10 December 2014

Council

To consider

Report of the Audit and Risk Committee

Issue

1   Twice a year the Audit and Risk Committee prepares a report for Council which details the work it has undertaken since its previous report.

Recommendations

2   The Council is asked to:

   a   Consider the second report from the Audit and Risk Committee which reflects its activities since May 2014.

   b   Agree the proposed amendments to the Audit and Risk Committee's Statement of Purpose, at Annex A.

Report of the Audit and Risk Committee

Issue

3 The Audit and Risk Committee is required by its Statement of Purpose to report to Council at least twice a year. It last reported to Council on 21 May 2014.

Purpose and membership

4 The Committee is a governance committee of Council. It comprises six Council members and two co-opted external members. The Chair is Hamish Wilson.

5 As set out in its Statement of Purpose, the Committee is responsible for ensuring the integrity of our financial statements, reviewing the systems of internal control, governance and risk management, and monitoring and reviewing both the internal and external audit services.

6 The Committee reviewed its Statement of Purpose at its meeting on 6 November 2014 and recommended an amendment for Council's approval, at Annex A.

Meetings

7 Since its last report to Council, the Committee has met on three occasions: 12 June, 16 September and 6 November 2014. Each meeting has had full attendance. In addition the Committee has held two seminar style discussions on 16 September and 6 November 2014.

8 Committee meetings have been fully supported by the Executive Team and since September 2014 the Committee has included the attendance of relevant directors and assistant directors when audit reports relating to their area of business have been presented. The Committee has found this particularly valuable and it is a practice it will now continue as regular business.

Risk management

9 As the trustees of a registered charity, Council is required to make a positive statement in the Annual Report, confirming that the major risks to which the charity is exposed, as identified by the trustees, have been reviewed, and that systems have been established to mitigate those risks.

10 The Committee's work supports Council in making its annual statement and during the year it has taken a very proactive role in overseeing the preparation and roll out of a revised risk management framework and the structure of a refreshed Corporate Risk Register. Following the Council's strategic discussion on risk at its away day in June 2014, the Committee has provided specific oversight to ensure all the risks

identified by members were properly captured and reflected in the Register. The Committee also critically challenged the Corporate Risk Register at subsequent meetings focusing on the risks identified, their continuing relevance and the mitigation activities.

11   As part of the introduction of the new risk management framework, the Committee has received regular reports on progress with implementation and roll out of training to staff. The scheduled face-to-face training is now completed and an online training module will be developed. An evaluation of the training roll out will be presented to the Committee next year. We will continue in our future programme of work to seek assurance that the framework remains relevant to the work of the organisation.

12   The Committee has been keen to develop the Corporate Risk Register further as a tool to identify gaps in assurance across the business and is pleased to report that much progress has been made in this area. This progress was shared in more detail with Council at its closed session on 25 September 2014. The 2015 audit programme is risk based and links clearly to the risk assurance map.

13   Over the next year, a wider assurance map will be developed for the whole organisation using the internal audit work as a springboard to identifying assurances in each directorate. The work will be alongside the development of a quality management system which is being led by the Resources and Quality Assurance Directorate. Both pieces of work are integral to understanding a holistic view of assurance. The Committee will receive progress reports at each of its meetings.

14   At its closed session on 25 September 2014, Council endorsed the risks identified and the revised structure of the Corporate Risk Register. At Council's request the Committee has considered risk further, including whether it was satisfied with the level of residual risk identified in the Corporate Risk Register both for those risks within and outside tolerance. The levels of residual risk in effect are a proxy for the risk appetite the GMC is willing to bear for each of the identified risks.

15   The Committee also noted that risks and mitigations must lead to a focus on the impact to patient safety. Given the nature of the regulatory role and the GMC's high profile, the organisation's reputation is always at risk whether undertaking more risky activities or just routine business. Therefore reputational risk should not be a reason for closing down potential opportunities. The Committee's view therefore is that Council should be alert to opportunities and where appropriate, seek to take advantage of them in a managed and considered way.

16   In addition the Committee considered how it gained assurance that staff, particularly those delivering decisions and customer service in front line activities, had sufficient training, support and motivation in carrying out their roles to minimise the impact of risk in those activities. This touched not only on the tangible written policies, guidelines and risk framework but also the culture of the organisation.

17   The Committee noted that Council receives the results of the staff survey as well as an annual Human Resources report which includes some of these aspects. It also agreed that in its programme of work for 2015 it would look at the staff appraisal system as a first piece of specific assurance work in this area and that if necessary, further work could be undertaken subsequently.

18   Finally, in its latest discussion, the Committee noted that:

a   It was important to learn from when things go wrong for consideration in future activities and risks.

b   That the risk management framework clearly lays out corporate and individual responsibilities for both the operation and monitoring of the risk management process.

c   It was helpful to have a Corporate Risk Register which made clear the boundaries of the GMC's control in risk management in its working with others as part of a wider health system.

19   The Committee did not consider that further changes needed to be made to the Corporate Risk Register at this stage but that all of the above areas would continue to form part of its deliberations over the coming year.

Internal audit – management arrangements

20   Following the external quality assurance review of internal audit in February this year and the considerations for future direction, additional senior level in-house resources are now in place. The responsibilities of the Assistant Director of Audit and Risk Assurance include fulfilling the role of Head of Internal Audit in the co-sourcing arrangement, with the audit team provided by an out sourced supplier.

21   The Committee is beginning to see some benefit of the co-sourcing model and looks forward to the clarity of accountability it will provide in delivering next year's audit programme. The extent to which the model can be further developed and the full benefits derived from it remain work in progress.

Internal audit – procurement of new internal audit team supplier

22   The internal audit team has been provided by Grant Thornton whose contract had been extended for a further year beyond its original three year term. This has necessitated a procurement process to secure the next three year internal audit appointment to begin on 5 January 2015.

23   The Committee has overseen a robust and challenging procurement selection exercise. It has also directly contributed to the process through providing input to the invitation to tender documentation and two Committee members, Suzi Leather and

Liz Butler, joining the decision making panel, alongside Dr Sarah Blackburn, an independent internal audit specialist, and members of the executive and management.

24 The successful appointee is Moore Stephens LLP and Committee members have already had the opportunity to meet the team informally.

Internal audit – delivery of 2014 audit programme

25 Since its last report, the Committee has overseen the completion in delivery of the 2014 annual programme of internal audit reviews. In all cases, the Committee has scrutinised the audit findings and satisfied themselves that the management actions proposed are appropriate. The assurance ratings by Grant Thornton awarded to reports can range from minimal to sound, with limited and substantial in between. This reviews and ratings are given in the table below.

Audit review	Rating
Quality assurance arrangements for medical education	Substantial
Operational readiness for the implementation of English language changes	Substantial
Fraud and corruption prevention: Financial, procurement and recruitment Fraud identity in Registration	 Sound Substantial
Management of increased volumes in fitness to practise	Substantial
The integrity of fitness to practise performance information	Substantial
Compliance with ISO 27001 and BS 10008	Substantial
Cyber penetration testing	Not rated, see below
Purchasing and payment systems	Substantial
Governance arrangements (also reported to Council on 25 September 2014).	Not appropriate to rate

26 In addition the audit programme has included three spot check reviews, which are very short, targeted pieces of work designed to provide assurance on a specific area of operation. The spot checks have covered:

   a Follow up of the implementation and effectiveness of actions arising from significant event reviews

   b The appointment of temporary staff, contractors and consultants

   c A review of the 2015 business planning process.

27 The cyber security penetration testing was commissioned through an independent supplier to provide further assurance on this important area of business. This work did not award an assurance rating but provided a number of recommended actions. Two of the actions in relation to firewall configuration were critical.

28 The first was the need to update the version of software currently in use which is subject to a number of vulnerabilities. The second related to the configuration of network filter rules to ensure access to network services was restricted to only those that required it.

29 The Committee is satisfied that the second of these issues has now been addressed and work is underway on the first one, which is due for completion by the end of January 2015.

30 Of the 19 recommendations made in the 2014 audit reviews, there was only one high priority recommendation. This related to the need to provide an independent check on the accuracy of data taken from management reports and included in Performance and Resources Board and Council reporting. The Committee is satisfied that additional controls and quality assurance arrangements have been put in place.

31 At each meeting, the Committee received a progress report, including an update on the status of actions arising from internal audit work. The Committee is pleased to report that there has been significant effort by management to close outstanding audit actions and the audit tracker is, with one exception, now entirely related to recent reviews where the due date for completion has not yet been reached. The exception is in relation to an action from the 'Communication with doctors' review which has been a piece of ongoing work over the last 18 months. Results of the recent perceptions survey (which includes a section on doctors' views of the effectiveness of current communications) are currently being analysed and the Committee anticipates receiving an update at its next meeting on 12 March 2015 confirming that the action is complete.

2015-2017 internal audit programme

32 On 6 November 2014, the Committee approved for the first time a three year programme of internal audit work. The Committee recognises that this is a step forward in developing longer term value and a more rigorous approach to routine assurance testing in all of our statutory functions. The programme agreed links clearly to the risks in the current Corporate Risk Register and for 2015 includes cross directorate work on intelligence gathering and use of information across the GMC, the data strategy programme and working with others.

33 The three year programme is at Annex B, and is divided in to four parts:

    a Core annual reviews (such as financial controls and performance data integrity and accuracy).

    b Statutory compliance reviews (covering Fitness to Practise, Education and Standards, Registration and Revalidation and MPTS).

    c Three yearly rolling programme reviews (for example procurement, business planning, business continuity).

    d Ad hoc reviews aligned to emerging business risk.

34 All reviews proposed for 2015 align to delivery of our strategic objectives and to risks in the current Corporate Risk Register.

35 The Committee is keen to ensure that all internal audit adds value to GMC business and focuses on output and outcomes as well as compliance with process and procedure. The Committee is satisfied that the proposed audit programme will support these requirements.

Significant Event Reviews

36 Since the Committee last reported to Council, it has noted the outcomes of 14 significant event reviews and the actions taken or proposed by management.

37 One review - Contact Centre Performance - was brought in full to the Committee in September 2014. The review had identified a number of management failings and the Committee had the opportunity to hear from the Assistant Director of Registration directly as to how the issues had arisen and were being addressed. The Committee was keen to ensure that its role to scrutinise and hold to account was appropriate balancing the seriousness of the issues with being supportive of the actions and the candour of the discussion.

External audit

38 The annual assessment of the performance of the external auditors (Crowe Clark Whitehill) took place in June 2014. This included the views of the Assistant Director of Finance as well as the Committee's feedback. As in previous years, the performance of the external auditor was considered to be high.

39 At its November meeting the Committee noted that a new statement of recommended practice for preparing the annual accounts has been introduced. The Finance Team is preparing for, and assessing the impact that the new Statement of Recommended Practice (SORP) will have on the 2015 accounts. As part of our preparation a briefing will be provided for Committee members.

40 The current contract with the external auditor expires at the end of 2014. Given the change in internal auditor in early 2015, the Committee agreed to an extension of the contract of one year to cover the statutory audit of the accounts for the year ending December 2014. A procurement exercise will be undertaken in 2015.

Audit and Risk Committee's annual review of its effectiveness

41 This year, in addition to completing an effectiveness questionnaire, the Committee has held a facilitated discussion with Dr Sarah Blackburn to explore further a number of the issues raised.

42 The questionnaire evidenced a high level of consensus amongst members and attendees of the Committee's membership and purpose and its role and responsibilities with regard to financial reporting, internal and external audit.

43 In particular the findings show that the Committee's membership is appropriate for its responsibilities, information and papers are provided in a timely manner to allow full and proper consideration of issues, the review of the annual report alongside the financial statements ensures that it fairly reflects the GMC's financial position, there is a clear separation between internal and external audit and that all audit findings are properly considered. The Committee also approves the work programme each year for both internal and external audit.

44 However, the Committee was not agreed that it has reviewed arrangements for staff to raise concerns and this will be included as a specific review in the internal audit programme for 2015.

45 The follow up discussion considered how the Committee could further improve scrutiny of the financial statements, widen its exposure to cover all areas of the business, determine the frequency of meetings with the auditors without management present, explore opportunities to discuss emerging issues and reach greater clarity on the role of the independent members and ensuring they had access to the appropriate Council business information to maximise the benefit of their contributions to discussions and decisions.

46 As a result the Committee has decided to take the following actions in 2015:

    a Use the Corporate Risk Register as a basis to invite directors and assistant directors to informal sessions after each meeting on a rotating basis to share and discuss issues relating to risks and their areas of operation.

    b Invite the external auditors to provide annual insight sessions twice a year.

    c Clarify and document the role of independent members.

    d Ask the Finance Team and external auditors to provide a seminar on accounting policies and updates on financial and auditing requirements before the financial statements are presented for recommendation to approve to Council.

    e Meet with the Head of Internal Audit and internal audit team and the external auditor at alternate meetings without management present.

Adding value

47 In summary, the Audit and Risk Committee's role is to add value to the organisation through supporting the achievement of good governance. It believes it has achieved this by:

    a Being clear on its role and purpose and checking that this is still appropriate for the business's needs.

    b Developing agendas in conjunction with the Assistant Director of Audit and Risk Assurance (as Head of Internal Audit) and management which reflect routine and emerging business so that Committee meetings are relevant and focused.

    c Overseeing the preparation and roll out of a revised risk management framework.

    d Critically challenging and regularly reviewing the Corporate Risk Register.

    e Promoting the development of risk assurance mapping.

    f Holding management to account for the implementation of audit recommendations.

    g Calling directors and senior staff to meetings to respond to questions arising from audit reviews.

    h Commissioning a specific piece of work on Information Systems penetration testing through an independent supplier.

    i Involvement in the procurement process for internal audit services through:

i   Participation in the development of the procurement process with Committee members attending the pre-tender briefing for suppliers.

ii   Commenting on the invitation to quote to ensure it properly reflected the Committee's views for the future of internal audit delivery.

iii   Representation on the procurement decision making panel.

48   Finally, the Committee would like to record its thanks to the outgoing Chair, Dr Hamish Wilson, for his leadership in shaping the Committee's role and agenda. It looks forward to working with the new Chair and continuing to support Council in the delivery of its responsibilities in 2015.

Supporting information

How this issue relates to the corporate strategy and business plan

27   The Audit and Risk Committee is responsible for ensuring the integrity of our financial statements, reviewing our systems of internal control, governance and risk management and for monitoring and reviewing both the internal and external audit services. As such, it plays a vital role in our governance framework and relates to all areas of our Corporate Strategy and Business Plan.

If you have any questions about this paper please contact: Lindsey Mallors, Assistant Director Audit and Risk Assurance (interim), lmallors@gmc-uk.org 0207 189 5188.

General
Medical
Council

Changes to the Audit and Risk Committee Statement of Purpose

Statement of purpose of the Audit and Risk Committee

Purpose

1 The Audit and Risk Committee ~~is responsible for exercising the authority delegated by~~provides Council ~~to monitor and review~~with independent assurance on the effectiveness of arrangements established by the Executive ~~in order~~ to ensure the:

a ~~i~~Integrity of the financial statements.~~;~~

b ~~the e~~Effectiveness of the systems of internal control, governance and risk management~~;~~.

~~a~~**c** ~~and the a~~Adequacy of both the internal and external audit services.

~~1~~**2** The Committee is specifically authorised by Council to:

a Investigate any activity within its terms of reference. Any investigation will normally be initiated in consultation with the Chief Executive.

b Seek any information it may reasonably require from any member, employee or associate. All members, employees and associates are directed to co-operate with any reasonable request made by the Committee.

c Obtain outside legal or other independent professional advice and to secure the attendance of people with relevant experience and expertise if it considers this necessary. The Committee may not incur direct expenditure in this respect in excess of its allocated budget without prior approval of the Chair of Council, in consultation with the Chief Executive.

Duties and activities

Financial Reporting

~~2~~**3** Review the annual financial statements taking into account advice from the external auditors and ensure they are a fair and accurate reflection of the activities of the GMC. If necessary, this should involve challenging the actions and judgements behind

the preparation of the annual financial statements and related documents, before submission to and approval by Council.

3~~4~~ Review the organisation's accounting policies.

4~~5~~ Consider any other topics, as directed by Council.

Internal Control and Risk Management

5~~6~~ Monitor the integrity of internal controls. In particular, review management and the internal audit reports on the effectiveness of the system of internal control.

6~~7~~ Assess the scope and effectiveness of the systems designed to identify, assess, manage and monitor significant risks.

7~~8~~ Review statements in the annual report and accounts relating to audit and risk management.

8~~9~~ Monitor anti-fraud policies and procedures and review arrangements for raising concerns.

9~~10~~ Review all delegated authorities at least once in every four-year Council term.

Internal Audit

10~~11~~ The appointment or dismissal of the Assistant Director of Audit and Risk Assurance and the external provider of internal audit services is the responsibility of the Chief Operating Officer in consultation with the Chief Executive, but should be ratified by the chair of the Audit and Risk Committee. In the event of any unresolved disagreement between the Chief Executive and the chair of the Committee, the matter will be referred to the Chair of Council.

11~~12~~ Ensure that the Assistant Director of Audit and Risk Assurance has direct access to the Chair of Council and the Committee and is accountable to the Committee.

12~~13~~ Review the internal audit programme and ensure that the function is adequately resourced and has appropriate standing within the organisation.

13~~14~~ Consider and monitor the organisation's response to any major internal audit recommendations.

14~~15~~ Monitor and assess the role and effectiveness of the internal audit function.

15~~16~~ Ensure the provision of any non-audit services does not impair the internal auditors' independence or objectivity.

External Audit

16 17 Consider and make recommendations to Council on the appointment, reappointment and removal of the external auditors.

17 18 Approve the terms of engagement and fee to be paid to the external auditor in respect of audit services provided.

18 19 Assess the qualification, expertise, resources, effectiveness and independence of the external auditors annually.

19 20 Discuss in advance with the external auditor the nature and scope of the audit.

20 21 Review with the external auditors their findings, the content of the management letter and management's responses and the audit representation letter.

21 22 Ensure the provision of any non-audit services does not impair the external auditors' independence or objectivity.

Working arrangements

22 23 Meetings will be held at least four times a year. At the discretion of the chair of the Committee, additional meetings can be convened.

23 24 The Committee should review its statement of purpose at least once a year and suggest any necessary amendments to Council.

24 25 The external auditors or internal auditors may request a meeting of the Committee.

25 26 At least once a year the Audit and Risk Committee should meet the external auditors and internal auditors without management.

26 27 Members of the Committee (including the co-opted members) may meet alone at any time. Normally, senior staff will be in attendance including the Chief Executive, the Chief Operating Officer, the Director of Resources and Quality Assurance, the Assistant Director of Finance and Procurement, and the Assistant Director of Audit and Risk Assurance. Others may attend meetings at the invitation of the Committee.

27 28 Draft minutes should be cleared by the chair and circulated to members for comment within two weeks of the meeting. Minutes are circulated to all Council members.

28 29 Where the Committee is not satisfied with any aspects of the organisation's performance in relation to audit and risk or other systems of internal control it will report its views to Council.

29**30** The Committee prepares a report, for inclusion in the annual report and accounts, on its role and responsibilities and the actions it has taken to discharge those responsibilities. The report includes any unresolved disagreements between Council and the Committee.

30**31** The chair or another designated member of the Committee, if the chair is not available, presents a report and answers questions on the Committee's activities for Council at least twice a year.

General
Medical
Council

Annex B

Proposed internal audit programme 2015-2017

Working with doctors Working for patients

Core annual programme

Area for review	Link to risk register	Comment	2015 potential scoping	Suggested days	2016	2017
Financial controls	ID14, ID15	Full coverage over three year period	Determined in discussion with Assistant Director (AD) Finance, external auditor	10	Determined in discussion with AD Finance, external auditor	Determined in discussion with AD Finance, external auditor
Risk management	ID11	Annual programme as directed by Audit and Risk Committee (ARC)	Review of embedding of risk management framework at directorate level	5	Review of risk framework and assurance mapping	Review of risk framework and its continued fitness for purpose
Accuracy and quality of performance data	ID11	Organisational coverage over three year period based on new reporting information when agreed by Council	Integrity and accuracy of HR performance data as this area has not previously been reviewed	5	Integrity and accuracy of performance data – areas selected on risk view nearer the time	Integrity and accuracy of performance data – areas selected on risk view nearer the time
Independent Standards Organisation 27001, British Standards Industry 1008	ID9, ID17, ID3A	Required to maintain accreditation	In line with accreditation requirements	5	In line with accreditation requirements	In line with accreditation requirements

Area for review	Link to risk register	Comment	2015 potential scoping	Suggested days	2016	2017
Cyber security	ID9, ID17	Requested annually by Audit and Risk Committee	Scope to be discussed between AD Audit and Risk Assurance and AD Information Systems (IS) and commissioned independently	Delivered separately by specialist firm	Scope to be discussed between AD Audit and Risk Assurance and AD IS and commissioned independently	Scope to be discussed between AD Audit and Risk Assurance and AD IS and commissioned independently
Previous audit recommendations follow		Follow up to be standard part of audit programme	Review of impact of recommendations implementation	5	Review of impact of recommendations implementation	Review of impact of recommendations implementation
Spot checks		Determined during the year		5		
Contingency		Held for urgent issues		5+30*		
Total core programme				**40 +30 days**		***see main report paragraph 21**

Statutory functions' compliance annual programme

Area for review	Link to risk register	Comments	2015 potential scoping	Suggested days
Registration and Revalidation processes	ID3, ID4, ID2A, ID6A	UK application processes not reviewed since 2011	AD Audit and Risk Assurance to discuss with director	10
Fitness to Practise (FtP) system and processes	ID1, ID7A	FtP quality assurance arrangements not reviewed since 2011	AD Audit and Risk Assurance to discuss with director	10
Medical Practitioners Tribunal Service (MPTS) system and processes	ID5	Internal quality assurance arrangements not yet mature. Work in this area underpins learning for improving quality of decision making	AD Audit and Risk Assurance to discuss with Tribunal Clerk to MPTS	10
Education and Standards system and processes	ID2	Review of arrangements to deliver quality assurance (QA) pilot visits in 2011. Review of GMC's approach to QA taken to Council in February 2014	Review of compliance with planning and monitoring QA visit processes including post graduate medical education and overseas QA	10
Total statutory compliance programme				**40 days**

Three year rolling compliance programme (unless something adverse occurs to warrant earlier review)

Area for review	Link to risk register	Comments	2015 potential scoping	Suggested days	2016	2017
Anti-fraud policy and arrangements	ID11	ARC is required to monitor fraud policy as well as arrangements. Policy last reviewed in 2011. Work on control framework design was reviewed in 2014			Review of policy and arrangements	
Public interest disclosure policy and arrangements	ID11	ARC review of effectiveness questionnaire identified that some members were unclear how staff could raise concerns. ARC is required to monitor policy	Review of policy and arrangements	2		
Procurement	ID14	Not looked at since 2011. New Head of Procurement making changes. Key support area to the business, large expenditure, inherent fraud and corruption risk	Compliance check, including third party supplier assurances	8		
Contract management	ID14	Not looked at since 2011. Key business discipline to ensure appropriate performance levels and value for money			Compliance check including focus in the directorates	

Area for review	Link to risk register	Comments	2015 potential scoping	Suggested days	2016	2017
Business planning	ID14, ID15	Looked at annually for several years. No significant findings. Next review to include budget setting and management monitoring process alongside development of the next Corporate Strategy			Review business planning and Corporate Strategy development	
Business continuity planning	Underpins all risks	Not reviewed since 2010	Review of business continuity arrangements (crisis management, disaster recovery, business continuation) including review of evidence of testing of them	10		
Governance	ID11	Reviewed in 2014				Full review
Total rolling programme				**20 days**		

One off reviews aligned to emerging business risk and need for assurance

Themes	Link to risk register	Comments	2015 potential scoping	Suggested days	2016	2017
Intelligence gathering and use	ID10, ID12, ID1A	Pulls together threads from: • Outcomes from Francis • Patient safety • Sharing and acting on information • Using learning from Employer Liaison Service and Regional Liaison Service • Horizon scanning	Review of how intelligence and data is captured within GMC systems, including how disseminated to appropriate parts of the organisation for use in local and corporate activities	15		
Data Strategy programme	ID1A	Large scale project underway with implications for the way data is owned and managed across the GMC. First delivery point March 2015	Real time review at key stages of project life cycle	5	Ongoing over life of project	Ongoing over life of project

Themes	Link to risk register	Comments	2015 potential scoping	Suggested days	2016	2017
Project/programme management	ID15	There is work programmed next year on developing a corporate approach and methodology for project and programme management				Review of compliance with implemented methodology
Equality and diversity (E&D)	ID4A	E&D Strategy and Plan in place. How effective and embedded are our plans for promoting E&D internally across the organisation			Review effectiveness of E&D plan implement-ation and progress	
Updating Siebel	ID12	Organisational tool for relationship management but only valuable if kept up to date. Some concerns raised about consistency of use due to inaccuracy of database held details				Compliance with update procedures for customer relationship management information

Themes	Link to risk register	Comments	2015 potential scoping	Suggested days	2016	2017
In house legal services	ID1, ID3, ID4	Efficiency and quality of in house legal advice currently being considered for internal review and a growth bid submitted for resources to undertake this			Review quality assurance arrangements for in house legal advice and policy/ procedure for in house vs external advice	
Recruiting, retaining and managing transitioning of staff with required skills	ID16	HR Strategy due to Council shortly	Review of performance appraisal system	5		
Efficiency programme	ID14	Annual efficiency programme in place but visibility of achievement and reporting could be improved				

Themes	Link to risk register	Comments	2015 potential scoping	Suggested days	2016	2017
Monitoring of sanctions	ID6	Once sanctions have been imposed, how do we monitor whether they are being adhered to	Review of arrangements for monitoring sanctions	5		
Standards for Education and Training review	ID7	Standards review undertaken in 2013. Report outlines 23 recommendations which are now starting to be implemented			Review of project implement-ation timeliness and impact	
Recognition and approval of trainers	ID7	New process introduced and will be fully rolled out by July 2016				Review outcomes and impact from implementa-tion

Themes	Link to risk register	Comments	2015 potential scoping	Suggested days	2016	2017
Communication	ID8, ID10, ID12, ID13	Relationships and communication with stakeholders review in hand with external consultants – implementing outcomes from survey will be in 2015. Planning campaigns –more focused in what we send and avoiding 'overload'. Implementing new media management system. Engagement community map in development.			Follow up of work streams and focus to address issues relating to communicat-ing with doctors and other stakeholders	
Working with others and information exchange	ID8, ID10, ID12	We have many MOUs of varying ages and usefulness.	Review of impact of information sharing	10		

Themes	Link to risk register	Comments	2015 potential scoping	Suggested days	2016	2017
FtP processes	ID1, ID7A	Currently developing a programme of work to look at all FtP business processes over the next year or so			Provide assurance on robustness of analysis and conclusions drawn as early reviews are undertaken	Once the new arrangements have been implemented and undertake compliance check with processes as part of annual programme
Rule 4(4) – when to launch a full scale investigation in to a complaint	ID10	Pilot due to begin in November exploring opportunities to 'triage' pre stream 2 cases (thresholds, speed of case closing etc).				
MPTS	ID10	Case Management changes may be needed next year if proposed legislative changes take effect			Review of case management efficiency and effectiveness	

Themes	Link to risk register	Comments	2015 potential scoping	Suggested days	2016	2017
Total emerging issues				40 days		