



AUDIT & PERFORMANCE COMMITTEE

19 FEBRUARY 2019

UPDATE: AUDIT RECOMMENDATIONS

Report by Chief Financial Officer (G/19/25)

PURPOSE OF REPORT

This report provides the Audit & Performance Committee with progress on the implementation of all internal and external audit recommendations arising since the formal inception of the Integration Joint Board (IJB) on 1st April 2016.

1. BACKGROUND

It is best practice for Audit Committees to receive regular updates on progress in implementation of audit recommendations. A full review has therefore been undertaken on all internal and external audit recommendations since inception of the IJB on 1st April 2016. Resources have now been put in place to ensure this is updated on a regular basis.

2. UPDATE / SUMMARY OF FINDINGS

In terms of progress against recommendations, the follow up work undertaken indicates the following:

Status	
Complete	18
Not Yet Due	9
Overdue	2

Since the last update provided to this Committee, 3 actions from the External Audit Annual Report for 2017-18 have been added to the list of recommendations to be progressed. There have been no other audits completed since the last report to this Committee.

Also since the last update provided to the Committee, all indicative timescales have been scrutinised and reviewed with more realistic completion dates applied to each action. This now indicates a significant decrease in overdue actions.

As the Clinical Care and Professional Governance Committee is established all actions in relation to Clinical Care and Professional Governance will now be tracked and monitored through that Committee.

Appendix 1 lists all recommendations either overdue, not yet due or completed since the last report to this Committee.

Appendix 2 lists all recommendations which are complete and have been previously reported as complete to this Committee.

3. RECOMMENDATION

The Audit & Performance Committee are asked to note the progress made to date on implementing agreed recommendations.

Author(s)

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Overall Action Ref	Internal or External	Report Type	Financial Year	Report Action Ref	Finding	Context / Recommendation	Action	All Leads	To be completed by	Status	Days overdue	Latest Update
8												
	External	Annual Report	15-16	4	The board has approved a performance management framework to comply with guidance set out in the Public Bodies (Joint Working) (Scotland) Act 2014. However, performance measures have yet to be developed.	The board should develop and agree key performance measures to be used in monitoring performance against its strategic objectives.	Work is on-going to agree key performance measures.	HSCP Executive Management Team	31 st March 2019	Not yet due		The Executive Management Team is currently overseeing the development and implementation of a strategic programme of care board structure to take forward the implementation of agreed Strategic Delivery Plans (SDP) for: Older People and Unscheduled Care, Primary Care, Mental Health & Wellbeing, Carers. Each Programme Board is developing a Performance Framework inclusive of targets. Financial planning will be aligned to each Programme of Care Board. Draft Programme budgets for each programme have been developed. The proposed performance framework for Older People and Unscheduled Care will be considered by the Audit & Performance Committee in February 2019.

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9	Internal	Clinical & Care Governance	17-18	1	The R1 group as originally described within the "Getting it Right for Everyone" (GIRFE) was not established. However, the September 2017 NHS Tayside Clinical Quality Forum (CQF) received its updated terms of reference which now state that 'There will be three meetings per year [of the CQF] which will focus on Clinical and Care Governance assurances and learning from the three HSCPs'. The paper also sets out future arrangements including a requirement to 'Seek assurance through performance reports from the three HSCPs that the Getting it Right for Everyone, Clinical and Care Framework is implemented across all HSCPs.' Currently, minutes of all three Tayside IJB R2 groups are reported here. From a review of the draft minutes of this meeting it is not clear that this proposed arrangement for an R1 group operating through the CQF entirely fulfils all of the requirements of GIRFE and the Integration Scheme.	It is recommended that any new arrangements be considered and approved by the IJB or a nominated Committee/Group.	A paper detailing the new arrangements to be considered and approval sought by P&K IJB	Hamish Dougall, Jacquie Pepper	22/06/18 Revised Timescale March 31st 2019	Not Yet due	215	<p>Terms of reference submitted along with the annual report to the IJB agenda setting meeting in June 2018. Agreed at the IJB Agenda setting meeting that this paper should be directed to the Audit & Performance Committee. This was considered at the November 2019 Audit & Performance Committee and it was agreed that scrutiny of IJB/HSCP Clinical, Care and Performance Governance should now take place within a Clinical, Care & Performance Committee – a sub Committee of the IJB. Because of the creation of a Clinical & Care Governance Committee further reporting and assurance will be directed to that Committee, including a paper regarding the new arrangements for reporting into the R1/CQF.</p> <p>A workshop to discuss a refresh of the GIRFEA framework is due to take place on the 13th February 2019.</p>
10	Internal	Clinical & Care Governance	17-18	2	Whilst the terms of reference of the Audit & Performance Committee do not specifically refer to clinical, care & professional governance, the overall duty of the committee is to review the internal control arrangements of the IJB which would include clinical & care governance; as well as responsibility for risk management arrangements.	We would recommend that the R2 Forum prepares an annual report for consideration by either the Audit & Performance Committee or the IJB itself.	<p>The P&K Care & Professional Governance Forum has provided reports to the meetings of the IJB on the 15th June 2016, 4th November 2016 and 30th June 2017, and to the meetings of the Audit & performance Committee on the 28th March 2017, 27th June 2017.</p> <p>It is intended that a progress report will be reported to the Audit & Performance Committee meeting on the 6th March 2018, and to the IJB meeting on the 22nd June 2018. Thereafter, reports will continue to be presented to both the Audit & performance Committee and the IJB at least annually.</p>	Hamish Dougall, Jacquie Pepper	22/06/18 Revised Timescale 30 June 2019	Not yet due	215	The IJB has agreed to the establishment of Clinical care & Professional Governance Sub Group. The R2 Forum will therefore prepare an Annual Report for 2018/19 for the IJB Clinical Care Governance Committee by the end of June 2019.

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11	Internal	Clinical & Care Governance	17-18	3	The terms of reference for the R2 Forum were approved by the IJB in November 2016.	We would recommend that following a review and refresh of this document based on the findings of this report, the IJB should again have an opportunity to comment on the work of the forum to ensure it will receive the assurances it requires.	The terms of reference and workplan for the forum were reviewed at the Care & Professional Governance meeting on the 9th February 2018. Draft versions of the 2018/19 terms of reference and workplan will then be presented to the IJB along with the progress report on the 22nd June 2018 to seek approval.	Hamish Dougall, Jacquie Pepper	22/06/18 Revised 31/03/19	Not yet due	215	The Terms of Reference for the R2 Group and an Annual Work Plan for 2019/20 will be considered at the first substantive meeting of the new IJB Clinical Care and Professional Governance Sub Group.
16	Internal	Clinical & Care Governance	17-18	8	Not all services were able to confirm as part of the gap analysis that comprehensive risk management processes are in place.	We would recommend that action plans are agreed for each service to move towards a 'green' position within each of the gap analysis questions under the 6 key domains and that this is monitored by the R2 Forum.	All services will be asked to provide actions planned or in progress to move towards a 'green' position within each of the gap analysis questions. This will be included within the service annual report.	Hamish Dougall, Jacquie Pepper	31/03/18	Complete	298	An updated gap analysis is currently being undertaken across all services, the outcome of which will form the basis for the R2 Annual Work plan. The Gap Analysis will be brought forward with the proposed Annual Work Plan to the first substantive meeting of the IJB Clinical and Care Governance Committee.
17	Internal	Clinical & Care Governance	17-18	9	Our review of minutes of the R2 Forum to date also do not show overt consideration of the IJB's strategic clinical & care governance risk or clinical risks. We also note that the remit does not cover the escalation of operational risks.	We would also recommend regular consideration of relevant risks by the forum with clear routes for escalation.	The forum discussed the forums remit regarding clinical and operational risks as part of the review of the terms of reference on the 9th February 2018. The forum agreed that a standing item would be added to the agenda for clinical and care governance risk management. It was acknowledged that Angus HSCP and the Mental Health Directorate both have a more developed process for the oversight of clinical and care risks, and it was agreed that contact be made with these areas to further discuss.	Hamish Dougall, Jacquie Pepper	Revised 31/03/19	Overdue	292	All of the IJB's strategic clinical & care governance risk or clinical risks will now be reported through the new Clinical Care and Professional Governance Committee. Responsibility for driving forward and monitoring of ongoing mitigation actions for any strategic clinical and care risk will be remitted to the existing Clinical Care and Professional Governance Forum.

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18	Internal	Delayed Discharge	17-18	1	<p>The Delayed Discharges Plan 2016/17 does not clearly set out SMART action points linked to resources and allocated to responsible officers and timescales.</p> <p>An updated Delayed Discharges Action Plan 2017 was created which sets out responsibility, timescales and progress/ deliverables; however, this has yet to be presented to the IJB for their consideration.</p>	<p>We recommend that a 2017/18 Delayed Discharges Plan is presented to the IJB in the format of a SMART action plan, identifying specific actions to be undertaken, those officers who will be responsible for putting the actions in place, the time frames by which actions will be implemented and the review to be undertaken to ensure that action described has been implemented.</p> <p>Financial consequences of actions to be taken should also be clearly indicated in this plan.</p>	<p>A Capacity & Flow Programme Board is to be set up lead by PKHSCP Clinical Director which will oversee delivery of the 6 Key Measures of Performance under Integration which includes reducing delayed discharges. A key output of the Board will be a SMART Action Plan and clear identification of all financial consequences linked to the wider Financial Plan. The Board will be supported by a dedicated Programme Manager. To support the Board, a performance reporting framework will be established to ensure robust, routine performance data. Regular performance reports against the 6 Key Measures of performance under integration will be presented to the IJB and this will include investment proposals as required to ensure delivery of performance objectives to support Strategic Plan delivery.</p>	Hamish Dougall	30/09/17	Complete	480	<p>The Older People and Unscheduled Care Board Performance Framework sets out delayed discharge performance. It also encompasses all 6 Measures of Performance under Integration. Performance reports will now come forward to the OPUSC Bard at each meeting for review and for agreement of action plans as required to ensure necessary actions are identified to deliver against agreed targets in line with Strategic priorities</p>
20	Internal	Delayed Discharge	17-18	3	<p>No update report against the original Delayed Discharge Action Plan 2016/17 was presented to the IJB. Overall, reporting to IJB level has not yet enabled members to scrutinise what effect actions taken have had on delayed discharge performance.</p>	<p>We would recommend that management review delayed discharges reporting at governance level to ensure reporting addresses:</p> <ul style="list-style-type: none"> - Progress reports against the updated Delayed Discharges Action Plan 2017/18 including analysis of whether the IJB is on track to achieve these targets, of the success of actions taken and of lessons learned. - Performance against the targets set out in the Business Management and Improvement Plan for Perth and Kinross Council's Housing and Community Safety service. - Reporting should also include consideration of whether resources are sufficient at present to achieve targets and any recommended strategic realignments which may be required. 	<p>A Capacity & Flow Programme Board is to be set up lead by PKHSCP Clinical Director which will oversee delivery of the 6 Key Measures of Performance under Integration which includes reducing delayed discharges. A key output of the Board will be a SMART Action Plan and clear identification of all financial consequences linked to the wider Financial Plan. The Board will be supported by a dedicated Programme Manager. To support the Board, a performance reporting framework will be established to ensure robust, routine performance data. Regular performance reports against the 6 Key Measures of performance under integration will be presented to the IJB and this will include investment proposals as required to ensure delivery of performance objectives</p>	Hamish Dougall	30/09/17	Complete	480	<p>The Older People and Unscheduled Care Board Performance Framework sets out delayed discharge performance. It also encompasses all 6 Measures of Performance under Integration. Performance reports will now come forward to the OPUSC Bard at each meeting for review and for agreement of action plans as required to ensure necessary actions are identified to deliver against agreed targets in line with Strategic priorities.</p>

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22	Internal	Delayed Discharge	17-18	4b	We would also note that the format of the IJB's risk register does not currently set out how assurance against the controls will be received nor does it provide current performance information as laid out in Appendix 2 to the Risk Management Strategy	The updated Delayed Discharges Plan 2017, once approved by the IJB, should be referenced as a control against this risk. Consideration should be given to the format of risk reporting.	The format of the risk register will be considered as part of the planned Risk Management Workshop outlined in the 17/18 Transforming Governance Action Plan.	Jane Smith	30/11/17	Complete	419	Audit & performance Committee agreed that a workshop based approach to review of the Risk management arrangements would be undertaken including a workshop with officers and IJB members in June 2018. All risk workshops complete and the Risk Management Framework and escalation process has been agreed by A&PC, and the Strategic high level risk profile to be reported quarterly to the A&PC. Lower level red risk action plans in place and reported to EMT every 2 weeks. Lower level amber risk action plan in development. EMT risk session on 24th January 2019 to update high level profile. High level profile also reported to relevant risk management committee of parent bodies. Lower level operational risks are discussed at the Clinical Governance (Health) group and the Quality Assurance Group.
23	Internal	Annual Report	2017-18	1	We would also note that the format of the IJB's risk register does not currently set out how assurance against the controls will be received nor does it provide current performance information as laid out in Appendix 2 to the Risk Management Strategy	In addition to the next steps set out in the March 2018 Governance paper, we would recommend that the A&PC consider the governance principles adopted by the Health & Social Care Integration (HSCI) Governance working group and ensure that they are taken forward within the IJB, in partnership with both parent bodies.	Identify the governance principles adopted by the HSCI Governance Working Group, and ensure these are taken forward within the IJB. These principles should also clearly link to the strategic boards.	Rob Packham	1 st April 2019	Overdue	115	The HSCI Governance Principles will be included as part of the Self Assessment Process undertaken to support the IJB Annual Governance Statement for 2018/19 in order that we can provide assurance or otherwise that these are embedded in our governance arrangements at all levels and including our Strategic Programme Boards.

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24	Internal	Annual Report	2017-18	2	We would also note that the format of the IJB's risk register does not currently set out how assurance against the controls will be received nor does it provide current performance information as laid out in Appendix 2 to the Risk Management Strategy	The Executive Management Team has replaced the Transformation Board as the key forum to oversee development and implementation of the service redesign required to deliver Strategic Plan objectives. We have been informed that the 3 year Financial plan which is planned for September 2018 will clearly set out by Care Programme the Transformation Proposals and financial implications. This will sit alongside Strategic Delivery Plans for each Care Group which will link transformation plans to strategic objectives and thus provide an overall picture.	Each of the Strategic Boards will have the responsibility for the development of a three year plan that ensures delivery of objectives	EMT	30/09/18 Revised 31st March 2019	Not yet due	115	The Executive Management Team is currently overseeing the development and implementation of a strategic programme of care board structure to take forward the implementation of agreed Strategic Delivery Plans (SDP) for Older People and Unscheduled Care, Primary Care, Mental Health & Wellbeing, Carers. The Older People and Unscheduled Care Board is now strongly established and the development of an outline strategic delivery plan has ensured a direct link between the strategic plan and the 3 Year Financial Plan. Implementation of a significant programme of transformation will now be overseen by the OPUSC Board working closely with locality managers to ensure effective implementation across localities. A good governance self assessment will be undertaken by the OPUSC Board supported by the Corporate Team and this will be used to inform wider governance arrangements for all 4 programme boards.
26	Internal	Annual Report	2017-18	4		Whilst the A&PC has regularly considered both performance and risk management updates, and the minutes of the committee are reported to the IJB, we would recommend that, in future, the A&PC provides a year-end report to the IJB with a conclusion on whether it has fulfilled its remit and its view on the adequacy and effectiveness of the matters under its purview. It may also be helpful at this time of year for the Committee to reflect on any matters of concern for future consideration.	To review the role and remit for the A&PC and take forward a self evaluation which will inform an annual report for 2018-19	Maggie Rapley	Revised timescale 31st March 2019	Not yet due	115	This action will form part of the annual report to the Audit & Performance Committee. To be further discussed with the chair of the Audit & Performance Committee and Internal Audit.
27	Internal	Annual Report	2017-18	5		No formal directions were issued for 2017/18.	To identify and issue directions for 2017-18, and take proactive steps to ensure any future directions are issued as appropriate.	Jane Smith	30/09/18 Revised Timescale 28/02/19	Not yet due	115	At a meeting held on the 5th September it was agreed that all IJB papers would contain a section regarding Directions and any implications for parent bodies going forward. In addition, contextual guidance is being created to ensure those compiling reports can recognise when the use of directions will be required.

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28	Internal	Annual Report	2017-18	6		Standing orders and other fundamental governance documents should be subject to regular review to ensure they remain fit for purpose and should be updated following agreement of the HSCI governance principles.	Identify all the standing orders and fundamental governance documents and put in place a rolling programme / annual review process	Maggie Rapley	30/09/18	Complete		The CFO is leading on the development of the IJB's Code of Corporate Governance a key part of which will be to set out the IJB's policies and procedures essential to demonstrate compliance with the principles of good governance. This will include the process and timescales for regular review of all fundamental governance documents. (June 2019).
30	External	Annual Report	2017-18	1	During our audit, we review financial reporting as part of our assessment of financial management. We identified on that financial reporting was in excess of two months behind, most notably on 23 March 2018, where the financial position being reported was 31 December 2017. There is a risk that members and management are unable to respond to financial pressures in a timely manner. We recognise that the IJB is reliant on the financial reporting of PKC and NHS Tayside.	We recommend that management discuss with partners the financial reporting process. Any reduction in the timescales would allow members to make decisions based on more up to date information	Accelerate financial reporting which will ensure an improvement in timescales for reporting.	Jane Smith		Complete		Actions have been taken to accelerate financial reporting which will ensure an improvement in timescales for reporting.
31	External	Annual Report	2017-18	2	The integration scheme states that any overspend incurred from 2018-19 onwards may be allocated on a proportionate basis of each partner's contribution to the IJB. For 2018-19, there has been an informal agreement between the partners that any overspend will be met by the partner with operational responsibility. There is no formal documentation for this arrangement. From our discussion with management, and our understanding of the integration scheme, we consider best practice to be a formal documentation of the agreement, which will assist in the partner's approach to budgeting.	We recommend that the partners formally agree the approach for overspend on an annual basis in advance of the financial year on which agreement is sought.		Rob Packham	31/10/18 Revised timescale 31/03/19	Not yet due	84	This is being actively pursued with the parent bodies.

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32	External	Annual Report	2017-18	3	<p>The IJB’s workforce plan is being developed. Once complete this will reflect the NHS approach to workforce planning. The executive team has completed work to date, however the workforce plan has still to be approved by the Board.</p> <p>There is a risk, given the demographics of the workforce, that without a workforce plan in place there could be a detrimental impact to the achievement of the IJB’s strategy.</p>	<p>The IJB should progress workforce planning to identify and address potential skills gaps.</p>	<p>Development of workforce plans will be a key priority for each Care Programme Board.</p>	<p>Hamish Dougall, Evelyn Devine</p>	31/03/19	Not yet due		<p>This has been progressed with health services through the Safe Affordable Workforce (SAW) process. Workforce plans for Social Work team to be progressed.</p>

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1	Internal	Annual Report	16-17	1	Our evaluation of the IJB's governance framework is set out in the body of this report and includes our review of improvements identified by management for 2017/18 as well as further issues for consideration. Whilst the important broad areas we would expect to see based on identified gaps are all already included in the 'Transforming Governance Action Plan' developed we made further recommendations for specific additional details to be included in this work.	We would recommend that the governance action plan is updated for any further issues identified in this report and presented to the Performance and Audit Committee for approval and monitoring.	The governance action plan will be updated.	Jane Smith	30/06/17	Complete		The Transforming Governance Action Plan has been updated to include the appropriate recommendations
2	External	Annual Report	16-17	1	During the 2017-18 budget setting the board was informed that the Chief Finance Officer could not recommend approval of the budget proposition from NHS Tayside for GP prescribing. As at August 2017 there is still no approved 2017-18 GP prescribing budget or an agreed action plan to form a sustainable budget.	A budget for GP prescribing in 2017-18 should be finalised. In forming it the IJB should meet with NHS Tayside and agree a strategic action plan to address the prescribing spend. A sustainable prescribing position needs to be formed and the 2018-19 GP prescribing budget should be agreed before the start of the financial year.	The Chief Officer and Chief Finance Officer have written to both Parent Bodies asking for a formal discussion to take place around the sufficiency of the GP Prescribing budget and the implications for risk sharing arrangements moving forward.	Rob Packham, Jane Smith	31/10/17	Complete		An 18/19 financial plan for GP prescribing was presented to the IJB in March 2018. Significant progress has been made in identifying a range of plans to deliver financial balance. Whilst the plan is not in full balance (600k gap), further actions are being taken with the Clinical Director.
3	External	Annual Report	16-17	2	The IJB produces a finance update for each IJB meeting. The update presents information on IJB and Partnership year end over/under spend forecast, a summary of savings planned and savings booked and narrative to support to figures. The base budget position is not reported, only the over/under spend forecast against the budget.	The financial update should present the base budget position and variance year to date against this base budget position. This would allow appropriate levels of scrutiny over balances depending on the level of variance reported against budget.	The base budget position will now be incorporated as part of routine monthly reporting.	Jane Smith	31/10/17	Complete		The finance update presented at each IJB meeting has included the base budget position from month 5 onwards.
4	External	Annual Report	16-17	3	The partnership accountant provides significant support to the day to day financial management and control within the IJB. The position is on a fixed term basis which ends in July 2018.	It is recommended that a longer term solution is approved, either through a permanent post or extension of the temporary one with enough notice to enable the Chief Finance Officer to plan activities.	The Chief Finance Officer has now received the full support from NHST and PKC colleagues to appoint to the Partnership Accountant Post on a permanent basis.	Jane Smith	30/09/17	Complete		This post was made permanent on the 9th March 2018

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5	External	Annual Report	15-16	1	The Local Authority Accounts (Scotland) Regulations 2014 require the board to publish on its website; a copy of the annual accounts submitted to the auditor, clearly identified as an unaudited version, a public notice of the right of interested persons to inspect and object to its accounts. The public notice was not completed within statutory deadlines and was only published through Perth & Kinross Council's website on 28 July 2016.	The board should ensure compliance with the publication requirements of the 2014 regulations and ensure its website is updated timeously with the required information.	Agreed the public notice deadline would be met for year 2016-17.			Complete		The 2016-17 unaudited accounts were published online in line with the Public Notice by 28 June 2017.
6	External	Annual Report	15-16	2	The board did not agree a budget for 2015-16 and did not monitor the actual cost incurred.	The budget should be established and agreed prior to the commencement of the year and monitored regularly throughout the year.	The Chief Finance Officer will work with NHS Tayside and Perth and Kinross Council to align a budget setting timetable to support the delivery of a budget by 31 March each year.			Complete		A budget for 2017-18 was set on 24 March 2017. The budget was presented to the IJB through a formal procedure and agreed upon during the meeting. This report includes unidentified savings.
7	External	Annual Report	15-16	3	The budget agreed in March 2016 highlighted the need to develop a financial recovery plan. The financial recovery plan was agreed in July 2016 however this highlighted that the funding was still considered by officers to be insufficient to meet the board's requirements. There is a risk the board is unable to fund the services.	The board should develop and agree key performance measures to be used in monitoring performance against its strategic objectives.	All possible efforts continue to be made to identify further saving opportunities and reduced supplementary staffing expenditure. Progress will be reported to the IJB at each meeting.			Complete		A "Savings plan V Savings booked/ anticipated" is included in financial update; the information included comes from budget holders who are actively involved in providing services and from the Chief Finance Officer and Partnership Accountant. This is monitored on a monthly basis and included within each financial update presented to the board.
12	Internal	Clinical & Care Governance	17-18	4	Domain sub groups are in operation alongside the R2 Forum including a regular agenda item on exception reporting. However, from our review of minutes of the forum and the remit in place, it is not clear how information is reported and how actions are agreed where weaknesses are identified by the sub groups.	More clarity is needed on how the work of the subgroups flows into the forum and helps the forum to fulfil its overall remit and this should be taken into account in the refresh of the forum's remit.	The domain subgroups were discussed as part of the review of the terms and reference and work plan for the forum on the 9th February 2018. The forum agreed that assurances regarding progress with each of the domains should be via service annual reporting and updates on specific activity ongoing with the partnership, rather than to continue with discrete sub-groups for the domains. The forum terms of reference and work plan for 2018/19 will reflect this approach.	Hamish Dougall, Jacquie Pepper	31/03/18	Complete		Complete

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13	Internal	Clinical & Care Governance	17-18	5	A gap analysis across 18 partnership services against the 6 domains of the GIRFE framework has been carried out and reported. Given the forum meets every two months, a minimum of 3 services would have to report to each meeting. However, in 2017/18 to date, only 4 services' annual reports have been planned and only one was received by the group.	A work plan should be developed for the R2 Forum to ensure sufficient reporting across each of the partnership's services as set out in Annex 1 and 2 to the Integration Scheme. This should be linked to a mapping exercise where external inspections of the services are planned or expected. Within this context, we would also highlight the need to apply a consistent assurance appetite to all aspects of IJB activity; whilst there are different assurance sources for different activities, there may be benefit in ensuring that the level of assurance received is consistent.	A timetable has been created for future meetings which details the services which are due to report. Starting with the meeting on the 6th April 2018, there will be either 3 or 4 services reporting at each meeting. This timetable will be reflected in the forum workplan for 2018/19. The forum will add a standing item on the agenda for services which have been subject to an internal or external inspection to provide assurances to the forum that any actions identified are being progressed. Services will also be expected to make the forum aware of any announced or unannounced inspections.	Hamish Dougall, Jacquie Pepper	31/03/18	Complete		Complete
14	Internal	Clinical & Care Governance	17-18	6	Our review of minutes of the R2 Forum to date has not shown any overt reporting on hosted services. Perth & Kinross IJB hosts General Adult Psychiatry Mental Health Inpatient Services on behalf of the other Tayside IJBs. There is a high risk associated with the Mental Health service which is recorded as a strategic risk for NHS Tayside and referred to within the IJB's clinical & care governance risk. However, no reports have come to the R2 forum on this which would allow P&K IJB to provide assurance to Angus & Dundee IJB. We have also not seen evidence of reporting of care commission inspection reports at the R2 Forum, A&PC or the IJB itself during the year.	We would recommend that deputies are nominated for all members. We would suggest that these would most naturally align with the work of the forum.	With regards to the reporting from hosted services: Public Dental services presented their annual report to the forum on the 18th August 2017. Inpatient Mental Health services reported to the forum on the 9th February 2018. Podiatry reported to the forum on the 6th April 2018. Prison Healthcare are due to report to the forum on the 5th October 2018. With regards to reports from the Care Inspectorate, this will be incorporated into the 2018/19 terms and reference and workplan for the forum.	Hamish Dougall, Jacquie Pepper	31/03/18	Complete		Complete

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15	Internal	Clinical & Care Governance	17-18	7	Although the terms of reference of the R2 Forum state that 'It is highly important that members attend the Care & Professional Governance Forum on a regular basis. No more than two meetings should be missed in any one year unless due to extenuating circumstances agreed with the chair of the forum', we noted a high level of apologies at meetings with 15 members missing 2 or more meetings in 2017/18 to date, including four members who did not attend any meetings.	We would recommend that deputies are nominated for all members.	A review of the dates and times of future meetings were discussed by the forum on the 9th February 2018. Deputies for members will be identified and listed within the 2018/19 terms and reference.	Hamish Dougall, Jacquie Pepper	31/03/18	Complete	298	Deputies for group member identified.
19	Internal	Delayed Discharge	17-18	2	Delayed discharges arising due to 'Care home' reasons are not currently clearly addressed in the documentation reviewed by internal audit as part of our fieldwork.	A needs analysis against current provision should be carried out and any future delayed discharge action plan should seek to address the findings of such an analysis and the impact this has on achieving a reduction in delayed discharges, including any strategic resource realignment necessary to achieve the required outcomes.	As part of budget setting for 17/18 a detailed forecast has been undertaken of anticipated increase in demand and additional budget for Care Home Placements made. The budget setting process ensures the strategic alignment of resources to support this increased investment in Care Home capacity.	Jane Smith	23/06/17	Complete		
21	Internal	Delayed Discharge	17-18	4a	The Strategic Risk Framework includes a strategic risk on Capacity & Flow and some of the current controls listed relate to ongoing activities to address delayed discharges at management level. Whilst the delayed Discharge Plan is mentioned as a relevant document in the IJB's summary risk profile, it is not listed as a control against the Capacity & Flow risk.	The updated Delayed Discharges Plan 2017, once approved by the IJB, should be referenced as a control against this risk.Consideration should be given to the format of risk reporting.	The establishment of the Capacity and Flow Programme Board, the investment in a dedicated programme manager and the development of a SMART Action Plan and supporting Performance Reporting Framework will be added to the Risk Register as a proposed control at this stage.	Jane Smith	30/11/17	Complete		Proposed controls added to the existing register under the Capacity and Flow risk

PERTH & KINROSS IJB

Overall Action Ref	Internal or External	Report Type	Financial Year	Report Action Ref	Finding	Context / Recommendation	Action	All Leads	To be completed by	Status	Days overdue	Latest Update
25	Internal	Annual Report	2017-18	3		Minutes of P&K IJB and Audit & Performance Committee (A&PC) meetings are minimalist and do not provide a record of discussions, questions asked and assurances provided which would allow interested parties, including Board members not in attendance, a fuller understanding of the issues.	Refresh of the secretariat arrangements for the A&PC and IJB to ensure the expectations for the content and details of minutes are clear, and that future minutes contain a more comprehensive summary of discussions and questions.	Maggie Rapley	30/09/18	Complete	115	Completed by Head of Democratic Services
29	Internal	Annual Report	2017-18	7		High level arrangements were made to refer to Best Value in the IJB's Annual performance report, based on the work undertaken by the Partnership Transformation Board set up in 16/17 to drive progress. Audit Scotland "Auditing Best Value - Integration Joint Boards" was published in March 2018. We have been informed that the Draft Annual Performance Report for 2017/18 includes a robust update on mechanisms in place for delivery of best value.	Source the document "Auditing Best Value - Integration Joint Boards", and ensure that an update on the mechanisms for best value is included in the 2017-18 Draft Annual Performance Report	Jane Smith	30/09/18	Complete	115	Best Value section contained within the Annual Performance Report