.09.24 <p>Scoping work for the Performance Framework required within the Integration Scheme has been undertaken. Further development of the framework</p>



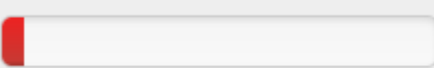

		<p>As set out in the Integration Scheme, ‘a list of targets and measures, which relate to the non-integrated functions of the partners that will have to be taken into account by the Integration Joint Board when preparing their Strategic Plan’ should be included</p>  <p>No change in % achieved</p>			will be a priority within the Partnership Delivery Plan for 2024-2026.
9		<p>DHSCPGAPIA20211124-1.2</p> <p>Enhanced Performance Reporting</p> <p>Further developments of the performance management arrangements should include the following: Assurance and performance reports should be related to specific risks and should contain an overt conclusion on whether the performance reports indicate that controls are operating effectively to mitigate the risk as intended.</p>  <p>No change in % achieved</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>
10		<p>DHSCPGAPIA20211124-1.3</p> <p>Finance & Performance Group</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</p>

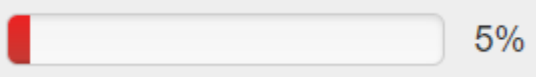

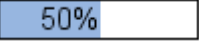
		<p>The combined Finance & Performance Group, when constituted, should consider both finance and performance in the context of the IJB's strategic risks and both inform and be informed by the Strategic Commissioning Plan.</p> <p> 5%</p> <p>No change in % achieved</p>			<p>within the Senior Leadership Team regarding the structure and focus of leadership and management meetings.</p>
11		<p>DHSCPGAPIA20211124-1.4</p> <p>Process for analytical Reports</p> <p>Management should agree a process for what triggers deep dive/ analytical reports which should prioritise relevance to strategic IJB risks. Actions agreed should be monitored to ensure the desired effect is achieved.</p> <p> 50%</p> <p>No change in % achieved</p>	31 Mar 2024	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. This will include consideration of the group / process by which analytical reports can be commissioned. 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>
12		<p>DHSCPGAPIA20211124-1.5</p> <p>Development of Strategic Plan Performance Measures – 2023/24</p>	31 Mar 2024	Head of Service, Strategic Services	<p>10.09.24</p> <p>Scoping work for the Performance Framework required within the Integration Scheme has been undertaken. Further development of the framework</p>




		<p>The IJB should monitor the work of the ISPG to ensure that it develops the new SCP in such a way it embeds meaningful performance measures which can be reported regularly to allow a conclusion on whether the SCP is being implemented effectively and is delivering the required outcomes (not just inputs or outputs).</p>  <p>No change in % achieved</p>			will be a priority within the Partnership Delivery Plan for 2024-2026.
13		<p>DHSCPGAPIA20220622-2</p> <p>Consideration will need to be given to how the IJB will receive assurance and monitor progress against these actions.</p> <p>Having carried out the statutory review of the current strategic and commissioning plan, the Strategic Planning Advisory Group found that the vision and strategic priorities, as well as the overall format of the plan, remained fit for purpose but work was required to update the action lists associated with each priority. An addendum to the original plan was published which is supported by care group strategic planning / commissioning statements and transformation plans and reflects priorities arising from Covid19 remobilisation activity. These actions will be monitored by the Strategic Planning Advisory Group (SPAG).</p>	31 Dec 2022	Chief Finance Officer	<p>23.10.24</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>

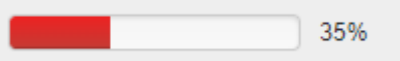

		 <p>No change in % achieved</p>			
14		<p>DHSCPGAPIA20220622-4</p> <p>The IJB should receive relevant, reliable and sufficient assurances against its strategic risks especially high scoring ones (above the risk appetite to be established)</p>  <p>No change in % achieved</p>	31 Dec 2022	Chief Finance Officer	<p>10.12.24</p> <p>Development session focused on risk has now been delivered. Risk appetite survey of IJB members has been developed and will be finalised for issuing early in January 2025. Meantime routine reporting against the strategic risk register remains embedded as part of the IJB meeting cycle</p>
15		<p>DHSCPGAPIA20220622-5</p> <p>Clinical and care governance arrangements will feed into the formation of IJB directions</p> <p>A draft Directions Policy & Procedure is being considered as an associated document with the revised Integration Scheme. We would reiterate our position that as part of any further developments in this area, consideration should be given as to how clinical and care governance arrangements will feed into the formation of IJB directions.</p> 	31 Dec 2022	<p>Chief Officer</p> <p>Clinical Director</p>	<p>23.10.24</p> <p>IJB Directions policy has now been agreed and is being implemented. At the next review of that policy the interface with CCPG will be considered and relevant amendments recommend to the IJB.</p>

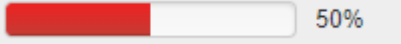
		No change in % achieved			
16		<p>DHSCPGAPIA20220622-7</p> <p>Overall assessment of progress in delivering the Risk Management Action Plan is included in the Governance Action plan (40% progress as at February 2022) but the individual actions are not reported to the PAC.</p> <p>Reporting should clearly set out progress against individual actions to allow for clear monitoring of the maturity assessment.</p> <div data-bbox="331 699 911 770">  10% </div> <p>No change in % achieved</p>	30 Nov 2022	Chief Finance Officer	<p>23.10.24</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>
17		<p>DHSCPGAPIA20220622-8</p> <p>CCPG Annual Report</p> <p>Dundee HSCP provides regular, high-quality assurance reports to the NHS Tayside Care Governance Committee as well as the PAC. An annual report for the year is planned for the June IJB. The report is comprehensive and well-written, but does not reference relevant strategic risk, or areas for development. There might be benefit in it being used to reflect on key concerns during the year and priorities for the coming year, as well as views on the relevant Strategic Risks.</p>	30 June 2023	<p>Chief Officer</p> <p>Clinical Director</p>	<p>23.10.24</p> <p>Annual CCPG report is in place and provides a comprehensive retrospective overview of activities and concerns during the previous 12 months. It also reflects on impact in terms of the IJB's strategic risks.</p> <p>The 2025 report will be developed to also include forward looking content / priorities.</p>



		 80% No change in % achieved			
18		DHSCPGAPIA20220720-1 Cat 1 Responder -Definition of IJB Duties Category 1 responder resilience arrangements have not been fully and adequately incorporated into the IJBs governance structure. In addition to implementing the recommendation contained within the Internal Audit Annual Report 2020/21 (Action Point 3) relating to the PAC, it should be ensured that the duties of the IJB are fully defined.  5% No change in % achieved	31 Oct 2022	Head of Service, Strategic Services Head of Health and Community Care	23.10.24 This will be added to the next revision of the IJB Standing Orders in 2025.
19		DHSCPGAPIA20230130-1 Sustainability of Primary Care - assurance from lead partner 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.	31 Mar 2023	Head of Health and Community Care	23.10.24 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.



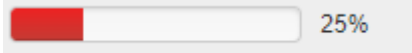

		 No change in % achieved			
20		<p>DHSCPGAPIA20230621-1</p> <p>Sustainability - Delivering the IJB's strategic and commissioning priorities within the budget and resources that it has available will be a significant challenge.</p> <p>Delivering the IJB's strategic and commissioning priorities within the budget and resources that it has available will be a significant challenge. In these circumstances monitoring of the implementation of the SCF and of the development and then implementation of the supporting documents including the Annual Delivery Plan, Resource Framework, Workforce Plan and Performance Framework will be fundamental. Management should clearly set out how the IJB will receive assurance, including assurance over transformation. Reporting on implementation of Strategy and financial monitoring should have a clear focus on the success of transformational projects i.e. what has changed and how services are better delivered, with savings achieved, as a result of transformation.</p> 	31 Dec 2023	Chief Finance Officer	<p>24.12.24</p> <p>Financial recovery and budget planning for 2025/26 continues through development sessions and IJB reports. The scale of the financial challenge is recognised, and needs to be managed alongside strategic and commissioning priorities.</p>

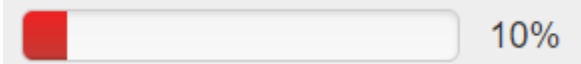

		No change in % achieved			
21		<p>DHSCPGAPIA20230621-2.1</p> <p>Consideration is given to how IJB members could be involved in the development and agreement of the organisation's risk profile.</p> <p>The Risk Management Strategy agreed in April 2021 states that the IJB Board is responsible for 'receipt, review and scrutiny of reports on strategic risks'. The latest risk update was provided to the May 2023 PAC meeting and noted that "target risk scores will be revisited following planned Risk Appetite sessions for the 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 data-bbox="331 949 721 1002">  75% </div> <p>25% increase in % achieved</p>	31 Dec 2023	Chief Finance Officer	<p>10.12.24</p> <p>Risk development session delivered to IJB members. Risk appetite survey is being developed and will be finalised for issuing in early January 2025.</p>
22		<p>DHSCPGAPIA20230621-2.2</p> <p>Implementation of Risk Appetite</p> <p>To help implementation of the Risk Appetite to be agreed, we recommend that the IJB sets out clearly how:- risk appetite is to be taken into consideration as part of decision making- risk appetite affects</p>	31 Dec 2023	Chief Finance Officer	<p>10.12.2024</p> <p>Risk appetite survey of IJB members is being developed and will be finalised for issuing in early January 2025. This will then allow risk appetite to be set and follow-on actions to be progressed.</p>

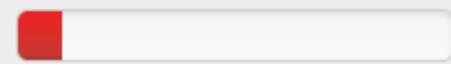
		<p>monitoring and escalation processes for individual risks. Risk appetite is reflected in target risk scores and how the IJB will understand whether target is actually being achieved.</p>  <p>5% increase in % achieved</p>			
23		<p>DHSCPGAPIA20230927-1.1</p> <p>Viability of External Providers - Financial Monitoring Process</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>	31 Dec 2023	Head of Service, Strategic Services	<p>10.12.2024</p> <p>Detailed process for escalation / reporting of risk continues to be developed. This includes reporting to the IJB, either via Clinical, Care and Professional Governance reports or as an additional section within the annual Care Inspectorate Grading Report submitted to PAC. It is intended that processes will be finalised by the end of 2024/25.</p>

		 50%			
		25% increase in % achieved			
24	●	DHSCPGAPIA20230927-2.1 Viability of External Providers - contract monitoring template It is recommended that a single standardised template is developed and implemented for quarterly monitoring to ensure an agreed minimum level of quality monitoring is undertaken in respect of performance, quality, staffing levels and financial information. The template should also contain a further section which can be tailored to include any metrics specific to the provider to enable tailored monitoring as needed, above the minimum expected monitoring activities. Any monitoring reports identified which lack sufficient documentation of the quality 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.	31 Dec2024	Head of Service, Strategic Services	24.10.24 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. 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.

		 75%			
		No change in % achieved			
25	●	DHSCPGAPIA20230927-3.1 Viability of External Providers - signing of contracts 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  95% 5% increase in % achieved	30 April 2024	Head of Service, Strategic Services	10.12.2024 Small working group established in November to support process of issuing contracts for 2025/26. Clear workplan established to ensure tasks associated with issuing new Contracts are carried out well in advance of new financial year. Model contracts have been retyped and password protected to prevent the same IT and formatting issues experienced in previous years. Funding letter will be prepared in advance of the national and local financial position being confirmed, ready to be updated and issued. As it is necessary to wait for the national position and 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 not feasible for these contractual agreements to be put in place by the 1st April each year, despite best efforts. Once the financial position is confirmed, funding letters and Contracts will be issued as timeously as they can during April and contracts officers will follow up on any outstanding unsigned contracts in their portfolios.
26	●	DHSCPGAPIA20240131-1.1	30 Sept 2024	Chief Finance Officer	10.12.24

		Operational Planning - Development of operational plans 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.  5% increase in % achieved		Head of Service, Strategic Services Through agreement with the Strategic Planning Advisory Group work is being progressed to map and then review the structure of strategic planning groups. Once the structure is confirmed key governance documents for each group will be developed / updated. The SPAG has also agreed, at a high level, an approach to managing reporting against the strategic framework and delivery plan - this is to be worked into a written proposal for further discussion with the group at their first meeting in 2025.
27		DHSCPGAPIA20240131-2.1 Operational Planning - Review of Terms of Reference 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.  5% increase in % achieved	30 June 2024	Chief Finance Officer Head of Service, Strategic Services 10.12.24 The Strategic Planning Advisory Group has agreed an approach to mapping and reviewing current groups. Once the structure has been confirmed terms of reference documents will be developed and updated as appropriate.
28		DHSCPGAPIA20240131-3.1 Operational Planning - project management arrangements	30 June 2024	Chief Finance Officer 23.10.24 Both Dundee City Council and NHS Tayside have recently developed a Project Management Office approach to support transformation activity. The

		<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>  <p>No change in % achieved</p>		Head of Service, Strategic Services	HSCP will make connections to these emerging structures to progress discussions regarding a collaborative approach to project management and access to available resources.
29		<p>DHSCPGAPIA20240131-4.1</p> <p>Operational Planning - alignment to strategic plan</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"> • Align the objectives of their implementation plans to the performance measures identified for the Strategic Plan, where it makes sense to do so • Consider other workstreams within delivery plans that contribute to the same objectives, and the relative impact. <p>Measurement of indicators and their reporting should account for the situation where indicators at a service</p>	30 June 2024	<p>Chief Finance Officer</p> <p>Head of Service, Strategic Services</p>	<p>23.10.24</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 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</p>

		<p>level are improving, while deteriorating for the HSCP as a whole, or vice versa.</p> <div>  10% </div> <p>No change in % achieved</p>			<p>groups to further develop and align their reporting as resources allow</p>
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