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Action No.	Annual report actions	Proposed management action	Responsible Officer/ Timescale	To be reported to	Status R/A/G/ Complete	Comments
Corporate Governance						
1.	A formal agreement setting out the precise responsibilities of the IJBs, Forth Valley NHS Board and the Council in relation to operational activities and the exact nature of the delegation of functions to the IJBs should be developed. This agreement should clearly set out risk management responsibilities and provide clarity around the role of the CO.					
2.	The March 2017 SoD should be reviewed by 31 March 2018 as partnership arrangements develop					
3.	The Chief Officer should continue further development of partnership arrangements, including operational delegation of NHS services with Chief Executives and update will be provided to future IJB meetings.					
4.	A comprehensive support services agreement should be completed, agreed between the constituent authorities and presented to the IJB for approval.					
5.	As set out in the Integration Scheme, the annual review of the support function should be carried out to inform the proposed support services agreement.					
6.	Formally agreed assurance arrangements should include consideration of reporting lines and the flow of assurance including any officer and governance groups in place. The Assurance Framework is in development and should clearly					

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	set out these arrangements, including how assurance is drawn from constituent authorities internal control systems.					
7.	Workplans/reporting schedules should be developed for the IJB and its Standing Committees, showing when items of business require to be considered to deliver their purpose and remit of the IJB as well as any additional reporting agreed by members.					
Audit						
8.	Develop a system to monitor all audit recommendations and report on progress to the Audit Committee.					
9.	Ensure that the Audit Committee receive regular progress reports on delivery of the Internal Audit Plan.					
Planning & Performance						
10.	Self Assessments in relation to the four Audit Scotland reports; Health and Social Care Integration (December 2015); Changing Models of Health And Social Care (March 2016); Social Work in Scotland (September 2016); NHS in Scotland (October 2016), were presented to the IJB Audit Committee in February and March 2017. Action plans should be developed from the self assessments, including identification of lead officers and timescales. Implications in relation to the recommendations should be considered as part of future delivery planning for the partnership.					
11.	As highlighted in the Chief Officers report to the 30 March 2017 IJB, the Local Delivery Plan for the implementation of the Strategic Plan was					

	scheduled to be presented to the June 2017 IJB meeting. However, to allow incorporation of work on whole system mapping and medium term planning, it was agreed that the Local Delivery Plan would be presented to a later IJB. Interim updates should be provided to the IJB through the Chief Officer's report, including updates on the outputs from the logic modelling exercise..					
12.	Complaints information on services is presented within the Performance Reporting Framework and further discussions are ongoing about monitoring arrangements for health and integrated functions where these relate to Falkirk residents. The IJB Model Complaints Handling Procedure was presented to the 16 June 2017 IJB.					
13.	Nationally, consideration is being given to the efficacy of current arrangements for delegating appropriate Large Hospital budgets, including set aside budgets, to Integration Authorities. A plan for Large Hospital Services specifically linked to the IJBs responsibilities in relation to unscheduled care should be developed and the IJB should be kept informed of any further national guidance or policy.					
Clinical & Care Governance						
14.	The role and remit of the Clinical and Care Governance Committee is under review and should be formally approved.					
15.	Neither the CCGF nor the IJB's Performance Management Framework are prescriptive with regard to provision of clinical governance assurances and therefore Clinical & Care Governance responsibilities and lines of accountability between the parties and the IJB					

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	should be clearly documented, particularly in relation to delegated services.					
16.	Management should liaise with the parties to ensure that appropriate Clinical & Care Governance annual assurances are provided to them.					
17.	A clear, fully resourced plan to implement the CCGF should be put in place and monitored.					
18.	The Clinical and Care Governance Framework refers to the Clinical Care Governance Group providing oversight, including review and scrutiny of 'Significant adverse events including significant case reviews. The Adverse Event Management system for the IJB should be agreed.					
Financial Governance						
19.	There is a requirement to develop reporting in relation to set-aside budget.					
20.	Standing Orders scheduled for update in November 2016 should be reviewed and updated.					
21.	The issuing of final 2016/17 directions to Falkirk Council and NHS Forth Valley was approved by the IJB on 19 June 2017. Current directions are high level and further consideration will be required, linked to development of medium term financial strategy, and will require to consider, where applicable, the Good Practice notes.					
22.	Management should ensure that the job description for the CFO is in compliance with the CIPFA statement on the role of the CFO and a process should be put in place to demonstrate annual compliance with the CIPFA statement on					

	the role of the CFO.					
Risk Management						
23.	The revised Risk Management Strategy states that where an operational risk affects multiple units and/or requires more senior leadership, it should be escalated to the senior leadership group and proposed to be treated as corporate risks. This is a change to the previous Risk Management Strategy which stated that operational risks should be escalated to the parties CMT. Management should ensure that the Risk Management Strategy as a whole, and arrangements for management of operational risks in particular, are consistent with the Risk Management Strategies of the parties.					
24.	As reported to the March 2017 IJB, Lead Officers for each risk on the revised Strategic Risk Register had provided an update on their risks and should provide quarterly updates to the Leadership Group for monitoring and controls / mitigation, to the IJB Audit Committee for scrutiny and assurance and to the IJB Board for approval of the Strategic Risk Register.					
25.	As agreed by the March 2017 IJB, a Risk Improvement Plan should be developed by October 2017 and should be reviewed 6-monthly by the Leadership Group, with updates provided to the IJB Audit Committee and the IJB.					