

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	Priority	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 in the first instance they have focused on Capacity and Flow, however a wider framework of key performance measures will be developed for agreement by the board.					Overdue	The Executive Management Team is currently overseeing the development and implementation of a programme board structure to take forward the implementation of agreed Strategic Delivery Plans (SDP) for: Older People and Unscheduled Care, Primary Care, Wellbeing (including Mental health, Learning Disabilities, Drug & Alcohol services), Carers. Each Programme Board will agree a Performance Framework with appropriate targets. A Programme Budget will also be agreed. Draft Programme budgets for each programme have been shared and the proposed performance framework for Older People and Unscheduled Care will be considered by the Audit & Performance Committee in June. A Performance Framework for all care programmes will be in place by the end September 2018

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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	2	Overdue	77	Paper drafted and submitted for discussion at the IJB on 22 June 2018. Agreed at the IJB Agenda setting meeting that this paper should be directed to the Audit & Performance Committee at its meeting on the 20th September in the first instance.
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.	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. 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.	Hamish Dougall, Jacquie Pepper	22/06/18	2	Overdue	77	Paper drafted and submitted for discussion at the IJB on 22 June 2018. Agreed at the IJB Agenda setting meeting that this paper should be directed to the Audit & Performance Committee at its meeting on the 20th September in the first instance.

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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	3	Overdue	77	Terms of reference submitted along with the annual report to the IJB on 22nd June 2018 Agreed at the IJB Agenda setting meeting that this paper should be directed to the Audit & Performance Committee at its meeting on the 20th September in the first instance
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	3	Complete	160	Deputies for group member identified.
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	2	Overdue	160	Services asked to provide updates on areas within their service which had been identified as "red" within the gap analysis. This will be further discussed at the Care & Professional Governance Forum meeting on the 5th October 2018

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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	06/04/18	2	Overdue	154	A standing item has been added to the agenda for clinical and care governance risk management. Risks in relation to Health are captured on the DATIX system, whilst risks in relation to Adult Social Work & Social care are captured within service risk registers. Work is ongoing to establish a process for a joint risk report to be bought to future Forum meetings. This will be further discussed at the Care & Professional Governance meeting on the 5th October 2018
18	Internal	Delayed Discharge	17-18	1	The Delayed Discharges Plan 2016/17 does not clearly set out SMART action points linked to resources and allocated to responsible officers and timescales. 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.	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. Financial consequences of actions to be taken should also be clearly indicated in this plan.	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.	Hamish Dougall	30/09/17	2	Overdue	342	This a defined priority being progressed as part of the work ongoing by the P&K Clinical Forum, using the ECaP (Effective Care Programme) methodology. To be presented to the IJB in November 2018

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20	Internal	Delayed Discharge	17-18	3	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.	We would recommend that management review delayed discharges reporting at governance level to ensure reporting addresses:- 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.	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	Hamish Dougall	30/09/17	2	Overdue	342	This a defined priority being progressed as part of the work ongoing by the P&K Clinical Forum, using the ECaP (Effective Care Programme) methodology. To be completed by November 2018
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	2	Overdue	281	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. This workshop process has commenced. First workshop held in April 2018. Further workshops have been delayed whilst further work undertaken by Executive Management Team to clarify Strategic Delivery Plan Priorities. Further workshops to take place, with the workshop with IJB members now planned for November 2018

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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	30/09/18		Not yet due		Development of a detailed Governance Framework in progress
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	Jane Smith	30/09/18		Not yet due		
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 secretariate 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		Completed by Head of Democratic Services

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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	30/09/18		Not yet due		This recommendation to be further discussed with representatives from 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		Not yet due		Meeting scheduled for the 5th September to progress this action
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		Not yet due		Development of a detailed Governance Framework in progress
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		Best Value section contained within the Annual Performance Report