



## **Audit and Performance Systems Committee**

### **Minute of Meeting**

**Tuesday, 20 August 2019**

**10.00 am Meeting Room 4 / 5, Health Village**

Present: John Tomlinson; and Luan Grugeon, Councillor Philip Bell and Councillor John Cooke (as substitute for Councillor Cllr Gill Al-Samarai)

Also in attendance; Alex Stephen (Chief Finance Officer, ACHSCP), Alison MacLeod (Lead Strategy and Performance Manager, ACHSCP), Kenneth O'Brien (Service Manager, ACHSCP), Martin Allan (Business Manager, ACHSCP), Graham Lawther, (Communications Manager, ACHSCP), Alan Thomson, Kundai Sinclair and Derek Jamieson (Governance, Aberdeen City Council (ACC)), and Colin Harvey (Internal Audit)

Apologies: Cllr Al-Samarai

**The agenda and reports associated with this minute can be found [here](#). Please note that if any changes are made to this minute at the point of approval, these will be outlined in the subsequent minute and this document will not be retrospectively altered.**

### **DECLARATIONS OF INTEREST**

1. Members were requested to intimate any declarations of interest.

#### **The Committee resolved:-**

to note that no declarations of interest were intimated at this time for items on today's agenda.

### **DETERMINATION OF EXEMPT BUSINESS**

2. The Committee determined that there was no exempt business to be considered with the press and public excluded.

### **MINUTE OF PREVIOUS MEETING OF 28 MAY 2019**

3. The Committee had before it the minute of the meeting of 28 May 2019.

#### **The Committee resolved:-**

- (i) to amend the mis-spelling of Tomlison to Tomlinson on page 9, and
- (ii) to otherwise approve the minute as a true record.

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## **BUSINESS PLANNER**

4. The Committee had before it the Business Planner as presented by the Chief Officer Finance.

The Committee heard that the new planner would give a picture of current and future business reporting across this Committee but would also capture the business of the Integration Joint Board and the Clinical Care Governance Committee to minimise double reporting.

**The Committee resolved:-**

to note the updated business planner.

## **ANNUAL REPORT**

5. The Committee had before it a report by the Chief Officer which provided information on the Aberdeen City Health & Social Care Partnership Annual Report 2018-19.

**The report recommended : -**

that the Committee -

- a) review the ACHSCP Annual Report 2018-19, and
- b) provide feedback and comment to the Lead Strategy and Performance Manager for inclusion in the finalised report.

The Committee heard a summary of the report and the variety of measures taken during its composition together with an explanation of consultation carried out during the various topics discussed in the report.

The Committee provided comment to the report author to assist completion of the report.

**The Committee resolved :-**

- (i) to note the ACHSCP Annual Report 2018-19.
- (ii) to provide feedback to the Lead Strategy and Performance Manager for inclusion in the finalised report.

## **STRATEGIC RISK REGISTER**

6. The Committee had before it a report by the Chief Officer Finance which accompanied the ACHSCP Risk Register.

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**The report recommended: -**

that the Committee –

- a) Approve and provide comment on the revised risk register, as detailed in the Appendix to the report; and
- b) Undertake an in-depth review of risks 4, 5, 6 and 10, within the strategic risk register.

The Committee heard a full review on each of the selected risks.

**Risk 4 – Description of Risk:** There is a risk that relationship arrangements between the IJB and its partner organisations (Aberdeen City Council & NHS Grampian) are not managed in order to maximise the full potential of integrated & collaborative working to deliver the strategic plan. This risk covers the arrangements between partner organisations in areas such as governance arrangements, human resources; and performance.

The Committee heard that this was a critical requirement across all areas of the Partnership functions. Examples of good relationships at senior, leadership and operational levels were presented and that lessons learned were adopted within both continuing and developing relationships.

Feedback suggested that the IJB was working well.

**Risk 5 – Description of Risk:** There is a risk that the IJB, and the services that it directs and has operational oversight of, fail to meet both performance standards/outcomes as set by national and regulatory bodies and those locally-determined performance standards as set by the board itself. This may result in harm or risk of harm to people.

The Committee heard that whilst focus on this risk had previously been more strategic, focus was now more towards the operational challenges of the risk and that mapping exercises, self evaluation learning and data analysis all featured within a developing Action Plan at the regular Leadership meetings which would be presented to a future IJB (March 2020).

**Risk 6 – Description of Risk:** There is a risk of reputational damage to the IJB and its partner organisations resulting from complexity of function, decision making, delegation and delivery of services across health and social care.

The Committee heard that this risk applied across all areas of the Partnership's activities and that any failures involving partners and providers would by default impact on the Partnership. The Committee heard that a proactive approach including

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environmental scanning and awareness together with intelligence gathering would ensure a strong position to be able to manage and mitigate developing issues.

A strategy was being developed and this would be reported to a future IJB meeting.

The Committee heard that as change was happening and would continue to happen, it was important that this risk was managed and mitigated fully.

**Risk 10 - Description of Risk:** There is a risk that ACHSCP is not sufficiently prepared to deal with the impacts of Brexit on areas of our business, including affecting the available workforce and supply chain. Whilst the impact on health and social care services of leaving the EU is impossible to forecast, it is clear that a number of issues will need to be resolved. Key areas for health and social care organisations to consider include: staffing; medical supplies; accessing treatment; regulation (such as working time directive and procurement/competition law, for example); and cross border issues.

The Committee heard that the Partnership continues to engage together with partners and participate on local and national EU Brexit discussions following Scottish Government guidance. Contingency planning had been developed and was subject to monitor and review with the Leadership Team. Considerations included, but not restricted to, impacts on staff, buildings, facilities, medications, services, financial impact and general disruption.

The Committee heard that a previous workshop session on the Strategic Risk Register was beneficial and that this would be repeated.

### **The Committee resolved:-**

- (i) to provide comment on the revised risk register, as detailed in the Appendix to the report;
- (ii) to review risks 4, 5, 6 and 10, within the strategic risk register, and
- (iii) to direct that updates be made to the Risk Register as detailed during the review.

## **FINANCE MONITORING REPORT**

7. The Committee had before it a report by the Chief Officer Finance, which provided a summary of the current year revenue budget performance for the services within the remit of the Integration Joint Board (IJB) as at Period 3 and of on any areas of risk and management action relating to the revenue budget performance of the IJB services. The report also included details on the budget virements required.

**The report recommended: -**

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that the Committee -

- a) notes this report in relation to the IJB budget and the information on areas of risk and management action that are contained herein, and
- b) notes the budget virements indicated in Appendix E.

The Committee heard that providing the Partnership services involved a budget of over £300 million, not all of which was under direct control. If there was any overspend, the principle partners of Aberdeen City Council and NHS Grampian would be required to provide additional funding.

Previously, the availability of reserves had eased budget demands however an amended fund allocation model and a shift in transformation work to business-as-usual had indicated likely overspend forecast which was to be the subject of a report to the Leadership Team. It was hoped that the remedial action suggested would resolve the forecasted overspend.

The Chief Finance Officer informed the Committee that an overspend of £607,000 was currently forecast on mainstream services and that the senior leadership team have reviewed this position and identified potential savings to bring the budget back in on target by the end of the financial year.

### **The Committee resolved:-**

to approve the recommendations.

## **WINTER DEBRIEF REPORT AUGUST 2019**

8. The Committee had before it a report by the Chief Officer which provided the Winter Planning Debrief for 2018/2019.

### **The report recommended: -**

that the Committee note the information contained in this report relating to winter 2018/19 and the learning that is being incorporated into winter planning for period 2019/20.

The Committee heard that the report was one part of the wider overall winter plan which the Leadership Team were involved with and would be presented to the IJB in September 2019. The report built upon events and learning to develop the plan, together with the anticipated EU Exit.

### **The Committee resolved:-**

to approve the recommendation.

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**CONFIRMATION OF ASSURANCE**

**10.** The Chair provided Members with an opportunity to request additional sources of assurance for items on today's agenda, and thereafter asked the Committee to confirm it had received reasonable assurance to fulfil its duties as outlined within its Terms of Reference.

**The Committee resolved:-**

to confirm that they had received sufficient assurance from the reports presented.

- **JOHN TOMLINSON, Chairperson**

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