

Risk Status Key	
On target	➡
Off Target	✖
On target, increased risk grading	👉

ID	Ref	Title	Description	Hazards	Risk level (current)	Risk level (target)	Current control measures	Further control measures required/ action plan	Target Date	Risk Status
2392	New Corp Risk 1 (2392)	Sustainable workforce	Failure to recruit and retain essential and sustainable workforce poses a significant risk to service sustainability. This could result in a lack of availability of suitably qualified and competent medical (including GPs), other clinical and other staff/carers/volunteers, resulting in inability to deliver services for partners as set out in the IJB Strategic Plan.	<p>Unable to deliver care / services to the patients of NHS D&G.</p> <p>Unable to recruit right staff (of all disciplines - medical, other clinical and other staff).</p> <p>Unable to attract independent contractors (GPs, pharmacists etc) to region to deliver independent contractor services.</p> <p>Impact of staff challenges adversely effects staff health, wellbeing and experience of remaining staff team members which adversely impacts on retention levels.</p> <p>Number of staff available does not meet the needs of the service.</p> <p>Unable to deliver Board objectives.</p> <p>Failure to recruit substantive staff increases the risk of excessive temporary staffing costs, in excess of organisation budgets.</p>	Very High	High	<ul style="list-style-type: none"> • Vacancy Control Group – Management Team / General Managers • Workforce Plan (Annual) • Workforce Reports/Updates to Staff Governance and Performance Committee • Board Workshops including Integrated Workforce Planning • Medical Staffing reports to Board • Workforce Policies through APF • Finance reports on locum/agency spending and sustainable funding • External reports on quality of medical staffing • Leadership training courses delivered, for example DTF/AZL etc * Framework agreement with Retinue for supply of medical locums. * Mid and annual reviews with Directorates * Establishment of Short Life Working Group led by Medical Director * Increased advertising presence in BMJ • Midyear and annual review process from Scottish Government * Regional service and workforce planning through Regional Planning structure. * In-depth analysis of medical workforce information was collated for regional workforce plan in spring 2018 * Undertook Strategic review of service and workforce needs (workshop held 13/12/16) and incorporated outcomes into next Board workforce plan. * national workforce plan Parts 1, 2 and 3 now in place. 	<ul style="list-style-type: none"> * Await outcomes of discussions on regional medical bank arrangements - Summer 2018. * Implementation of new national employment arrangements for junior doctors commencing August 2018, which will reduce the impact of multiple employment contracts across Boards during training years and thus enhance the training and employment experience of junior doctors. * Review and enhance the workforce report taken to Staff Governance Committee to include explicit narrative on workforce risks and relevance of indicators - August 2018 * Implementation of the new GMS contract and associated transformation within primary care will support sustainability in primary care - April 2021 * MOU under development with partners for shared approach to recruiting posts in integrated services - July 2018 * Medical Director and Workforce Director to agree future strategic approach to medical workforce challenge and present paper to July 2018 Staff Governance Committee. 	<p>Summer 2018</p> <p>August 2018</p> <p>August 2018</p> <p>April 2021</p> <p>July 2018</p> <p>July 2018</p>	<p>➡</p> <p>➡</p> <p>➡</p> <p>➡</p> <p>➡</p> <p>➡</p>
2393	New Corp Risk 2 (2393)	Finance	Failure of the Board to meet financial target	<p>Risk of adverse publicity / damage to reputation of Board.</p> <p>Board not able to deliver against financial targets.</p> <p>Ensuring that the financial position does not impact on patient safety.</p>	High	High	<p>ASSURANCES:-</p> <ul style="list-style-type: none"> • 3 Years Financial Plans – to board and Performance Committee • Audit & Risk committee regular reviews • External and Internal Audit verifications to Audit & Risk Committee • Annual Accounts to Board (including Best Value reports) • Standing Financial Instructions and Scheme of Delegation to Audit and Risk Committee and Board • Fraud Plan & Reports to Audit and Risk Committee • Monthly financial reports, plus quarterly reviews to Board / Performance Committee • Workshops on risk assurance • Governance Statements • Statement from Chair of Audit and Risk Committee • Midyear and annual review process from Scottish Government Revised timescale for delivering operational targets for future years. Review key strategic objectives to deliver business critical projects in year. 	<ul style="list-style-type: none"> • Regular Budget Review meetings with Chief Executive, Director of Finance and General Managers to review savings plans and financial position • Update to Board and Health and Social Care Management Team meetings on financial position • Adhoc workshops with Board and IJB members as required • Development of business transformation work as a partnership • More focussed sessions at Management Team around the financial position 	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	<p>➡</p> <p>➡</p> <p>➡</p> <p>➡</p> <p>➡</p>

ID	Ref	Title	Description	Hazards	Risk level (current)	Risk level (target)	Current control measures	Further control measures required/ action plan	Target Date	Risk Status
2394	New Corp Risk 3 (2394)	Infrastructure	Infrastructure is inadequate to meet both physical and technological service user needs in future.	<p>Failure to deliver Primary and Secondary Care Services.</p> <p>Hazards are principally of business continuity - water, steam, fire control, electrical, air handling and medical gas systems require major life cycle replacement or maintenance which cannot be delivered whilst maintaining usual hospital services. Failure of such systems could lead to substantial service disruption and interruption.</p>	Medium	Medium	<p>ASSURANCES:-</p> <ul style="list-style-type: none"> Annual Asset Management Report to Performance Committee Acute Services Redevelopment Project delivered December 2017. Tender evaluations to Audit and Risk Committee Contracts Portal and Log Procurement Policies eHealth Board feeding in to Information Assurance with quarterly update to Audit and Risk Committee Property Transactions Policy and Audit to Audit and Risk Committee Strategic Capital Programme Board to NHS Board / Performance Committee Midyear and annual review process from Scottish Government Annual Reviews with Directorates. Mountainhall Programme Board reporting to Performance Committee Implementation of final prioritised capital programme. 	<p>Advanced Plans agreed and work for Mountainhall and CRH to be progressed by July 2019</p> <p>Delivery of the Dumfries Property Strategy by July 2020.</p>	<p>July 2019</p> <p>July 2020</p>	<p>⇒</p> <p>⇒</p>
2395	New Corp Risk 4 (2395)	Health Inequalities	Failure to address inequalities resulting in poorer health outcomes for certain groups or parts of the population.	<p>Funding current and changing service provision. Gaps in support to teams to deliver services. Working on basis of evidence to effectiveness. The risk is that health inequalities in Dumfries & Galloway are not reduced or mitigated against. If health inequalities are not reduced this will pose a number of risks to the organisation. These include but may not be limited to: poorer health outcomes, greater provision of interventions required, higher treatment costs, adverse outcomes for people from groups suffering exclusion, increased demand on services and damage to Board reputation. Worsening social and economic circumstances across D&G.</p>	High	High	<p>ASSURANCES:</p> <ul style="list-style-type: none"> ISD reports on health and deprivation Local Delivery Plan target reports to Performance Committee and Board Public Health reports direct to board Midyear and annual review process from Scottish Government Director of Public Health appointed as non-voting member on IJB. H&SC Delivery Plan Performance Reports to IJB Development of a health inequalities strategic framework. Working in partnership with local authority on community planning. 	<ul style="list-style-type: none"> Further work to support impact assessment. NHS Board Non-Executive Directors to hold the Board to account for addressing health inequalities using the actions listed in the NHS Health Scotland report. The Directorate of Public Health to have a presence on the Strategic Planning Partnership. Evidence of Health Inequalities Framework embedded across service provision 	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	<p>⇒</p> <p>⇒</p> <p>⇒</p> <p>⇒</p>
2396	New Corp Risk 5 (2396)	Vulnerable individuals	A person dies or comes to significant harm as a result of failure to protect vulnerable individuals / support families.	<p>Failure for multi agencies to communicate appropriate information on vulnerable individuals or families. Staff unable to meet clinical demands due to capacity. Failure to adhere to protocols. Effective assessment of vulnerable individuals or families not being carried out. Failure to respond effectively to the requirement of vulnerable individuals or families.</p>	High	Medium	<p>ASSURANCES:</p> <ul style="list-style-type: none"> Child Protection Committee to Healthcare Governance Committee Adult Support and Protection to Healthcare Governance Committee Policies and Procedures Mandatory Training CSEG to Chief Officers' Group Chief Officers' Group reviews Subject reviews to Healthcare Governance Committee QPSLG / complaints review to Healthcare Governance Committee Significant care reviews to Chief Officers' Group Prison Inspection reports shared with Healthcare Governance Committee MAPPA updates to Chief Officers' Group Midyear and annual review process from Scottish Government Implementation of multi-agency safeguarding hubs. Public and staff awareness campaign in relation to vulnerable adults. Multi agency safeguarding hub 	<p>Ongoing training and development within the high risk areas, covering issues such as vulnerability and neglect - Ongoing</p> <p>Ongoing development of multi-agency approaches to this potentially significant risk - Ongoing</p> <p>Awaiting establishment of the Multi Agency Public Protection Committee - December 2018</p>	<p>Ongoing</p> <p>Ongoing</p> <p>December 2018</p>	<p>⇒</p> <p>⇒</p> <p>⇒</p>

ID	Ref	Title	Description	Hazards	Risk level (current)	Risk level (target)	Current control measures	Further control measures required/ action plan	Target Date	Risk Status
2397	New Corp Risk 6 (2397)	Redesign	Unable to redesign quickly enough to meet the demands of the service. Services will need to be redesigned to address demographic / workforce / financial realities into 2020s.	Lack of pace due to scale of change required. Inability to train and recruit to new models. Political opposition to radical change. Change capacity inadequate. Savings accrue too slowly to provide financial liquidity. Drug and other health technology change increases cost base faster than redesign savings. Lack of governance clarity on change ownership between IJB, Board and region.	High	Medium	ASSURANCES: <ul style="list-style-type: none"> Clinical Change Programme – Acute Services Redevelopment Programme and Performance Committee Financial planning to Board National Clinical Strategy to Healthcare Governance Committee ISD reports on Key Performance Indicators Data Dashboards internal and published data. Strategic and Locality Plans of the IJB to Board Inspection reports to Performance Committee Local Delivery Plan and performance reports to Performance Committee and Board Engagement and consultation policies Midyear and annual review process from Scottish Government Workforce planning reports Engagement with Regional Planning Board including preparation of Regional Development Plans in September 17 and March 18. Engagement with Sustainability & Value Board national planning. Realistic Medicine programme led by Dr Ewan Bell and reporting to Management Team. 	New national and regional planning framework - June 2018 Work ongoing with Scottish Government around governance alignment - June 2018 GP Contract impact on recruitment difficulties - April 2019 Review of IJB/Board governance alignment in summer 2018	June 2018 June 2018 April 2019 Summer 2018	↕ ↕ ↕ ↕
2398	New Corp Risk 7 (2398)	Health and wellbeing of our staff	Failure to realise optimal health and wellbeing of staff impacts adversely on service delivery and financial sustainability.	Increase costs due to excessive locum and agency use. Reduction in service quality due to inconsistent and or fluctuating team membership. Increase workload for managers, staff-side and support services (HR and Occupational Health). Reduction in quality of staff experience. Potential reduction in quality in patient experience. Unable to deliver services to patients, due to staff being off sick. Poor motivation of staff. Further absence of other staff members. Failure to meet government standards. Increase in critical incidents.	High	Medium	ASSURANCE: <ul style="list-style-type: none"> Staff Governance reports to Staff Governance Committee Workforce reports to Staff Governance Committee Mandatory and bespoke training Health and Safety reports to Staff Governance Committee Occupational Health reports to Staff Governance Committee PIN and other policies to Area Partnership Forum / Staff Governance Committee Workshops for Board Partnership forum minutes Cultural diagnostics to Staff Governance Committee Roll out of iMatter Board wide, including progress updates and EEI scores to Staff Governance Committee Appraisal and revalidation of professionals Workforce plans to Board Equality and Diversity reports to Staff Governance Committee Whistleblowing Champion and reports to Staff Governance Committee Partnership Conference and reports Mid and annual review with the Directorates Staff Governance annual monitoring return OD Integration Plan Midyear and annual review process from Scottish Government Strategic Plan "Working well" to address current attendance / absence issues has been developed and presented to Staff Governance Committee January 2017. Review of current workforce attendance profile and drivers has 	* Review and enhance the workforce report taken to Staff Governance Committee to include explicit narrative on workforce risks and relevance of indicators - August 2018 * Progress Working Well communications plan as per timetable set and agreed by Working Well Steering Group - March 2019 * Progress Working Well Action Plan through OD Steering Group - March 2019	August 2018 March 2019 March 2019	↕ ↕ ↕
2399	New Corp Risk 8 (2399)	Quality of care	Failure to assure and improve quality of care and services.	Complexity of changing patient and workforce demographics changing and complexity of health care Recruitment and retention. Financial challenge	Medium	Medium	ASSURANCES:- <ul style="list-style-type: none"> Performance reports SPSP reports to Healthcare Governance Committee Quality reports to Healthcare Governance Committee HAI reports to Healthcare Governance Committee Patient experience report to Board Person Centred Health and Care committee reports HSMR data to Healthcare Governance Committee External reports to Healthcare Governance Committee QPSLG reports to Healthcare Governance Committee Minutes of assurance sub groups to Healthcare Governance Committee Midyear and annual review process from Scottish Government Development of care assurance processes. 	Development of professional competency assessment structures - Ongoing Changes in reporting mechanisms and shared learning from adverse events and complaints - Ongoing	Ongoing Ongoing	↕ ↕

ID	Ref	Title	Description	Hazards	Risk level (current)	Risk level (target)	Current control measures	Further control measures required/ action plan	Target Date	Risk Status
2400	New Corp Risk 9 (2400)	Change Capacity	Loss of focus on operational delivery due to other significant change programmes, such as the Integration of Health and Social Care and the Primary Care Transformation Programme.	Restrictions to resources and poor management would result in continued breaches to the TTG Performance. Failure to monitor operational activity on a regular basis. Financial constraints leading to reduced services and failure to deliver the Strategic Plan. Failure to deliver a sustainable model of primary care resulting in increased pressure on secondary care services.	Medium	Medium	ASSURANCES: <ul style="list-style-type: none"> • At a Glance Performance Report to Performance Committee / NHS Board * Quarterly Performance Reports on all 74 key performance indicators to IJB and to NHS Board following approval. • Patient safety reports to Board • Annual Reviews of Directorates Performance. • Operational Management processes (daily huddles) • Midyear and annual review process from Scottish Government * Directorate Management Team Meetings * H&SC Management Team and IJB established. * Budget Scrutiny Meetings * Weekly review of TTG Performance. * Engagement with Scottish Government regarding TTG breaches and plans in place to reduce breaches. * Health and Social Care Integration General Manager appointed and four Locality Managers appointed. * Strategic Plan being implemented across the localities. * Annual Operational Plan agreed with SG * Learning from the Acute Service Redevelopment Project to inform the Primary Care Transformation Programme. 	<ul style="list-style-type: none"> * Regular Operational Waiting Times meetings - July 2018 * Performance reports to be presented to Directorate Management Teams - September 2018 * New management structure within health and social care partnership being developed - September 2018 	<p>July 2018</p> <p>September 2018</p> <p>September 2018</p>	<p>↔</p> <p>↔</p> <p>↔</p>
2401	New Corp Risk 10 (2401)	Health and wellbeing of our population	Failure to take action on prevention and early intervention which impacts on future health and wellbeing of our population in medium to long term.	Funding of current and changing service provision. Gaps in support to teams to deliver services. Not implementing evidenced based approaches. Non-delivery of actions within the Locality Plans	High	Medium	<ul style="list-style-type: none"> • Local Delivery Plan reports to Board • Public Health reports to Board • Immunisation rate reports to Healthcare Governance Committee • Midyear and annual review process from Scottish Government * Further development of Health & Wellbeing Outcome Focussed Plan. * Development of a generic Health & Wellbeing Service. * Director of Public Health approved as a non-voting member of the IJB * Health Protection and Screening Annual Reports * Working with Locality Managers and PHPs to help inform future Locality Plans 	<ul style="list-style-type: none"> * NHS Board Non-Executive Directors to hold the Board to account for addressing health inequalities using tools as described in the Health Inequalities Framework. * The Directorate of Public Health to have a presence on the Strategic Planning Partnership. * Annual reporting on action against the Outcome Focussed Plan. 	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	<p>↔</p> <p>↔</p> <p>↔</p>
2402	New Corp Risk 11 (2402)	Emergency Planning	Emergency Planning – failure to plan for major incidents and disasters. This could lead to harm to patients & staff (as well as reputational damage) through the failure of effective business continuity processes.	Gaps in comprehensive business continuity plans. Unexpected events for which no plans exist. Failure to respond appropriately to changes in UK threat level escalations.	Medium	Medium	ASSURANCES:- <ul style="list-style-type: none"> • Business continuity plans to Audit and Risk Committee • Major exercise reports to Management Team • Chief Officers' Group • Major Incident Reviews to Management Team • Pandemic Flu Plan to Healthcare Governance Committee • PREVENT Policy to Audit and Risk Committee and Board • Engagement with regional structures • Midyear and annual review process from Scottish Government * SG guidance April 17 on preparedness for an increased threat level. Internal Audit Review of Emergency Planning 2016/17. * Cross Scotland exercise - Border Reiver. *Exercise testing at new hospital site May 2018 * Winter Planning * D&G Major emergency Scheme - Public Health Incident Response Plan has been implemented locally. 	<ul style="list-style-type: none"> * Update to Gold Command controls - September 2018 	<p>September 2018</p>	<p>↔</p>

ID	Ref	Title	Description	Hazards	Risk level (current)	Risk level (target)	Current control measures	Further control measures required/ action plan	Target Date	Risk Status
2403	New Corp Risk 12 (2403)	Information Security	Failure to maintain information security standards leading to loss of reputation and severe financial penalty.	Information systems accessed by hackers and cease to function effectively. Insufficient safeguards result in loss of or inappropriate access to sensitive personal information. Failure to effectively store and access information results in a poor standard of care for patients or staff. Threat of internal security hacks.	Medium	Medium	ASSURANCES:- <ul style="list-style-type: none"> Information Assurance Committee reports to Audit and Risk committee Public Records Management Plan to Information Assurance Committee and Audit and Risk Committee Policies through Area Partnership Forum Fair warning system Annual FOI report to Board Governance Statements Midyear and annual review process from Scottish Government * External Assessment of security of IT systems against ever changing threats. * Clarification of data owners in respect of practices. * Increased warning to staff at regular intervals regarding behaviour required. * Attendance by the Medical Director and General Management for IM&T at the Cyber Security Conference. * Monthly review of security - meeting with Medical Director / Head of IT, Deputy IT Lead and Data Protection Officer - object of the meeting is to discuss progress with Information Governance Framework. 	Major incident exercise on cyber security is being discussed and planned to take place before December 2019.	December 2019	⇒
2404	New Corp Risk 13 (2404)	Corporate Governance	Board breaches compliance with standards on Corporate Governance including risk of best value not being obtained.	Risk of preventable harm to patients or staff if corporate governance fails. Litigation and criminal proceedings eg fraud. The Board may be unable to provide required assurance to government. Adverse reputation or publicity if corporate governance fails. Qualified accounts Best Value not being obtained.	Medium	Medium	ASSURANCES:- <ul style="list-style-type: none"> Standing Financial Instructions, Scheme of Delegation and Standing Orders to Audit and Risk Committee, Performance Committee and Board Fraud reports and Fraud Champion to Audit and Risk Committee Counter Fraud Services Alerts to Audit and Risk Committee Internal and external audit reports to Audit and Risk Committee and Board Financial reports to Performance Committee and Board Reports on Standing Financial Instruction compliance to Audit and Risk Committee Gifts and Hospitality reports Annual Accounts Publication Scheme Midyear and annual review process from Scottish Government * Revision of risk Management Strategy and development of assurance framework * Developments made to the register for recording members interests, which has been opened up to all staff with authorisations against budgets. 	Infrastructure in place to manage risk. Roll out of Datix. Appropriate induction programme to ensure that individuals are adequately trained to take on their new Board member role. Newly issued and implemented Corporate governance framework which has replaced previous SIC guidance. Internal Audit review has highlighted improvements to be implemented. Regular reporting on Best Value to MT and then on to Audit & Risk Committee. Report evidences Best Value across the organisation. Further Corporate Governance being issued. Reviewing Datix to include Health and Social Care Integration. Development of the Assurance Framework and Map. Ongoing review of Best Value Framework. Review of governance arrangements in line with Scottish Government recommendations following governance failures in other health boards.	Ongoing Ongoing Ongoing Ongoing Ongoing Ongoing Ongoing Ongoing Ongoing	⇒ ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

ID	Ref	Title	Description	Hazards	Risk level (current)	Risk level (target)	Current control measures	Further control measures required/ action plan	Target Date	Risk Status
2405	New Corp Risk 14 (2405)	Strategic Planning	Strategic commissioning fails to identify and adequately plan for the health and care needs of the people of Dumfries and Galloway.	<p>Strategic Commissioning and Planning</p> <ul style="list-style-type: none"> * Reduced staffing capacity resulting in potential insufficient contract management, strategic and service planning. * Challenges in recruiting staff experienced in planning and commissioning. * Dual procurement systems with NHS and Council * Inconsistent practices with Council and NHS staff in the department. * Lack of single systems and processes between the NHS and Council. <p>Performance and Business Intelligence</p> <ul style="list-style-type: none"> * Challenges in recruiting staff experienced in performance management. * Challenges in meeting statutory performance reporting requirements due to 	High	Medium	<ul style="list-style-type: none"> * 2wte Strategic Planning and Commissioning Managers in post replacing some vacancies in department. * Business partner models to support General Managers with service planning now in place. * System of regular contract monitoring in place. * regular contract monitoring meetings in place. * Regular Contract Management meetings in place. * Masters degree in planning sourced. * Regular Business Intelligence Group meetings established. 	<ul style="list-style-type: none"> * Map the dual procurement processes for NHS and Council and include within the developing contracts management framework - March 2019 * Developing a single contracts management framework for the whole department - August 2019 * Review the effectiveness of the Business Partner Model - September 2018 * Development of Market Facilitation Plan - October 2020 * Support and encourage Planning Managers to undertake Masters Degree in Planning - September 2018 	<p>March 2019</p> <p>August 2019</p> <p>September 2018</p> <p>October 2020</p> <p>September 2018</p>	<p>⇒</p> <p>⇒</p> <p>⇒</p> <p>⇒</p> <p>⇒</p>
2553	New Corp Risk 15 (2553)	Information Sharing with and across Children's Services	Potential confusion exists around information sharing due to changes in legislation regarding information sharing across professional groups within Children's Services. This can allow practitioners and children potentially to be at risk due action or omission.	<p>Lack of clarity in the legislation.</p> <p>Difficulties of interpretation.</p> <p>Potential contradictory advice from national directives.</p> <p>Practitioners and children potentially at risk due to action or omission.</p>	High	Medium	<p>Regular updates from Children Services Executive Group.</p> <p>Position Statements from CSEG.</p> <p>Regular discussion within Child Protection Committee and position reviews.</p> <p>Multi-agency Safeguarding Hub.</p> <p>Established use of Child Protection Advisers both for supervision and direct advice.</p>	<p>Clarity from Scottish government and multi-professional groups around information sharing - Expected January 2019</p> <p>The legislative framework being put in place - Expected January 2019</p> <p>Launch of practitioner guidelines - Expected January 2019</p>	<p>January 2019</p> <p>January 2019</p> <p>January 2019</p>	<p>⇒</p> <p>⇒</p> <p>⇒</p>
2565	New Corp Risk 16 (2565)	Organisational culture and development (staff experience)	<p>Failure of the organisation to have a culture, systems and processes in which staff feel safe and confident to speak up and raise concerns and ideas for improvement, resulting in adverse impact on staff and/or patient safety, health, wellbeing and/or relationships and reputation of the Board.</p> <p>This could result in a risk that the IJB fails to deliver anticipated cultural change resulting in fragmentation and disjointed services which have an adverse impact on patient / user and staff experience.</p>	<p>Staff experience</p> <p>Patient/user/carer experience</p> <p>Impact on reputation</p> <p>Impact on patient safety and care</p> <p>Impact on relations with IJB partners</p> <p>Failure to deliver the IJB strategic plan</p> <p>Failure to deliver the Board's Corporate Objectives</p>	High	Medium	<p>Organisation culture and development work programme in partnership with IJB partners in place, led by a steering group and reporting to Health and Social Care Management Team.</p> <p>Whistleblowing, grievance and bullying and harassment policies in place and accessible to staff via Beacon.</p> <p>Named whistleblowing champion, lead and confidential contacts in place.</p> <p>Whistleblowing, grievance and bullying and harassment monitoring and reporting to Staff Governance Committee.</p> <p>Core values developed, in place under leadership and direction of the Board and being embedded into recruitment selection and leadership and staff development programmes and interventions.</p> <p>iMatter roll-out complete across all staff groups during 2017.</p> <p>Implementing the actions from the Whistleblowing review action plan approved by Staff Governance Committee in November 2017.</p> <ul style="list-style-type: none"> * Continuing work to embed core values and constructive "blue print" behaviours aligned to our core values into all recruitment selection and development activity to promote them as the norm for all interactions staff and leaders with each other and service users. * Reviewed results from Pulse Survey and iMatter and reports taken to Staff Governance Committee March and May 2018 and follow-up actions set out in SAAT submitted to Scottish Government following approval by Staff Governance Committee May 2018 * Implementation of TURAS appraisal process for all AFC staff 	<ul style="list-style-type: none"> * Paper to H&SC Management Team June 2018 to propose implementation of GSI Team Development tool and ODL Asset List. * Paper to H&SC Management Team to propose extension of iMatter tool to key social care staff groupings (e.g. CASS) this summer. * Whistle blowing Policy and Process review completed and awaiting formal approval from APF. 	<p>June 2018</p> <p>Summer 2018</p> <p>Summer 2018</p>	<p>⇒</p> <p>⇒</p> <p>⇒</p>