

P&K IJB – STRATEGIC RISK FRAMEWORK

APPENDIX 2

| | Risk Title / Description | Owner Manager | Framework / Strategy / Output Required | Inherent Risk Exposure | Current Risk Level | Clinical, Care & Prof. Governance Domain(s) |
|---|---|------------------------------------|---|-----------------------------------|----------------------------------|--|
| | | | | L = Likelihood C = Consequence | | |
| 1 | <p>CORPORATE GOVERNANCE</p> <p>The inability to establish efficient and effective structures and arrangements required for the partnership will lead to a risk of the partnership being unable to function effectively</p> | R Packham J Smith | <p>Corporate Governance Arrangements and Self Assessment Framework</p> <p>Organisational Structure</p> <p>Risk Register and management arrangements</p> <p>Audit Committee role and remit</p> <p>Hosted Services framework for service delivery</p> <p>System for performance appraisal</p> <p>Performance Management framework</p> | <p>L = 5 C = 5</p> <p>25</p> | <p>L = 3 C = 4</p> <p>12</p> | ALL |
| 2 | <p>CLINICAL, CARE & PROFESSIONAL GOVERNANCE</p> <p>The inability to deliver locality structures underpinned by robust standards and professional codes of practice results in a risk of failure to deliver reliable, safe and effective health and social care in all settings, resulting in harm or deterioration to service users</p> | R Packham E Devine V Johnson | <p>Performance Management framework</p> <p>Organisational Development framework</p> <p>Clinical, Care & Professional Governance Framework</p> <p>Risk Management Strategy</p> <p>Adverse Event Management</p> <p>Complaints Management</p> <p>Adult Support & Protection Framework</p> <p>Care & Professional Governance Forum terms of Reference</p> | <p>L = 5 C = 5</p> <p>25</p> | <p>L = 3 C = 4</p> <p>12</p> | ALL |
| 3 | <p>STRATEGIC PLAN</p> <p>There is a risk that a failure to implement the aims and priorities in the strategic plan will lead to failure to meet the needs and challenges of our communities, reputational damage and unsustainable future services.</p> | R Packham L Cameron | <p>Strategic Plan</p> <p>Large Hospital Services Plan</p> <p>Joint Transformation Programme</p> | <p>L = 4 C = 5</p> <p>20</p> | <p>L = 3 C = 5</p> <p>15</p> | ALL |
| 4 | <p>EFFECTIVE FINANCIAL MANAGEMENT</p> <p>Failure to develop and implement a balanced financial plan will lead to a risk of unsustainable services and create a barrier to the necessary transformations.</p> | R Packham J Smith | <p>2016/17 Financial Plan</p> <p>Joint Transformation Programme</p> <p>Performance Management framework</p> <p>3 Year Financial Strategy</p> | <p>L = 5 C = 5</p> <p>25</p> | <p>L = 4 C = 4</p> <p>16</p> | ALL |
| 5 | <p>STAKEHOLDER ENGAGEMENT AND PARTNERSHIP WORKING</p> <p>There is a risk of failure to engage effectively and timeously regarding key service developments which will lead to a risk of reputational damage and unnecessary delay.</p> | R Packham H MacKinnon | <p>Organisational Development framework</p> <p>Hosted Services framework for service delivery</p> <p>Community Engagement & Participation Framework</p> <p>Communications Framework</p> | <p>L = 5 C = 5</p> <p>25</p> | <p>L = 3 C = 2</p> <p>6</p> | ALL |
| 6 | <p>HEALTH EQUITY</p> <p>There is a risk that a failure to prioritise health equity issues in all decision making will result in an inability to reduce the health equity gap</p> | R Packham L Cameron | <p>Public Health Framework</p> | <p>L = 4 C = 5</p> <p>20</p> | <p>L = 3 C = 5</p> <p>15</p> | Promotion of equality & social justice |
| 7 | <p>INFORMATION GOVERNANCE & SHARING</p> <p>Inability to efficiently and effectively share information at patient level with partners will lead to a risk of harm, duplication and inefficiencies.</p> | R Packham D Fraser | <p>Information Sharing Protocol</p> | <p>L = 5 C = 5</p> <p>25</p> | <p>L = 3 C = 5</p> <p>15</p> | Information Governance |
| 8 | <p>WORKFORCE DEVELOPMENT & STAFF GOVERNANCE</p> <p>Inability to develop and sustain our workforce creates a risk of unsustainable services</p> | R Packham J Foulis | <p>Organisational Development framework</p> <p>Hosted Services framework for service delivery</p> <p>Workforce Strategy</p> | <p>L = 5 C = 5</p> <p>25</p> | <p>L = 4 C = 4</p> <p>16</p> | Professional Regulation and Workforce Development |

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| 9 | <p>CAPACITY AND FLOW</p> <p>Inability to adapt and improve existing models of care and patient flow will lead to a risk that patients are not being cared for at the right place at the right time, by the right person</p> | <p>R Packham E Devine D Fraser</p> | <p>Delayed Discharge Action Plan</p> <p>P&K RIE Improvement Plan</p> <p>Joint Transformation Programme</p> | <p>L= 5 C= 5</p> <p><u>25</u></p> | <p>L= 4 C= 4</p> <p><u>16</u></p> | <p>Patient, service user/ carer & staff Experience</p> <p>Patient, Service user Carer and Staff Safety</p> |
| 10 | <p>LOCALITY DEVELOPMENT</p> <p>Failure to develop effective locality working will lead to a risk that people will not receive care in line with the principles of the integration of Health & Social Care</p> | <p>R Packham E Devine D Fraser</p> | <p>Locality Working Arrangements</p> <p>Locality Structures</p> | <p>L= 5 C= 5</p> <p><u>25</u></p> | <p>L= 3 C= 5</p> <p><u>15</u></p> | <p>ALL</p> |

** Each partner should ensure they have sufficient controls in place to assure that all appropriate legislation is adhered to **

STRATEGIC RISK 1 – Corporate Governance

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

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| Relevant Strategic Objectives: | |
| Clinical, Care & Professional Governance domains: | ALL |
| Risk manager: | Jane Smith |
| | |
| Risk likelihood without controls: | 5 |
| Risk consequence without controls: | 5 |
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| Risk likelihood with controls: | 3 |
| Risk consequence with controls: | 4 |

| | Current Internal Controls | Responsible Lead | Strength | Current Status | Future Improvement actions |
|--|--|-------------------------|-----------------|---|--|
| | Standing Orders are in place and include an appropriate Code of Conduct | CFO | A | IJB adopted a template Code of Conduct drafted by the Scottish Government at its meeting on 13.05.16 | |
| | <p>Scheme of administration sets out membership and quoracy, remit, authority, reporting arrangements, minimum frequency of meetings.</p> <p>Requirement for a workplan to ensure the remit is fulfilled, and a requirement for an annual report (in advance of accounts sign-off)</p> | CFO | A | <p>Draft Terms of Reference in place for all groups. All TOR's contain quorate, remit, authority, reporting arrangements and membership requirements.</p> <p>IJB workplan updates have been presented to the IJB at each meeting.</p> | <p>The Annual Performance Report for 2016/17 will be presented to the IJB at the meeting in August 2017.</p> <p>A Strategic Delivery Plan for 2017/18 is being developed which will strongly focus on the delivery of the Scottish Government's key Performance Targets for 2017/18.</p> <p>A workshop will take place to further develop the strategic delivery plan to be held on 7 July 2017. The plan will be brought to the IJB in August 2017.</p> |

| | Current Internal Controls | Responsible Lead | Strength | Current Status | Future Improvement actions |
|--|---|-------------------------|-----------------|---|--|
| | Operational working structures for the partnership | CO | B | Locality managers are now in place across Health and Social Care. Senior Management Team now in place across all hosted services. | Discussions are ongoing to align business management and improvement and strategic planning resource within health and social care and consider the leadership capacity in order to develop an integrated resource. Options to be considered for an interim solution, while a wider longer term need is established. Interim arrangements to be agreed by end of June 2017. |
| | Annual review of governance identifies strengths, challenges and opportunities for improvement. | CFO | A | A governance action plan based on the outcomes of the 16/17 annual governance review has been considered at the Audit & Performance Committee at each meeting. | As part of undertaking a full review of governance for 16/17, a comprehensive self assessment has been undertaken against the CIPFA delivering good governance 2016 framework. A draft improvement plan will be brought for consideration to the Audit and Performance Committee at its June meeting. |
| | The responsibilities and the reporting lines of the IJB in respect of governance arrangements reflected in existing management and governance arrangements | CO | C | An urgent review of the IJBs reporting lines and accountability between NHST and the three IJBs is being taken forward by the NHST Chair. As at 31 st May 2017, a clear consistent model of governance and assurances has not been agreed. | To be further discussed with the Chief Executives of PKC and NHST. |
| | Deputising arrangements for the short or long-term absence of the Chief Officer agreed | CO | B | Formal statement of arrangement to be drafted and agreed. Short term absence process in place. | This control will form part of the business management and strategic planning resource. Interim arrangements required for embedding a strategic planning resource. A formal deputising arrangement will be considered for longer term absence. To be agreed by the end of June. |
| | Action plan in relation to recommendations made for Integration Authorities in the Dec 2015 Audit Scotland report has been agreed and is currently being implemented. | CFO | B | Head of Health & Social Care undertaking a full review and update. It had been intended to undertake a full review and present this to the IJB in June, however a number of other prioritised has meant this has not been undertaken. | The Audit Scotland recommendations will be used as part of a self assessment undertaken in order to further develop the strategy delivery plan as part of the event planned for the 7 th July 2017 A full action plan to be brought to the IJB meeting in August 2017. |

| | <u>Current Internal Controls</u> | Responsible Lead | Strength | Current Status | Future Improvement actions |
|--|---|-------------------------|-----------------|---|---|
| | Audit & Performance Committee established and operating effectively | CFO | B | Revised Terms of Reference approved at the IJB meeting on the 3 rd February 2017 | The role of the Committee in relation to scrutiny of performance has still to be agreed. The annual performance report will set out the basket of performance measures (national and local) that have been agreed to form the IJB performance framework and a reporting proposal will be brought to the next Audit & Performance Committee. |
| | Internal Audit arrangements including plan and resources been approved by the IJB | CFO | A | Internal Audit plan for 16/17 was approved by the newly established audit and performance committee on 17th January 2017. | This is complete for 16/17 Discussions are ongoing with actions for 17/18 |
| | The Chief Officer and Senior Management Team meet monthly as the Chief Officers Group | CO | B | Ongoing | A robust review of the partnerships operating framework is being undertaken to ensure that the routes for scrutiny, review and oversight are clear and consistent and aligned with the requirements of both parent bodies. End of Sept 2017 |
| | IJB risk management framework and process has been agreed. | CFO | B | A process for regular to update has been implemented. A rolling program of review is now in place through COG which ensures that each risk is discussed regarding updates and actions for improvement. | It has been agreed that a professionally facilitated development session will be arranged for the partnership team regarding risk management. |
| | Arrangements have been made for the IJB to receive corporate services support functions | CFO | C | A Corporate Support Service Review Group is being set up with the appropriate representation from NHST and PKC. The partnership to consider current support and areas of shortfall. An initial meeting has not yet taken place. However, in order to support the work of the group when established, an internal audit review has been agreed as part of the recommendations. | Partnership Accountant appointed to ensure requisite level of finance support. The recommendations of the internal audit review will be considered, and the partnership response agreed with both bodies brought to the Audit & performance Committee. |

| | <u>Current Internal Controls</u> | Responsible Lead | Strength | Current Status | Future Improvement actions |
|--|--|-------------------------|-----------------|---|---|
| | Performance Framework has been agreed along with core measures. | CFO | B | <p>Report on agreed national indicators that will form the basis of the Annual Performance report went to the IJB in February 2017.</p> <p>The annual performance report that will be considered by the IJB On the 30 June sets out an proposed strategic performance framework for the IJB.</p> <p>The annual performance report will set out the basket of performance measures (national and local) that have been agreed to form the IJB performance framework.</p> | <p>Performance Framework to be finalised as basis for ongoing review and scrutiny internally and externally by June 2017.</p> <p>Appropriate scrutiny and review at partnership level and at IJB level</p> <p>The partnership now need to embed a reporting system that ensures regular robust review by heads of service and regular reporting to the Executive Management team.</p> |
| | CNORIS cover for Clinical, Medical and other negligence claims is in place for 2016/17 | CFO | A | <p>CNORIS is in place for 2016/17</p> <p>Quarterly nationally CNORIS reports are now being considered by the Care and Professional Governance Forum</p> | Confirmation of the CNORIS agreement for 17-18 is awaited. |

| | <u>Proposed Internal Controls</u> | Responsible Lead | Strength | Current Status | Future Improvement actions |
|--|---|-------------------------|-----------------|--|--|
| | For hosted services, ensuring that the objectives of the other partnerships strategic plans can be achieved | CO | C | Chief Officer is in discussion with colleagues to review the Strategic Objectives. | There is a paper going to the IJB meeting in June regarding hosted services, and an update progress re: a memorandum of understanding and specific service agreements for each hosted service. |
| | Training for elected board members | CFO | C | A programme of development for board members will be established | |

STRATEGIC RISK 2 – Clinical, Care & Professional Governance

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

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| Relevant Strategic Objectives: | ALL |
| Clinical, Care & Professional Governance domains: | ALL |
| Risk manager: | Evelyn Devine & Val Johnston |
| | |
| Risk likelihood without controls: | 5 |
| Risk consequence without controls: | 5 |
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| Risk likelihood with controls: | 3 |
| Risk consequence with controls: | 4 |

| | Current Internal Controls | Responsible Lead | Strength | Current Status | Future Improvement actions |
|--|---|-------------------------|-----------------|--|---|
| | Framework for Clinical, Care & Professional Governance agreed and in place | | A | The framework has been agreed across all three partnerships in Tayside | A GAP analysis of the six domains within the framework is underway across all partnership services (including hosted services). Feedback being provided on the results of this analysis at the Care & Professional Governance Forum. |
| | The P&K HSCP Care & Professional Governance Forum in place, which is co-chaired by the Chief Social Worker and Clinical Director. | | B | Forum workplan finalised at the meeting on 18 th June. Updates on the objectives and actions contained within the workplan provided at each meeting. Update report on the progress made to date to be discussed at the IJB on the 4 th November 2016. | Terms of Reference in place, to be brought to the IJB for approval. To agree the Care & Professional Governance structures and assurance for hosted services. An exception reporting template is now in use for all services to assure the group regarding Care & Professional Governance processes and activity. |
| | Within health, the existing Perth & Kinross Safety, Clinical Governance and Risk Group continues to meet to provide assurances of safe, effective and person centred care | | A | This group is due to have a discussion at it's meeting on the 7 th February 2017 around future role and remit. | Care & Professional Governance assurance and scrutiny now taking place within the Care & Professional Governance Forum |

| | Current Internal Controls | Responsible Lead | Strength | Current Status | Future Improvement actions |
|--|---|-------------------------|-----------------|---|---|
| | Within health, each service has a Safety, Clinical Governance & Risk group in place which has a responsibility for ensuring safe, effective and person centred care within their service. | | A | <p>Clinical Governance Groups in place across Health Services, and Care Assurance Groups in place with Community Care.</p> <p>The Care & Professional Governance Speciality Group for Mental Health (R3) now formed and will forge links with the Care & Professional Governance Group.</p> | <p>Locality based Clinical Governance and Risk groups will require to be established.</p> <p>Interim Lead Officer/Head of Health a member of the R3 group.</p> |
| | Clinical Governance & Risk Coordinator in place in the partnership, and facilitators in place within Inpatient Mental Health. | | A | The role is in place, and has operational links with the NHST Clinical Governance Team and Associate Director of Clinical Governance & Risk Management. | |
| | P&K Professional Nurse Forum in place within the partnership. This group oversees the professional development of nursing staff across health. | | B | The Forum meets every two months, and has representation from across all health services within the partnership. | AHP Professional Forum to be established |
| | Both Community Care and Health have risk management arrangements and processes in place | | A | Health services record operational risks on the DATIX system. Individual services have in place risk registers for risks specific to their service. Community Care services have in place operational risk registers. | <p>Further discussion to take place regarding the use of DATIX for risks within the partnership.</p> <p>Existing DATIX risks within the partnership and inpatient mental health to be reviewed.</p> |
| | DATIX system in place for adverse event reporting within Health | | B | Near Misses and Adverse Events within health services are reported via DATIX | Ongoing discussion within partnership around the use of DATIX for incident reporting. |
| | Business Continuity Plans in place with health and community care. | | A | BCP's in place across all Health services; these are in the agreed NHST format and are reviewed on an annual basis. Community Care services also have in place BCP's | Future plans or revisions to existing plans should be shared where appropriate |
| | Complaints processes in place in both Health and Community Care. | | A | The current arrangement for complaint handling is that complaints will be managed and responded to by the lead organisation responsible for the delivery of the service to which the complaints refers | National work ongoing regarding a joint approach to complaint management. |
| | Professional revalidation of both Health & Social Care staff through SSSE for Social Work, and the various professional bodies for Health staff | | A | This is captured as part of one of the domains within the R2 group. | |

| | <u>Proposed</u> Internal Controls | Responsible Lead | Strength | Current Status | Future Improvement actions |
|--|--|-------------------------|-----------------|--|---|
| | Development of clear and robust reporting and assurance arrangements for Adult Mental Health (Community and Inpatient) | | | <p>The existing arrangements for reporting and assurance will continue within Adult Mental Health (AMH) Services.</p> <p>The Care & Professional Governance Speciality Group for Mental Health (R3) now formed and will forge links with the Care & Professional Governance Group. The weekly clinical risk management will continue and will feed into the R3 group. The weekly meeting will also feed into the local service groups.</p> | Reciprocal links and representation require to be established between the R2 and R3 groups |
| | To develop clear links between Clinical and Care Governance and workforce and skills development | | | This is captured as part of one of the domains within the R2 group. | |
| | Establish a Quality Assurance Process within Community Care | | | | Consideration to be given for the quality assurance processes required for commissioned services. |

STRATEGIC RISK 3 – STRATEGIC PLAN

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

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|--|---------------|
| Relevant Strategic Objectives: | ALL |
| Clinical, Care & Professional Governance domains: | ALL |
| Risk manager: | Lorna Cameron |
| | |
| Risk likelihood without controls: | 4 |
| Risk consequence without controls: | 5 |
| | |
| Risk likelihood with controls: | 3 |
| Risk consequence with controls: | 5 |

| | Current Controls | Responsible Lead | Strength | Current Status | Future Improvement actions |
|--|--|------------------|----------|--|---|
| | There is a standing item at the IJB with regards to the 19 priorities and the actions within the plan | | A | Updates provided at every meeting of IJB. | There is a programme in place which highlight the standing items. |
| | Regular reporting through the COG, and COG members identified to lead each of the key actions. | | B | Progress with Strategic plan being reported, but no fixed timetable in place. | Require a timetable the Strategic Plan reporting into COG. |
| | Identified lead officer for the Strategic Plan, supported by the planning and commissioning team. | | A | This role has been identified. | |
| | Joint SMT and Extended SMT in place | | B | Locality leads preparing local plans relating to the strategic plan | Strategic planning group reconvened. Locality plans within Performance Frameworks to be in place by August 2017. |
| | Five Locality Action Partnerships are in place. HSCP locality leads feed into these groups. | | B | Locality action Partnerships have regular updates from HSCP locality leads and agree priorities for the local areas. | To be included in Locality Outcome & Improvement Plans by October 2017. |
| | The third sector is an integral part of the Strategic Commissioning plan, as is NHS Tayside Clinical Strategy and the PKC Corporate Plan | | A | | |
| | Locality working arrangements are supporting the delivery of the Strategic Plan | | B | Monthly locality meetings in all three localities with representation from all sectors. | Continue to work through Integrated SMT to ensure consistency of approach across the three localities. |

| | Current Controls | Responsible Lead | Strength | Current Status | Future Improvement actions |
|--|---|------------------|----------|---|--|
| | Underpinning Locality plans require to be developed to support the delivery of the Strategic Commissioning Plan | | B | All localities have draft plans in place. | Continue to work with leads to finalise actions and implement key priorities by August 2017. |

| | Proposed Controls | Responsible Lead | Strength | Current Status | Future Improvement actions |
|--|-------------------|------------------|----------|----------------|----------------------------|
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STRATEGIC RISK 4 – EFFECTIVE FINANCIAL MANAGEMENT

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

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| Relevant Strategic Objectives: | ALL |
| Clinical, Care & Professional Governance domains: | ALL |
| Risk manager: | Jane Smith |
| | |
| Risk likelihood without controls: | 5 |
| Risk consequence without controls: | 5 |
| | |
| Risk likelihood with controls: | 4 |
| Risk consequence with controls: | 4 |

| | Current Controls | Responsible Lead | Strength | Current Status | Future Improvement actions |
|--|--|-------------------------|-----------------|---|---|
| | Completion of Financial Assurance Process to ensure budgets devolved are sufficient. | CFO | B | <p>A Financial Assurance Update paper was presented at the IJB in July 2016.</p> <p>All PKC budgets were signed off as sufficient.</p> <p>Due to the high level of savings required for inpatient mental health and GP prescribing, these budgets were not agreed due to these not being considered sufficient.</p> | <p>Budget setting discussions with NHST for 17/18 will seek to identify a basis on which Inpatient mental health and GP prescribing can be balanced in the short and longer term.</p> <p>To be taken to presented at the IJB meeting on 24 March 2017</p> |
| | Sign off of Integrated Budget which supports delivery of 2016/17 Strategic Plan | CO/CFO | B | <p>A balanced budget for PKC devolved budget was signed off.</p> <p>The devolved NHST devolved budget has not been signed off.</p> | <p>Budget setting discussions with NHST for 17/18 will seek to identify a basis on which Inpatient mental health and GP prescribing can be balanced in the short and longer term.</p> <p>To be taken to presented at the IJB meeting on 24 March 2017</p> |
| | Approval of IJB Financial Regulations | CFO | A | This was presented and agreed at the IJB meeting on 23 March 2016 | |
| | Approval of IJB Scheme of Delegation | CO | A | This was presented and agreed at the IJB meeting on 23 March 2016 | |

| | <u>Current Controls</u> | Responsible Lead | Strength | Current Status | Future Improvement actions |
|--|--|-------------------------|-----------------|--|-----------------------------------|
| | Agreed management structure which ensures clear accountability for budgets. | CO | A | Top tier comprising Head of health, Head of Social Care, Head of Inpatient Mental Health services have had formal budget and accounting responsibilities agreed. | |
| | Robust budget monitoring process across health and social care to highlight issues which may prevent services from delivering within planned budget. | CFO | A | A robust monthly financial monitoring process is in place for Health and Social Care budgets. Reports are presented to the IJB at each meeting. | |

| | <u>Proposed Controls</u> | Responsible Lead | Strength | Current Status | Future Improvement actions |
|--|--|-------------------------|-----------------|--|---|
| | Development of a three year Financial Plan setting out financial direction aligned to transformation strategy. | CFO | B | Working with NHST; 3 year sustainability plans are being developed for GP Prescribing and Mental Health. This is a priority given the level of financial risk to all the IJB's across NHST. For core hospital and community services across health & social care, a three year investment/disinvestment plan will be a key outcome of the development of the Strategic Delivery Plan | |
| | Develop a strong and capable programme with capacity to support significant redesign. | CFO | B | Transformation resources from across PKC and NHST have been brought together to establish a transformation programme office and in addition a partnership accountant has been appointed to specifically support transformation. | A wider review of project/programme management support is being undertaken, particularly in relation to GP Prescribing & Mental Health. |

STRATEGIC RISK 5 – STAKEHOLDER ENGAGEMENT AND PARTNERSHIP WORKING

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

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

| | Current Controls | Responsible Lead | Strength | Current Status | Future Improvement actions |
|--|--|---|-----------------|--|---|
| | Participation & Engagement Strategy in place, outlining the partnerships approach and key commitments to ensure effective engagement | Chairs of Communication, Engagement & OD Steering Group | A | Strategy in place and reaching 1-year review point. | Complete review of strategy by March 2017. 'Working with Communities' engagement indicators to be explored to support the performance framework. |
| | Management and engagement staff are briefed on the Participation and Engagement strategy and expected standards to form a joint approach. Regular reviews of progress take place to ensure learning is identified and applied. | Chairs of Communication, Engagement & OD Steering Group | A | Briefings to senior management complete early 2016. Joint session on the range of engagement standards used across the partnership complete spring 2016. Engagement review workshop completed in October 2017 – identified learning from engagement activity to date and improvements to take forward. | A second engagement workshop for managers and engagement staff will take place on 23 January 2017. Input on CEL4 (NHS 'informing, engaging and consulting' standards) and Participatory Budgeting scheduled to be delivered as part of workshop. |

| | Current Controls | Responsible Lead | Strength | Current Status | Future Improvement actions |
|--|--|---|-----------------|--|---|
| | Locality management groups have membership on the engagement steering group | Locality Managers | B | All localities are represented on Steering Group but attendance is sporadic. | Regularity of locality involvement in engagement sub and steering group meetings to be strengthened. |
| | Engagement planning and recording tool is in place to support effective community engagement, including connections with hosted services engagement plans. | Chairs of Communications and Engagement Sub-group | A | Partnership-wide 'Engagement Planner' is under development to coordinate an overview of all transformation project engagement. | Planner to become a 'live' document that is accessible and updateable. Timescale – March 2017. |
| | Locality 'participation and engagement plans' to support clear engagement planning around priorities. | Locality Managers | B | Standardised template for locality participation and engagement plans in place. Locality reporting template has been trialled to feed into the steering group. | Plans to be more fully developed by locality steering groups. |
| | Formal participation structures in place to support the IJB. | Chairs of Communications and Engagement Sub-group | B | Third Sector Forum well-established with IJB input and briefings. Carers Voice Forum already established and continues to grow its reach. Service user forum not formally established but a network of service users is now contributing to IJB discussions. 6-month review meeting with IJB Public Partners took place and key actions identified. | Further work to take place to formalise a service user forum. Engagement sub-group to help with mapping service user networks. Regular Public Partner meetings to be arranged with Chief Officer. Public Partners to be connected into strategic areas of the partnership's work and gain an overview of transformation projects. |
| | Communication Strategy to be put in place. | Chairs of Communication, Engagement & OD Steering Group | B | Strategy approved by IJB 01.07.16. | Key messages currently being reviewed to better support transformation messages within the strategic context of integration. |
| | Communication protocols are in place across the partnership to ensure timely and coordinated action and responses. | Communications Leads | A | Communications protocols updated November 2016 and working effectively. | |
| | Engagement / Communication steering groups are connected to Tayside engagement groups. | Chairs of Communication, Engagement & OD Steering Group | B | P&K represented on Pan Tayside Communications Group and on Mental Health Communications & Engagement Group | Further work required to find efficient ways to connect with a range of Pan Tayside groups. |

| | <u>Current Controls</u> | Responsible Lead | Strength | Current Status | Future Improvement actions |
|--|---|---|-----------------|--|--|
| | Review and strengthen mechanisms for engagement with the independent sector. | | B | . | |
| | As we develop our workforce we build in components that include community engagement and communication skills | Chairs of Communications and Engagement Sub-group | B | General media/ communications training provided for HCC managers in the Council and offered to partners. | More development required to spread the reach of training and further embed our key communications messages. |

| | <u>Proposed Controls</u> | Responsible Lead | Strength | Current Status | Future Improvement actions (as of end of June 2016) |
|--|--|-------------------------|-----------------|-----------------------|--|
| | As we move into localities, ensuring engagement with the local community planning 'Action Partnerships' and GP clusters. | Locality Managers | | | Connect community capacity builders to a meeting of the locality steering groups to raise awareness of/ links to Action Partnerships |

STRATEGIC RISK 6 – HEALTH EQUITY

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

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| Relevant Strategic Objectives: | ALL |
| Clinical, Care & Professional Governance domains: | Equality and social justice |
| Risk manager: | Lorna Cameron |
| | |
| Risk likelihood without controls: | 4 |
| Risk consequence without controls: | 5 |
| | |
| Risk likelihood with controls: | 3 |
| Risk consequence with controls: | 5 |

| | Current Controls | Responsible Lead | Strength | Current Status | Future Improvement actions |
|--|---|------------------|----------|---|--|
| | The strategic plan identifies 5 priority areas, and health equity is one of these priorities. As such, it will be reported as part of the Strategic Planning reporting to the IJB | Eileen McMillan | A | The Head of Housing & Strategic Commissioning will report to the IJB regarding Health Equity. | Updates regarding the Strategic plan will include updates on Health Equity. |
| | The strategy will be informed by the newly established Fairness Commission within Perth and Kinross | Eileen McMillan | B | | Key improvement actions will be captured when reported in Spring 2017. |
| | Locality profiles are capturing where there are gaps in health equity. | Eileen McMillan | B | | Updates to the locality profiles by Oct 16 by the Business Improvement Team. |
| | Health inequalities strategy for P&K | Eileen McMillan | B | To be implemented by locality steering groups | Workshops to be held within locality steering groups to ensure health inequalities activities are included and taken forward in local action plans |

| | Proposed Controls | Responsible Lead | Strength | Current Status | Future Improvement actions |
|--|---|------------------|----------|----------------|----------------------------|
| | Local Action Partnerships & Locality Steering groups to embed and progress actions. | | | | |

STRATEGIC RISK 7 – INFORMATION GOVERNANCE & SHARING

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

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

| | <u>Current</u> Controls | Responsible Lead | Strength | Current Status | Future Improvement actions |
|--|---|-------------------------|-----------------|--|--|
| | Information Sharing Protocol (ISP) for health and social care | Sandy Strathearn | B | Remit to existing IT working group to give progress update on ISP usage and current inhibitors to use | The Social Care data set will be CHI seeded to facilitate easier data sharing. The agreement is with the NHST Caldicott Guardian for signature |
| | | Sandy Strathearn | | Develop mechanisms to allow for sharing appropriate service user information across organisational boundaries | Process being created for access to Qlikview for activity for Social Work staff. |
| | | Sandy Strathearn | | Assurance to be sought re: consistency of approach across all areas in information sharing | Audit current practice to identify gaps and develop improvement plans as required. |
| | | Sandy Strathearn | | An information sharing protocol is in place for which NHST and PKC have signed agreements. The IJB are now a signatory to the information sharing agreement. | |

| | <u>Current Controls</u> | Responsible Lead | Strength | Current Status | Future Improvement actions |
|--|---|-------------------------------------|-----------------|--|--|
| | NHS and PKC IT Systems Development Group in place to develop strategy and solutions for information sharing between Health & Community Care staff. This will contribute to a reduction in inefficiencies and duplication. | Sandy Strathearn Lynn Harris | B | STRATA Project Formal working group with NHST tasked to create the strategies to enable data sharing. | To have in place practical solutions to allow staff within Health & PKC access to patient information from both Health & PKC IT systems. Consideration of the impact of the retiral of the SWIFT system, and exploring of opportunities in terms of data sharing. |
| | Legislation framework regarding data sharing in place such as Adult Support and Protection procedures. | | B | At team level there is operational guidance. | To provide assurance that all staff are trained and are aware of their responsibilities regarding data sharing. |
| | As part of the Care & Professional Governance workplan for P&K HSCP, there are a specific set of objectives to seek assurances of robust Information Governance processes within the Partnership | | B | The Care & Professional Governance Forum have in place a draft report template to seek assurances from services and localities regarding information governance processes. | To test the report template and embed as part of the reporting to the Forum on an ongoing basis. |

| | <u>Proposed Controls</u> | Responsible Lead | Strength | Current Status | Future Improvement actions |
|--|--|-------------------------|-----------------|---|--|
| | To enable staff within the partnership to securely access community patient datasets for purposes of planning (at locality and team level) | Sandy Strathearn | | Roll out of shared thin client desktop to enable access to NHS & PKC IT systems simultaneously. | Integration of OT service should enable the sharing of information from Health and PKC IT systems. Consideration of the impact of the retiral of the SWIFT system, and exploring of opportunities in terms of data sharing. |
| | To complete and submit an IJB Record Management Plan to the National Records of Scotland | Mark Dickson | | Initial scoping work being undertaken, and national workshop attended which gave details of expectations and process. | To create an initial project plan for the work required. |

STRATEGIC RISK 8 – WORKFORCE DEVELOPMENT AND STAFF GOVERNANCE

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

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|--|---|
| Relevant Strategic Objectives: | 1, 3, 5, 9,10, 12, 17 |
| Clinical, Care & Professional Governance domains: | Professional Regulation & Workforce Development |
| Risk manager: | Jim Foulis |
| | |
| Risk likelihood without controls: | 5 |
| Risk consequence without controls: | 5 |
| | |
| Risk likelihood with controls: | 4 |
| Risk consequence with controls: | 4 |

| | Current Controls | Responsible Lead | Strength | Current Status | Future Improvement actions |
|--|--|------------------|----------|--|--|
| | Inpatient Mental Health Contingency in place due to shortage of junior doctors. | VJ/NP | A | Option Review looking at long term redesign to respond to workforce sustainability being presented to IJB in June. | Option Review to be considered by IJB in June 2017 |
| | Contingency arrangement implemented in Tay/Stroke Wards at PRI due to shortfall in substantive nursing staff. | ED | B | Option Review being undertaken working closely with Medical Colleagues to consider how sustainable services can be delivered moving forward. | Option Review being prepared to be completed by Nov 2017. |
| | Full procurement exercise complete for care at home across Perth & Kinross which will ensure more sustainable supply moving forward. | LC/DF | B | Review undertaken of internal Care at Home Service . | Business Case being considered by IJB in June 2017. |
| | A organisational strategy has been developed for the IJB | RP | A | An OD Strategy was presented to the IJB (May 2016) and approved at that time | A work force development plan is nearing completion and will be brought to the IJB in August. An update is being provided to the June meeting. |
| | Professional Lead Nurse in place for P&K, who has established a PNF, which focusses on Codes of practice revalidation. | | A | Agreed as a Steering Group and training to be scheduled | |
| | Chief Social worker in place, professional accreditation and development for social care | | A | Detailed workforce plan in place for Social Care. | |

| | Current Controls | Responsible Lead | Strength | Current Status | Future Improvement actions |
|--|---|------------------|----------|---|--|
| | Community Care and Housing have in place a professional structure in place. Health has a professional structure in place, however locality management arrangements are in development. Services are currently managed P&K wide, but services will be delivered within localities. | | A | A joint SMT has been established which reports to the Chief officers group. | |
| | For the last 2 years, the Integrated Leadership Group supporting the general workforce to deliver programmes such as ECS, Person Centred care and capacity and flow. | | A | ECS and Capacity and Flow are Transformation projects. As part of discharge hub proposal, person centred care is being adopted. | Discharge hub and ECS report to extraordinary meeting of Transformation Board on 26 th Jan. |
| | Staff satisfaction surveys undertaken across partner organisations annually | | A | Training for iMatter (Health staff survey) completed by end January 2017. | |

| | Proposed Controls | Responsible Lead | Strength | Current Status | Future Improvement actions |
|--|--|------------------|----------|--|---|
| | Locality service delivery plans require to reflect locality workforce development and staff governance arrangements. | | | Two meetings held with an event planned for med-February to complete the workforce plan. | Workforce plan for the IJB will be completed by August 2017 |
| | Staff governance regulations require to become more aligned across Health & Social Care | | | Discussed by workforce group on the 20 th January 17 | To be continually monitored; this will take place through transformation projects. |
| | Development and implementation of a strategic workforce plan | | | Initial draft of the workforce plan in place. | Workforce plan requires to be completed and operationalised. Core group to review progress to date and finalise plan. The plan also requires to be informed by the transformation projects. |

STRATEGIC RISK 9 – CAPACITY & FLOW

Inability to adapt and improve existing models of care and patient flow will lead to a risk that patients are not being cared for at the right place at the right time, by the right person

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

| | Current Controls | Responsible Lead | Strength | Current Status | Future Improvement actions |
|--|---|------------------------------|-----------------|--|--|
| | Development of locality working | Diane Fraser / Evelyn Devine | A | Implementation of locality management structure across health & social care will drive transformation based on needs of each locality | Development of locality plans including performance targets in line with Scottish Government six key performance targets |
| | Ongoing identification of redesign priorities | Robert Packham | A | Weekly performance resource panel provides the opportunity for the identification of wide ranging opportunities for improvement across the full pathway of care | |
| | Establishment of transformation Board and programme structure | Robert Packham | A | Establishment of partnership transformation Board in April 2016 to oversee the development and implementation of plans to deliver strategic plan design priorities. | Finalisation of programme managements arrangements for capacity and flow and associated workstreams |
| | Development of care at home service provision | Lorna Cameron | A | The partnership is currently implementing a new commissioning strategy for care at home. The new care at home contract is being tendered based on a new specification for care at home | |

| | <u>Current Controls</u> | Responsible Lead | Strength | Current Status | Future Improvement actions |
|--|--|------------------------------|-----------------|--|---|
| | Care at Home | Lorna Cameron | A | Option appraisal being undertaken of options for the remodelling of care at home. | |
| | Engagement with Primary Care | Hamish Dougall | | <p>Appointment of the partnerships clinical director</p> <p>Cluster meetings are ongoing, and have in place associated action plans.</p> <p>Ongoing meetings of the P&K GP group</p> <p>Engagement with GP's regarding the SLA's required moving forward.</p> <p>Investment in Enhanced Community Support.</p> | <p>It is intended to further formalise the terms of reference and role and remit for the cluster meetings and GP Group, as well as the identification of performance targets by June 2017</p> <p>Three year GP engagement plan focuses on sustainable prescribing and the wider transformation of care is being considered by the IJB at its meeting on 24th March 2017.</p> <p>Renew of current capacity of clinical director and support requirements.</p> |
| | Engagement with Secondary care medical staff | Diane Fraser / Evelyn Devine | | <p>Representation on the partnership transformation board</p> <p>Inpatient services Review Group has been established with the first meeting in March 2017.</p> | Identification of opportunities to release capacity of a number of 'champions' across the consultant workforce |

| | <u>Proposed Controls</u> | Responsible Lead | Strength | Current Status | Future Improvement actions |
|--|---------------------------------|-------------------------|-----------------|---|-----------------------------------|
| | Workforce development | Jim Foulis | | The partnerships workforce plan is currently being finalised. This will set out the portfolio of plans for developing new roles across services that respond to both sustained recruitment difficulties and to our future anticipated models of care. | |

STRATEGIC RISK 10 – LOCALITY DEVELOPMENT

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

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|--|---------------------------------|
| Relevant Strategic Objectives: | 1,2,3,4,7,8,9,10,11,12,14,15,19 |
| Clinical, Care & Professional Governance domains: | ALL |
| Risk manager: | Evelyn Devine / Diane Fraser |
| | |
| Risk likelihood without controls: | 5 |
| Risk consequence without controls: | 5 |
| | |
| Risk likelihood with controls: | 3 |
| Risk consequence with controls: | 5 |

| | <u>Current Controls</u> | Responsible Lead | Strength | Current Status | Future Improvement actions |
|--|--|-------------------------|-----------------|---|---|
| | 3 localities identified – Perth City, North and South Perthshire | DDFF | A | | Develop Locality plans based on local needs Clearly define locality boundaries |
| | Community Care locality management arrangements in place | DF/ED | A | 3 x Locality managers identified with role and remit agreed | |
| | Health Locality Management arrangements in development although senior management locality leadership in place | DF/ED | A | Locality management job descriptions developed and require grading by agenda for change. Consultation paper being developed in support of Locality arrangements – in conjunction with Community Care Heads of Service. Recruited to inpatient manager post and locality manager posts. | Structures agreed and service management roles aligned to locality management roles. Tier three of the structure complete; tier four to be discussed at the Transition Board on the 24 th April. Local transition group to be established to progress if appropriate. Engagement plan in place for discussion with health staff. |

| | Current Controls | Responsible Lead | Strength | Current Status | Future Improvement actions |
|--|--|-------------------------|-----------------|---|---|
| | Locality Management Steering groups in place | DF/ED | B | Locality Management Steering Groups have been established in each locality with representation from health, social care and Third Sector. | <p>Operational locality management teams are still to be fully formed.</p> <p>Nurse Lead and AHP Lead job descriptions to be finalised and approved.</p> <p>Draft locality plans have been developed, being finalised by Steering Groups.</p> <p>Workforce & OD Locality Workshop held in April 2017 where it was proposed that 2 ICTs would be required in each locality aligned to GP Clusters.</p> <p>Locality Steering Groups to prepare locality ICT workforce plans, identifying co location opportunities.</p> |
| | Locality development network events taking place with input from front line staff | DF/ED | B | <p>Roadshows complete with last one being held on 11 May 2017.</p> <p>Completed visioning session with graphic artist, and this will be cascaded to locality networks to reinforce the vision.</p> | <p>Needs to be more inclusive of third sector and other partner members and to include public/community involvement.</p> <p>Chief Officer roadshows to take place on an ongoing rolling basis.</p> |
| | H&S care transformation projects have been identified in support of locality working | DF/ED | B | <p>Examples – ECS programme being rolled out, transformation of district nursing, GP Cluster activity, “join the conversation” engagement activity helping to support Locality planning, community based service reviews creating greater capacity to care provision in communities. Transformation Board established and transformation plans agreed.</p> <p>Joint Transformation Management Group established to oversee the operational management for Transformation projects, reporting directly to the Perth & Kinross Health & Social Care Transformation Board.</p> | <p>Review of existing Joint Transformation approach being taken forward to ensure alignment with PKC and NHS Tayside Transformation approaches.</p> <p>Rollout of quality GP prescribing approach.</p> <p>Integrated workforce and OD plan developed in draft. Integrated locality team meetings established in South Locality and being finalised in North and Perth City with a focus on unplanned admissions and early intervention and prevention and GP prescribing.</p> |

| | <u>Proposed Controls</u> | Responsible Lead | Strength | Current Status | Future Improvement actions |
|--|---|-------------------------|-----------------|--|--|
| | Development and implementation of Integrated Care Teams | | B | See workforce risk profile. | Build on existing good practice in joint working with localities and ensure robust processes are in place to support this. |
| | Development of the integrated workforce plan | DF/ED | | Draft workforce & OD plan created. | Being taken to IJB in August 2017. Locality learning plans to be put in place to support the commencement of delivery of OD and workforce strategy outcomes. Person Centred Approach to be tested in South Locality. |
| | Development of the locality performance framework | DF/ED | | Workshop held with Locality Managers to provide an understanding of performance in relation to the National Health & Wellbeing Outcomes and Measures and 6 Measures for Integration. Each Locality Steering Group has an identified performance officer attached. | Performance Officers to work alongside Locality Steering Groups to develop Locality Performance Frameworks. |
| | Development of locality budgets | DF/ED/JMS | | Not currently in place | To be developed in conjunction with NHST and PKC Finance Teams by 31 st March 2018 |
| | Development of Care Governance arrangements | DF/ED/HD | | | |
| | Engagement and participation with service users, communities and carers, including GP's and other clinicians. | DF/ED | | This control links with Strategic risk 5 – "Stakeholder Engagement & Partnership Working" | |
| | Single point of contact access to community health and social care services. | DF/ED | | | Modelling for Single Point of Access to be undertaken and agreed by March 2018. |