



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 3 FEBRUARY 2021
REPORT ON: GOVERNANCE ACTION PLAN PROGRESS REPORT
REPORT BY: CHIEF FINANCE OFFICER
REPORT NO: PAC3-2021

1.0 PURPOSE OF REPORT

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

2.0 RECOMMENDATIONS

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

2.1 Notes the content of the report and the progress made in relation to the actions set out in the Governance Action Plan as outlined in Appendix 1 and supplemented in Appendices 2 and 3.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 The Governance Action Plan was presented and approved at the PAC meeting of the 25th March 2019 (Article VIII of the minute of the meeting refers) in response to a recommendation within Dundee Integration Joint Board's Annual Internal Audit Report 2017/18. This action plan enables the PAC to regularly monitor progress in implementing actions and understand the consequences of any non-achievement or slippage in strengthening its overall governance arrangements. The PAC remitted the Chief Finance Officer to present an update progress report to each PAC meeting. This action plan has also been added to in order to reflect a range of actions arising from the recent Annual Internal and External Audit reports which formed part of the Annual Accounts and annual governance process for Dundee Integration Joint Board. The progress of the actions considered previously in the Governance Action Plan update is noted in Appendix 1.

4.2 The action plan from the External Audit Report for 2020-21 has been shown as Appendix 2

4.3 The individual actions highlighted in the Internal Audit Review as having been omitted from the Governance Action Plan around the Transformation Programme has been shown as Appendix 3. It should be noted however that the Transformation Delivery Group has been stood down following a review of its effectiveness and arrangements for the development, implementation and monitoring of service transformation are now remitted to the Strategic Planning Advisory Group which reconvened during 2020/21. Therefore some of these actions are no longer relevant.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. There are no major issues.

6.0 RISK ASSESSMENT

6.1 This report has not been subject to a risk assessment as it relates to the development of an action plan in line with the findings of the Annual Internal Audit Report.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

8.1 None.

Dave Berry
Chief Finance Officer

DATE: 03 February 2021

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Audit Scotland Annual Audit Report 2018/19 <i>(PAC 34-2019) 24th Sept 2019</i>	Arrangements should be implemented to provide assurance to the Chief Officer and the Board that the IJB that services are delivering Best Value.	Further learning from other IJB's reporting with regards to Best Value to be gained and considered for reflection in the 2019/20 Annual Performance Report.	Chief Finance Officer June 2020	GREEN		
Internal Audit Review – Information Governance (IG) & Technology as Enablers <i>(PAC 24-2020) 22nd Sept 2020</i>	DHSCP should identify representation to the NHST Information Governance Cyber Security Committee	Identify appropriate representation to the NHST IG Cyber Security Committee	DHSCP Chief Officer 31/03/2020	GREEN		
Internal Audit Review – Information Governance (IG) & Technology as Enablers	We strongly recommend that the pace of getting to an agreed position is increased. A Data / Information Sharing Agreement would provide the basis for	NHS Tayside's Head of Information Governance and Cyber Assurance/Data Protection Officer to work with DCC's Information Governance Manager to agree, disseminate and gain approval for a Data Sharing Agreement. The Data	NHS Tayside's Head of Information Governance and Cyber Assurance/Data Protection Officer/ DCC's Information Governance Manager	GREEN		

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(PAC 24-2020) 22 nd Sept 2020	determining appropriate access to systems and as a matter of urgency requires to be agreed and disseminated as appropriate.	Sharing Agreement will not cover specific systems. The Data Sharing Agreement should be considered by the Systems Application Strategy and Sharing Group which should develop policies and procedures for governing access to specific systems.	31/03/2020			
Internal Audit Review – Information Governance (IG) & Technology as Enablers (PAC 24-2020) 22 nd Sept 2020	Given the need for NHST to engage with its partners across all 3 partnerships, it may be useful to establish a Tayside wide forum for this. In the meantime, where required, the possibility of interfaces sharing information between systems should be explored. Key corporate support services to be provided to DH&SCP by DCC and NHS Tayside has yet to be agreed.	Dundee HSCP's MOSAIC Project / IT Board has been focussed on developing and implementing the MOSAIC case recording system since the inception of the HSCP. As the main system features have now been implemented the focus of this group will now move to identifying, prioritising and planning the integrated IT needs of the HSCP through the development of an IT strategy. IT leads from both NHST and DCC are invited members to this Board. The Board will provide the strategic direction with the WPE providing the technical response.	Chief Finance Officer DIJB 30 June 2020	GREEN		

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Internal Audit Review – Information Governance (IG) & Technology as Enablers (PAC 24-2020) 22 nd Sept 2020	Agreement should be reached through the Workplace Enablement Group (WEG), with DIJB management to ensure that the process that HSCP staff follow to request access to partner’s systems, operates effectively and that the required support is provided by the partners.	This recommendation is already in progress. Workflows are required to be tested around off boarding of staff.	NHST E-Health Service Delivery Manager, DCC IT Service Manager 31 March 2020	GREEN		
Internal Audit Review – Information Governance (IG) & Technology as Enablers (PAC 24-2020) 22 nd Sept 2020	The role of this group should be reviewed with terms of reference. The group should have appropriate membership and be supported by both senior leadership commitment and clear escalation routes within the wider structures of DH&SCP, DCC and NHST.	Terms of Reference for the Workplace Enablement Group to be drawn up and agreed at the next meeting at the end of January 2020. This agreement and process has already been agreed and is now in place.	NHST E-Health Service Delivery Manager, DCC IT Service Manager 31 January 2020 Complete	GREEN GREEN		

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Audit Scotland Annual Audit Report 2018/19 <i>(PAC 34-2019) 24th Sept 2019</i>	The IJB should: <ul style="list-style-type: none"> review its processes for minute taking. 	Further development of the IJB and PAC minutes and papers to ensure full transparency and accurate recording of the discussions, questions asked and assurances provided.	Chief Officer/ CFO/ Clerk to the Board September 2019	GREEN		
Dundee Integration Joint Board Clinical, Care and Professional Governance Internal Audit Review <i>(PAC9-2018) 13th February 2018</i>	A review should be undertaken to establish or update the remits of the PAC, R2 and Forum in relation to clinical and care governance. The remits should set out reporting lines and be translated into annual work plans for each group. This should ensure reports, both for the purpose of assurance	Undertake review as outlined in the Audit Recommendations, setting out the remits of the PAC, R2 and Forum, and the reporting lines between all three. This process should also be followed for the Mental Health Governance Group to ensure appropriate lines of communication into the DHSCP governance processes.	Lead Allied Health Professional (Forum) Clinical Director (R2) Chief Finance Officer (PAC) Associate Nurse Director - Mental Health and Learning Disabilities 31 March 2018	AMBER	Review of the CCPG forum and the CCPG Group has led to the development of primary governance groups under each locality manager. Each Primary Governance Group is to report directly into the CCPG Group. Terms of reference are in development for the primary governance groups, which link directly through CCPG Group and Clinical Quality Forum ensuring assurance process from service level to CQF.	March 2021

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	as well as for implementation or delivery, go to the most appropriate group.				CCPG Forum will continue to operate as an avenue for service managers to share good practice and have dedicated space to discuss challenges across the Partnership.	
Dundee Integration Joint Board Clinical, Care and Professional Governance Internal Audit Review (PAC9-2018) 13th February 2018	In addition to the 6 domains of clinical and care governance across delegated services, this review of remits needs to consider: - Hosted services - Information Governance - Care Commission reports - Risk	Clarify and agree datasets and information to be presented at each group and associated timescales to ensure coordination of governance process.	Lead Allied Health Professional / Head of Service, Health and Community Care 30 June 2018	AMBER	A reporting table has been developed in the Dundee Partnership outlining the expectation and reporting detail across different groups. This reporting table has been adopted by all three Partnerships. The Getting it Right for Everyone – A CCPG Framework is currently under review with a cross Tayside working group. This group is building on work already completed on reporting	December 2019 December 2020

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					datasets which includes inspections reports, risks, adverse events etc.	
Dundee Integration Joint Board Clinical, Care and Professional Governance Internal Audit Review (PAC9-2018) 13th February 2018	It is recommended that any new arrangements be considered and approved by the IJB or a nominated Committee/group.	The IJB will formally request that the Chair of the R1 Group advise the IJB of performance of R1 and any new arrangements to be implemented. Chief Officer of DIJB to clarify reporting arrangements between R1 and IJB. Regular representation at the R1 and CQF will be provided from the R2 Group.	Chief Officer Lead Allied Health Professional / Head of Service, Health and Community Care 31 July 2018 (To allow time for R1 meetings to run).	AMBER	Working group established at Tayside level which will support and clarify reporting arrangements. A regular report is provided to the CQF and the Head of Service and/or Lead AHP attend to speak to the report at each meeting.	October 2019 March 2021
Dundee Integration Joint Board Clinical, Care and Professional Governance Internal Audit Review	Work undertaken to map out the assurance routes for the key domains should be further augmented by a mapping to the functions set out in the Appendix to the	Integration scheme delegated functions will be mapped to ensure forum membership reflects the breadth of delegated functions. Service reports and performance data will reflect the breadth of the delegated	Lead Allied Health Professional / Head of Service, Health and Community Care 30 April 2018	AMBER	Programme reporting covering all services will all be completed by June 2019. Schedule of services confirmed and membership extended to ensure all areas are	March 2021

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(PAC9-2018) 13th February 2018	Integration Scheme, setting out all delegated functions, with priority given to the areas of highest importance/risk.	functions ensuring that reports to the IJB also reflect the breadth of the delegated functions.			considered by the R2 group. The development of the Primary Governance Groups will ensure comprehensive reporting across all aspects of the Partnership. There are a number of anomalies with some teams sitting outwith Locality Manager structures and these teams will report directly to CCPG Group. Further work to identify core and service datasets is ongoing, locally for DHSCP and across Tayside via the Getting it Right for Everyone Review Group. This work is nearing completion.	

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DIJB Clinical, Care and Professional Governance Internal Audit Review (PAC9-2018) 13th Feb 2018	Agreed levels of reporting should be reviewed against the governance principles appended to this report.	Further work will be done with the reporting templates to refine areas of common risk across the HSCP to support identification and mitigation of identified risks.	Lead Allied Health Professional / Head of Service, Health and Community Care 30 June 2018	AMBER	Work continues to progress the reporting arrangements but not yet complete – revised timescale of end of December 2019.	March 2021
Dundee Integration Joint Board Workforce Internal Audit Review (PAC8-2018) 27 th March 2018	Work to fully implement the actions in the Workforce and Organisational Development Strategy should continue with regular reporting on progress towards implementation being submitted to the IJB. In addition, Locality Managers should strive towards ensuring that the	The DH&SCP management team fully recognises the need to ensure the vision and objectives of the Workforce and Organisational Development Strategy become embedded within the partnership and acknowledged that this is a fundamental element of the partnership’s continued development. Implementing in full the actions in the Strategy has been identified by the operational management team as one of the key actions to be delivered over the next 6 months.	Head of Health and Community Care / Head of Finance and Strategic Planning August 2018	RED	Review of Workforce and Organisational development strategy as companion document to the review of Strategic Plan.	March 2021

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	DH&SCP culture becomes fully embedded. Engaging staff in developing and maintaining the partnership culture as well as sharing and embedding the guiding principles should assist with this.					
Dundee Integration Joint Board Workforce Internal Audit Review <i>(PAC8-2018) 27th March 2018</i>	Consideration should be given to developing a formal Service Level Agreement (SLA) detailing all key corporate support services to be provided to the DH&SCP by Dundee City Council and NHS Tayside.	The DHSCP Management Team continues to monitor the level of support being provided to the IJB from NHS Tayside and Dundee City Council on an informal basis and responds to the organisations in relation to shortfalls in service provision accordingly. Given the current stage in the partnership’s development, with greater knowledge and awareness of what the				

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	<p>The service provided should be regularly reviewed along with the SLA to ensure that the defined support is being provided and the SLA continues to be appropriate.</p> <p>In the absence of a SLA, specific details regarding the types and level of support expected should be clearly documented and formally agreed by senior management at the DH&SCP, Dundee City Council and NHS Tayside.</p> <p>Regular reports on the support service requirements should be provided to the IJB.</p>	<p>partnership needs to support its business, the service will progress with its partners, a more formal statement of the expected level of support which can subsequently be monitored and report to the IJB.</p>				

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Dundee Integration Joint Board Workforce Internal Audit Review <i>(PAC8-2018) 27th March 2018</i>	Future workforce plans for DH&SCP should include plans for all areas of delegated responsibility, tailored to deliver the relevant elements of the Strategic Plan. Plans should take account of demand for and availability of staff to maximise the use of resources within the DH&SCP.	As DH&SCP continues to evolve, with the continued development of integrated locality-based services and redesign of services, the shape and mix of the workforce required to deliver on the IJB’s strategic objectives is becoming clearer and will be reflected in future integrated workforce plans. While acknowledging that further national guidance is awaited on this matter, the first integrated workforce plan will be developed over the next 6 months.				
Action Plan in Response to the Services for Older People (Edinburgh) Inspection Report	Action Plan was requested by the PAC in relation to lessons learned from the Edinburgh inspection and what improvements would	A wide range of actions are reflected in this detailed action plan therefore it is not feasible to reflect in this plan – a separate update report will be provided at the May 2019 PAC.	Various with latest timescales for completed action identified as March 2019.	RED	Report to now be presented to the March 2020 PAC meeting Work on collating and rationalising improvement plans and action plans is underway in recognition that a	March 2021

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<i>(PAC 29-2018) 29th May 2018</i>	be required in Dundee.				number of issues have not been actioned.	
Risk Management Action Plan <i>(PAC8-2019) 12th February 2019</i>	Action Plan was required to respond to the findings of the Risk Maturity Assessment presented to the PAC on the 25 th September 2018.	A wide range of actions are reflected in this detailed action plan therefore it is not feasible to reflect in this plan. A separate update report will be provided to the September 2019 PAC meeting as agreed.	Chief Finance Officer September 2019	AMBER	Report DIJB37-2020 presented to the August 2020 IJB Discussions held between risk management functions of Dundee City Council and NHS Tayside to agree way forward for actions. Follow up meetings with partners across Tayside scheduled to enable actions to be completed A separate report to the PAC has been presented September 2020	
2017/18 Annual Internal Audit Report – Action Plan Update <i>(PAC7-2019)</i>	Clarification of deputising arrangements for the Chief Officer to be presented to the IJB.	Agreement to be reached between Chief Executives of Dundee City Council and NHS Tayside.	Revised February 2019.	RED	Discussion to be held between Chief Executives	December 2020

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<i>12th February 2019</i>						
2017/18 Annual Internal Audit Report – Action Plan Update <i>(PAC7-2019) 12th February 2019</i>	Consideration should be given to providing the IJB with reporting on workforce issues including the Workforce and Organisational Development Strategy as well as the partnership forum.	Complete review of Workforce and Organisational Development Strategy and provide update to IJB. Consider frequency and content of update report of activities of Staff Partnership Forum.	Revised April 2019	AMBER	Updated Workforce and Organisational Development Plans, compatible with the revised Strategic and Commissioning Plan due to be presented to the IJB in February 2020.	March 2021
2017/18 Annual Internal Audit Report – Action Plan Update <i>(PAC7-2019) 12th February 2019</i>	Development of Large Hospital Set Aside arrangements in conjunction with the Scottish Government, NHS Tayside and Angus and Perth and Kinross Integration Joint Boards.	Work progressing with NHS Tayside in association with the 3 Tayside IJB Chief Finance Officers and Scottish Government to conclude the methodology or determining and monitoring the Large Hospital Set Aside to inform commissioning decisions as set out within the legislation.	Revised - March 2019	AMBER	Value of Large Hospital Set Aside agreed for inclusion in 2020/21 budget including recognition of improvements made by Dundee HSCP in reducing emergency bed days resulting in the release of £1m of funding from NHS Tayside to Dundee IJB's	March 2021

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					delegated budget. Further work required to ensure robust commissioning arrangements in place for future budgets.	
2017/18 Annual Internal Audit Report – Action Plan Update <i>(PAC7-2019)</i> <i>12th February 2019</i>	Development of improved Hosted Services arrangements around risk and performance management for hosted services.	Current hosted services arrangements subject to discussion across the 3 Tayside Chief Officers and Chief Finance Officers. Proposal to be brought forward to IJB and PAC before the end of the financial year.	Revised June 2019	AMBER	Discussions ongoing with neighbouring IJB’s re responsibilities around hosting arrangements.	March 2021
2017/18 Annual Internal Audit Report – Action Plan Update <i>(PAC7-2019)</i> <i>12th February 2019</i>	Further develop the Integration Joint Board’s local Code of Governance.	To be developed as suggested.	Revised April 2019	AMBER	Clerk to the Board developing arrangements in conjunction with Chief Finance Officer. Actions postponed as a result of pandemic working restrictions	December 2020
2017/18 Annual Internal Audit	Further develop performance report information into a	To be taken forward by the Strategy and Performance Team, aligned with the review	Revised July 2019	AMBER	Will form part of revised performance monitoring reporting into 2019/20	

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Report – Action Plan Update <i>(PAC7-2019)</i> <i>12th February 2019</i>	delivery plan framework to ensure IJB fulfils its remit in delivering the direction of travel within the Strategic Commissioning Plan.	of the Strategic and Commissioning Plan.			following approval of revised Strategic and Commissioning Plan. Work has started on performance against 4 high level indicators in plan. Needs further development in line with any revisions to the SPG structure.	March 2021
Audit Scotland Annual Audit Report 2018/19 <i>(PAC 34-2019)</i> <i>24th Sept 2019</i>	A long-term financial strategy (5 years or more) supported by clear and detailed financial plans (3 years or more) should be prepared.	Build on the three-year financial framework developed during 18/19, which sets out the estimated resources and anticipated increase in expenditure from rising demand and costs of providing services. Continue to work with partner bodies to align longer term financial planning processes and the development of long- term financial strategy on how to close the gap between funding and service provision.	Chief Finance Officer March 2020	AMBER	Work continues to develop the longer-term financial framework as part of the budget setting process.	December 2020

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Audit Scotland Annual Audit Report 2018/19 <i>(PAC 34-2019)</i> <i>24th Sept 2019</i>	The IJB should liaise with NHS Tayside and consider the arrangements for regular attendance by a member appointed as the registered medical practitioner providing primary care.	NHS Tayside Board is responsible for appointing the role of registered medical practitioner providing primary care to the IJB. This issue has been noted by the IJB and the Clerk to the Board will formally write to the Chair of NHS Tayside Board on this issue.	Clerk to the Board December 2019	AMBER	Clerk has written to NHS Tayside and awaits a formal response. 23-01-20 NHS have not confirmed a replacement for Registered Medical Practitioner as yet. (NHS have also to confirm replacement for one voting member on Dundee IJB.	November 2020
Audit Scotland Annual Audit Report 2018/19 <i>(PAC 34-2019)</i> <i>24th Sept 2019</i>	The IJB should liaise with its partner organisations to ensure an agreed budget is approved prior to the start of the year.	An indicative NHS Budget was provided at the IJB budget meeting of 30th March 2019. The final budget from NHS Tayside was consistent with the indicative budget. Continue to work with partner bodies to align budget setting processes as far as practicable.	Chief Finance Officer March 2020	AMBER	Continues to be discussed at budget meetings with the parties. Timescale impacted by Covid-19 response for 2020/21 budget	March 2021
Audit Scotland Annual Audit Report 2018/19 <i>(PAC 34-2019)</i>	The IJB should seek to combine financial and performance reporting to ensure that members have clear sight of the	Continue to explore options on how to combine financial and performance reporting in a format which provide useful information to users.	Chief Finance Officer March 2020	AMBER	Progressing slower than as planned as a result of Covid-19 required changes to working	March 2021

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<i>24th Sept 2019</i>	impact of variances against budget in terms of service performance.				arrangements /pressures	
Audit Scotland Annual Audit Report 2018/19 <i>(PAC 34-2019) 24th Sept 2019</i>	The IJB should review its reserves to ensure they are adequate	Reserves can only be accumulated through year end surpluses of funding. Ensure robust budgeting, monitoring of identified savings and financial monitoring processes in place to identify opportunities to enhance reserves position.	Chief Finance Officer March 2020	AMBER	Levels of uncommitted reserves are anticipated to reduce in response to the anticipated overspend. Reserves have been reviewed and are inadequate in terms of the Reserves Policy. IJB unlikely to be in a position of increasing reserves given current budget pressures	March 2021
2019/20	Implementation of and reporting on all outstanding recommendations arising from the Ministerial Steering Group report on Health & social care Integration		Chief officer/ Chief Finance Officer	AMBER		March 2021

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2019/20	Further development of governance arrangements considering agreed governance principles and updated advice from the Scottish Government Health & Social care Division		Chief officer/ Chief Finance Officer	AMBER		December 2020
Internal Audit Review – Information Governance (IG) & Technology as Enablers (PAC 24-2020) 22 nd Sept 2020	Clear escalation routes should be agreed between DIJB and its partners for Information Governance and e-Health (IT)	Establish a governance route	NHS Tayside Head of Information Governance and Cyber Assurance/Data Protection Officer 31/03/2020	AMBER		March 2021
Internal Audit Review – Information Governance (IG) & Technology as Enablers	IT services within the Council and NHS Tayside, along with representatives from DH&SCP, should meet regularly when key IT development	Strategic discussions will be held between all partners in conjunction with Scottish Government to help facilitate an operational solution through the provision of available funding / resources.	Executive Director of Corporate Services DCC Director of Digital Technology NHST	AMBER		March 2021

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(PAC 24-2020) 22 nd Sept 2020	decisions are being taken and any IT problems that arise due to the unique circumstances of the DH&SCP can be discussed and resolved timeously.		Chief Finance Officer, DIJB 30 June 2020			
Internal Audit Review – Information Governance (IG) & Technology as Enablers (PAC 24-2020) 22 nd Sept 2020	Future meetings of the group considering IT developments should also include discussion on an IT helpdesk agreement for DH&SCP staff as well as agreement on the processes for sharing information on DH&SCP staff active directory users. It may be useful to establish a Tayside wide forum for this.	A Bi-Annual Meeting to be arranged.	NHST E-Health Service Delivery Manager 30/11/2020	AMBER		
Internal Audit Review – Governance Mapping	The DHSCP management team should review attendance at groups	The evolving complexity of integrated arrangements are such that the capacity of the management team of the Health and Social Care	Chief Officer, Dundee HSCP 31/03/2021	RED		

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(PAC28-2020) 22 nd Sept 2020	based on agreed principles. Equally, attendance at partner groups should be based on a consideration of whether this is necessary to provide assurance to allow the partner body to fulfil their agreed responsibilities in line with their accountabilities.	Partnership in its widest sense is insufficient to effectively contribute to all the demands placed on it through partner groups in particular. The development of a range of principles as recommended will provide a better structured approach and through the shared understanding of the partners of priorities, provide the necessary assurances to them. This will be actioned as recommended.				
Internal Audit Review – Governance Mapping (PAC28-2020) 22 nd Sept 2020	A best practice guidance document is developed to ensure the operation of all groups conforms to the various principles detailed in the report.	A best practice guidance document would be beneficial and will be developed as recommended	Head of Finance & Strategic Planning, Dundee HSCP 31/03/2021	RED		
Internal Audit Review –	A review should be undertaken to update the strategic	The risk and associated controls will be reviewed as recommended	Head of Finance and Strategic Planning, Dundee HSCP	RED		

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Performance and Audit Committee Report	Audit Recommendation	Agreed Action	Original Action By / Date	Red: Not Started Amber: In Progress Green: Complete	Remedial Action/Comments	Revised Target Completion Date
Governance Mapping (PAC28-2020) 22 nd Sept 2020	risk in relation to Increased Bureaucracy.		31/03/2021			
PAC 36-2020 Audit Scotland Annual Report And Integration Joint Board Annual Accounts 2019/20 24 th Nov 2020						

GOVERNANCE ACTION PLAN**Appendix 1**

Narrative shown in Italics denotes updated position from previous plan. Completed actions have been moved to the top of the plan for ease of use

The abbreviations etc. in the governance action plan are as used in the various audit reports and vary slightly depending on the report author:

Abbreviation	Description
The Board	The Integration Joint Board
DCC	Dundee City Council
DHSCP	Dundee Health & Social Care partnership
HSCP	Health & Social Care Partnership
IG	Information Governance
IJB	Integration Joint Board
IT	Information Technology
MOSAIC	Name of the computerised case recording system used by DHSCP
NHS	National Health Service
NHST	National Health Service Tayside
TDG	Transformation Delivery Group

Action plan 2019/20

No.	Issue/risk	Recommendation	Agreed management action/timing	Red: Not Started Amber: In Progress Green: Complete	Remedial Action/Comments	Revised Target Completion Date
1	<p>Medium to long term financial plans The IJB has yet to develop medium to long term financial plans to demonstrate how it will fund future funding gaps.</p> <p>Risk The IJB may not be planning adequately over the medium to long term to manage or respond to significant financial risks.</p>	<p>The 1-5-year financial plan should be progressed and presented to the Board to help demonstrate the longer term financial sustainability of planned IJB services. This is increasingly important as demand pressures increase and the IJB plans for service redesign over medium and longer time frames. Plans should include scenario planning in the Covid-19 environment. Paragraph 44</p>	<p>The development of a meaningful medium to longer term financial plan has been impacted on by significant uncertainty around funding with delays in UK and Scottish Government finance settlements for both 2020/21 and 2021/22 and the impact of Covid19 in 2020/21 disrupting the planning process. A medium to long term financial plan will be developed and presented to the IJB as part of a suite of budget development reports for 2021/22 onwards. Responsible officer: Chief Finance Officer Agreed date: March 2021</p>	Amber		

No.	Issue/risk	Recommendation	Agreed management action/timing	Red: Not Started Amber: In Progress Green: Complete	Remedial Action/Comments	Revised Target Completion Date
2	<p>Savings and transformation reporting Updates on the IJB's transformation programme and efficiency savings are not reported to the Board on a regular basis.</p> <p>Risk Members may not be fully aware of the position and unable to take corrective actions.</p>	<p>The position on the achievement of savings proposals and transformation should be clearly and regularly reported to members. The impact from Covid-19 and delivering pandemic remobilisation plans will also need to be considered. Paragraph 69</p>	<p>The IJB is provided with an overview of the risks of delivery associated with the savings programme as part of regular financial monitoring reports presented to the IJB. This will be enhanced during the year with a minimum of two specific savings and transformation reports outlining the progress made with implementation of service change initiatives. Responsible officer: Chief Finance Officer Agreed date: August 2021</p>	Amber		
3	<p>Leadership and governance - support Plans to progress a programme of development and training opportunities for members, co-ordinated alongside those of Dundee City Council and NHS Tayside</p>	<p>Work to embed a programme of development and training opportunities for Board members should be progressed. Paragraph 77</p>	<p>A programme of coordinated work which brings together the individual pieces of development and training opportunities already in existence and under new development opportunities under one</p>	Amber		

No.	Issue/risk	Recommendation	Agreed management action/timing	Red: Not Started Amber: In Progress Green: Complete	Remedial Action/Comments	Revised Target Completion Date
	<p>has not progressed to the extent planned.</p> <p>Risk There is a risk that leadership and governance arrangements are not effective if members are not sufficiently trained and supported.</p>		framework will be produced with the respective statutory partners. Responsible officer: Chief Officer Agreed date: June 2021			
4	<p>Board composition - registered medical practitioner providing primary care The IJB has not had professional primary care input for a number of years, since June 2018.</p> <p>Risk The IJB does not have sufficient and appropriate professional input, which could undermine its decision making.</p>	The IJB should escalate to NHS Tayside again, that the IJB has not had professional input from a 'registered medical practitioner whose name is included in the list of primary medical services performers' for a number of years and request NHS Tayside appoint to this non-voting role. Paragraph 79	Both the Clerk to the IJB and the Chair of the IJB have written to NHS Tayside to request a nomination to this role. The IJB will continue to make this request however it is the role of NHS Tayside to provide an appropriate nomination. Responsible officer: Clerk to the Board / Chief Officer Agreed date: December 2020	Amber		

No.	Issue/risk	Recommendation	Agreed management action/timing	Red: Not Started Amber: In Progress Green: Complete	Remedial Action/Comments	Revised Target Completion Date
5	<p>Improvement agenda - action plan progress From its inception the IJB has experienced significant delays in progressing its improvement and governance actions. This issue has been escalated to the Board from the PAC.</p> <p>Risk The commitments set out in the IJB's Strategic and Commissioning Plan and Covid-19 remobilisation plan may not be delivered if improvement actions are not delivered within the appropriate timescales. Governance arrangements may not support effective decision making.</p>	<p>The Governance Action Plan should be developed to include all improvement action plans. Actions should be reviewed for their continued relevance and priority. The Board and PAC should continue to be updated on implementation progress across all governance and improvement areas. Paragraph 91</p>	<p>All improvement actions now included within the Governance Action Plan which is reported to the PAC at each meeting. Assurance to the IJB from the PAC will be provided on satisfactory progress being made in implementing the outstanding recommended actions. Responsible officer: Chief Finance Officer Agreed date: December 2020</p>	Green		
6	<p>Risk management Progress has been slow to implement the recommendations from the internal risk maturity audit, reported in September 2018. Recently a Tayside Risk Management Group chaired by the CFO has been established to promote</p>	<p>The Board and PAC are updated on progress in delivering against the risk maturity action plan. Paragraph 98</p>	<p>As reported in the Governance Action Plan, progress is now being made with full implementation of the recommendations to be achieved by March 2021.</p>	Amber		

No.	Issue/risk	Recommendation	Agreed management action/timing	Red: Not Started Amber: In Progress Green: Complete	Remedial Action/Comments	Revised Target Completion Date
	completion of the actions by December 2020. Risk Until risk management arrangements are effective there is a risk that exposure to risks may not be understood, highlighted and appropriately mitigated through management controls.		Responsible officer: Chief Finance Officer Agreed date: March 2021			
7	Internal audit - programme There continues to be slippage in the delivery of internal audit plans. Consequently, for 2020/21 the Board approved previously agreed outstanding audit plans with updated scopes, would be progressed rather than create a further plan. Risk Members may not be able to scrutinise key risk areas timeously if internal audit audits are delayed.	Supported by management, the delivery of internal audit plans should be kept under review to ensure the IJB receives appropriate and sufficient assurances on its governance arrangements and systems of its internal controls. Paragraph 105	The re-profiling of the 2020/21 internal audit plan reduces the risk of non-delivery of the plan and enables future plans to be achieved in line with the anticipated timescales, providing the IJB and PAC with the appropriate assurances. Progress of the internal audit plan will continue to be monitored through the internal audit progress report provided to each meeting of the PAC.	Green		

No.	Issue/risk	Recommendation	Agreed management action/timing	Red: Not Started Amber: In Progress Green: Complete	Remedial Action/Comments	Revised Target Completion Date
			Responsible officer: Chief Finance Officer / Chief Internal Auditor Agreed date: December 2020			
Follow up of prior year recommendations						
PY 1	Financial accounting records The financial ledger had not been fully updated to reflect all accounting entries prior to the production of the annual accounts. Risk: Accounting records may not include all the transactions and balances to reflect a true and fair view of the IJB's accounts.	The financial ledger should be fully updated in 2019/20 prior to the approval of the annual accounts. Paragraph 17	Complete The ledger was fully updated in 2019/20.	Green		
PY 2	Failure to comply with statutory regulations The Chief Officer was on leave until after 30 September 2019. As a result, the accounts were not signed, approved and	The arrangements for the approval of the accounts should be reviewed to ensure that all signatories are available to sign the accounts immediately after they are approved by the Performance and Audit Committee. Paragraph 21	Complete The CFO reviewed arrangements to ensure the availability of officers and members to ensure the	Green		

No.	Issue/risk	Recommendation	Agreed management action/timing	Red: Not Started Amber: In Progress Green: Complete	Remedial Action/Comments	Revised Target Completion Date
	authorised for issue until after the statutory date set out in the Local Authority Accounts (Scotland) Regulations 2014. Risk: The IJB are not complying with statutory regulations.		requirements of the regulations as met.			
PY 3	Medium to long term financial plans The Board approved a Strategic and Commissioning Plan 2019-22 in March 2019, which projected funding shortfalls for the three year period. The IJB has yet to develop medium to long term financial plans to demonstrate how it will fund future funding gaps. Risk: The IJB may not be planning adequately over the medium to long term to manage or respond to significant financial risks.	A long-term financial strategy (5 years or more) supported by clear and detailed financial plans (3 years or more) should be prepared. This is increasingly important as demand pressures increase, financial settlements continue to reduce and fundamental service redesign over a longer time frame becomes necessary. Plans should include scenario planning. Paragraph 41	In progress Carried forward to action 1 above.	Carried forward to action 1 above		

No.	Issue/risk	Recommendation	Agreed management action/timing	Red: Not Started Amber: In Progress Green: Complete	Remedial Action/Comments	Revised Target Completion Date
PY 4	<p>Savings reporting The IJB reports changes to the risk profile of savings but does not report to members on the savings achieved and whether delivery is on track.</p> <p>Risk: Members may not be fully aware of the impact of not delivering savings.</p>	<p>The position of the achievement of savings proposals and the impact on the transformation programme should be regularly reported to members. Paragraph 47</p>	<p>In progress Carried forward to action 2 above.</p>	<p>Carried forward to action 2 above</p>		
PY 5	<p>EU withdrawal The risks entailed by EU withdrawal are not included in the IJB's strategic risk register but continue to sit with the partner bodies.</p> <p>Risk: The IJB may not be adequately mitigating risks to its operation arising from EU withdrawal.</p>	<p>The risks arising from EU withdrawal should be included in the IJB's strategic risk register and, as commissioning authority, the IJB should seek to ensure, that satisfactory arrangements have been put in place by partner bodies to manage potential risks. Paragraph 53</p>	<p>Complete Strategic Risk Register presented to August 2020 Board included a risk on the impact of EU withdrawal. Note: the risk register noted that the impact of the Covid-19 response has meant the preparations for the EU withdrawal have been unable to be progressed.</p>	<p>Green</p>		
PY 6	<p>Clinical, Care and Professional Governance Group Assurance Reports In September 2018, the Performance and Audit</p>	<p>Chair's Assurance Report from the Clinical, Care and Professional Governance Group should be presented to the Performance and Audit Committee on a regular basis.</p>	<p>Complete A Chair's Assurance Report from the Clinical, Care and Professional</p>	<p>Green</p>		

No.	Issue/risk	Recommendation	Agreed management action/timing	Red: Not Started Amber: In Progress Green: Complete	Remedial Action/Comments	Revised Target Completion Date
	<p>Committee received its first Chair's Assurance Report from the Clinical, Care and Professional Governance Group. No CCPG Assurance Reports were provided to the March 2019 or May 2019 Performance and Audit Committee meetings.</p> <p>Risk: The Board does not have complete and sufficient assurances on clinical care governance.</p>	<p>Paragraph 59</p>	<p>Governance Group is now considered at each Performance and Audit Committee meeting.</p>			
<p>PY 7</p>	<p>Board attendance The registered medical practitioner providing primary care, a non-voting member of the IJB, has been unable to attend the majority of meetings in the last year.</p> <p>Risk: Appropriate professional care expertise may not be considered by the Board.</p>	<p>The IJB should liaise with NHS Tayside and consider the arrangements for regular attendance by a member appointed as the registered medical practitioner providing primary care. Paragraph 60</p>	<p>Incomplete Carried forward to action 4 above.</p>	<p>Carried forward to action 4 above</p>		

No.	Issue/risk	Recommendation	Agreed management action/timing	Red: Not Started Amber: In Progress Green: Complete	Remedial Action/Comments	Revised Target Completion Date
PY 8	<p>Internal audit There continues to be slippage in reporting on internal audit work to the Performance and Audit Committee.</p> <p>Risk: Members may not be able to scrutinise key risk areas timeously if internal audit reports are delayed.</p>	<p>Management should review the interaction with internal audit to ensure that all planned internal audit work is completed timeously. Paragraph 77</p>	<p>In progress Carried forward to action 7 above.</p>	<p>Carried forward to action 7 above</p>		
PY 9	<p>Action plan progress report Since March 2019 a Governance Action Plan progress report has been presented to the Performance and Audit Committee. The report does not include all improvement action plans.</p> <p>Risk: The commitments set out in the IJB's Strategic Commissioning Plan may not be delivered timeously if improvement actions are not delivered within the agreed timescales.</p>	<p>The Governance Action Plan progress report should be further developed to include all improvement action plans. Paragraph 78</p>	<p>Incomplete Carried forward to action 5 above.</p>	<p>Carried forward to action 5 above</p>		

DUNDEE INTEGRATION JOINT BOARD TRANSFORMATION PROGRAMME INTERNAL AUDIT REPORT – ACTION PLAN PAC20-2019

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Ref	Audit Recommendations	Actions Proposed	Responsible Officer	Timescales	Red: Not Started Amber: In Progress Green: Complete	Remedial Action/Comments	Revised Target Completion Date
1.	<p>To improve existing review and monitoring arrangements surrounding progress towards delivery and realisation of the DHSCP's Transformation Programmes and individual projects contained within them, an overarching record comprising, as a minimum, the following key pieces of information should be introduced and maintained. When developing the overarching record, appropriate consideration should be given to the transformational change programmes in place within Dundee City Council and NHS Tayside. This record, which should be reviewed on a regular basis by key members of staff and groups, including the Transformation Delivery Group (TDG), should provide users with implementation status information at a glance.</p> <p>Transformation Programme, along with brief description.</p> <ul style="list-style-type: none"> • List of each transformation 	<p>The existing documentation supporting the Transformation Programme will be enhanced to ensure the areas suggested in the audit recommendation are included along with appropriate implementation status indicators. Performance monitoring will be supported through the use of the Pentana performance monitoring system. This will enable project leads and other stakeholders to track progress of implementation.</p>	<p>Chief Finance Officer / Head of Health and Community Care Services</p>	<p>31st August 2019</p>	<p>Amber</p>	<p>Now being considered by the Strategic Planning Advisory Group</p>	<p>August 2021</p>

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	<p>project contained within each Programme.</p> <ul style="list-style-type: none"> • Lead Officer details for each Programme and its projects. • Desired outcomes. • Progress to date towards implementation. • Estimated savings where applicable. 						
2.	<p>Given that the TDG aims to drive delivery and realisation of the Transformation Programme in general and the individual projects within it, it is vital that these meetings are not cancelled and that there is ongoing engagement at the meetings from all relevant individuals and groups. With that in mind, where standing members of the group are not available to attend a meeting, they should ensure that an appropriate substitute attends / makes decisions on their behalf.</p> <p>This requirement should be stipulated in the TDG Terms of Reference, which should be endorsed by the TDG prior to approval by the PAC.</p>	<p>Review of governance meetings and interrelationships has been initiated to ensure the most effective governance routes for policy and decision making. This includes reviewing the clearance route for papers to be presented to the IJB and PAC, Clinical and Care Governance Forum, relationships between strategic planning groups, the ISPG and the subsequent oversight of transformation in line with the Strategic and Commissioning Plan. This will provide more clarity on responsibilities and is likely to result in a rationalisation of meeting structures with the strong possibility that the Transformation Delivery</p>	<p>Dundee Health and Social Care Partnership Management Team</p>	<p>30th June 2019</p>	<p>Amber</p>	<p>Now being considered by the Strategic Planning Advisory Group</p>	<p>August 2021</p>

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		Group will not be required in future.					
2 contd	In order to enhance existing governance arrangements, fulfil the Terms of Reference of the TDG and assist with prioritising resources, regular summary reports on the progress of the Transformation Programme should be prepared by the TDG and submitted to the Performance and Audit Committee for its review. The Terms of Reference of the PAC should be updated to reflect the requirement for the TDG to report to it.	This recommendation will be considered as part of the review noted above.	Dundee Health and Social Care Partnership Management Team	30 th June 2019	Amber	Now being considered by the Strategic Planning Advisory Group	August 2021
3.	Terms of Reference documents should be developed / reviewed for all groups that impact on the transformation and service redesign arrangements of the DH&SCP, including the Integrated Strategic Planning Group. These should clearly detail the roles, remits and governance arrangements of the group, who they are required to report to and under what circumstances. An overarching review of reporting requirements should be carried out in relation to the Transformation Programme. As part of this exercise, clarity should be provided surrounding the groups that	This recommendation will be considered as part of the review noted above, including an assessment of the range and structure of the various client and theme based strategic planning groups. Please note development of terms of reference will take longer to establish hence the later action by date	Dundee Health and Social Care Partnership Management Team	30 th September 2019		No longer relevant due to TDG being stood down. Terms of reference for relevant transformation groups to be considered under the response to Governance Mapping Internal Audit Report presented to the September 2020 PAC	

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	transformation proposals should be presented to, the groups / governing bodies and committees (i.e. IJB and Performance and Audit Committee) that should give approval to proceed with those proposals and the groups that require to be copied into proposals for information only						
4.	Any reports prepared as part of the Transformation Programme and Transformation Workstreams should specifically include a section on for noting the potential impact of the transformation programme / project on quality and make specific reference to the consideration being given as to the impact on clinical or / social work standards.	The existing documentation supporting the Transformation Programme will be enhanced to ensure the areas suggested in the audit recommendation are included	Chief Finance Officer / Head of Health and Community Care Services	31 st August 2019		No longer relevant due to TDG being stood down.	
5.	To assist with ensuring that efficiency savings can be easily identified, explained and tracked as they progress, sufficient demonstrable evidence, including the methodology and principles applied to arrive at the figures, should be available / retained	A comprehensive summary of the 2019/20 savings proposals methodology will be developed as part of the final 2019/20 budget development source files	Chief Finance Officer	30 th June 2019	Green		
6.	To ensure consistency of approach for IJB transformation projects and assist with ensuring buy in and subsequent achievement of savings, corresponding budgets should be adjusted	This recommendation was implemented in 2018/19 and budget adjustments will be made timeously to the ledger for 2019/20 for those savings identified	Chief Finance Officer	30 th June 2019	Green		

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	accordingly in NHS Tayside's general ledger.	as being in relation to NHS provided services/expenditure					
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