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Aberdeen City Health & Social Care Partnership
A caring partnership

To: Members of the Audit and Performance Systems Committee

Town House,
ABERDEEN Date Not Specified

AUDIT AND PERFORMANCE SYSTEMS COMMITTEE

The Members of the **AUDIT AND PERFORMANCE SYSTEMS COMMITTEE** are requested to meet in **Meeting Room 4 / 5, Health Village** on **TUESDAY, 20 AUGUST 2019 at 10.00 am.**

FRASER BELL
CHIEF OFFICER - GOVERNANCE

BUSINESS

TERMS OF REFERENCE - FOR NOTING

DECLARATION OF INTERESTS

- 1 Members are requested to intimate any declarations of interest (Pages 7 - 8)

DETERMINATION OF EXEMPT BUSINESS

- 2 Members are requested to determine that any exempt business be considered with the press and public excluded

STANDING ITEMS

- 3 Minute of Previous Meeting of 28 May 2019 (Pages 9 - 16)

- 4 Business Planner (Pages 17 - 18)

GOVERNANCE

- 5 Annual Report (Pages 19 - 56)

6 Strategic Risk Register (Pages 57 - 94)

FINANCE

7 Finance Monitoring Report (Pages 95 - 114)

PERFORMANCE

8 Winter Debrief Report August 2019 (Pages 115 - 124)

EXEMPT / CONFIDENTIAL BUSINESS

9 None Reported

CONFIRMATION OF ASSURANCE

10 Confirmation of Assurance

Should you require any further information about this agenda, please contact Derek Jamieson, tel 01224 523057 or email derjamieson@aberdeencity.gov.uk



ABERDEEN CITY INTEGRATION JOINT BOARD

AUDIT AND PERFORMANCE SYSTEMS COMMITTEE TERMS OF REFERENCE

1. Introduction

- (1) The Audit & Performance Systems Committee is identified as a Committee of the Integration Joint Board (IJB). The approved Terms of Reference and information on the composition and frequency of the Committee will be considered as an integral part of the Standing Orders.
- (2) The Committee will be known as the Audit & Performance Systems Committee (APS) of the IJB and will be a Standing Committee of the Board.
- (3) The purpose of the Committee is to provide assurance to the IJB on the robustness of the Partnership's risk management, financial management service performance and governance arrangements.

2. Constitution

- (1) The IJB shall appoint the Committee members. The Committee will consist of four voting members of the IJB, with two members appointed from each partner.

3. Chairperson

- (1) The Committee will be chaired by a non-office bearing voting member of the IJB and will rotate between NHS Grampian and Aberdeen City Council (ACC).

4. Quorum

- (1) Three Members of the Committee will constitute a quorum.

5. Attendance at Meetings

- (1) The Chief Officer, Chief Finance Officer, Chief Internal Auditor and other Professional Advisors and senior officers are required as a matter of course, external audit or other persons shall attend meetings at the invitation of the Committee.

- (2) The Chief Internal Auditor will be invited to each meeting and the external auditor will attend at least one meeting per annum.
- (3) The Committee may co-opt additional advisors as required.

6. Meeting Frequency

- (1) The Committee will meet at least four times each financial year. There should be at least one meeting a year, or part thereof, where the Committee meets the external and Chief Internal Auditor without other seniors officers present. A further two developmental sessions will be planned over the course of the year to support the development of members.

7. Authority

- (1) The Committee is authorised to instruct further investigation on any matters which fall within its Terms of Reference.

8. Duties

The Committee shall:-

- (1) Review the overall Internal Control arrangements of the Board and make recommendations to the Board regarding signing of the Governance Statement, having received assurance from all relevant Committees.
- (2) Prepare and implement the strategy for performance review and monitor the performance of the Partnership towards achieving its policy objectives and priorities in relation to all functions of the IJB.
- (3) Ensure that the Chief Officer establishes and implements satisfactory arrangements for reviewing and appraising service performance against the national health and wellbeing outcomes, the associated core suite of indicators and other local objectives and outcomes and for reporting this appropriately to the Committee and Board.

The performance systems scrutiny role of the Committee is underpinned by an Assurance Framework which itself is based on the Board's understanding of the nature of risk to its desired priorities and outcomes and its appetite for risk-taking.

This role will be reviewed and revised within the context of the Board and Committee reviewing these Terms of Reference and the Assurance Framework to ensure effective oversight and governance of the partnership's activities.

- (4) Act as a focus for value for money and service quality initiatives.
- (5) Review and approve the annual audit plan on behalf of the IJB, receiving reports, overseeing and reviewing actions taken on audit recommendations and reporting to the Board.

- (6) Monitor the annual work programme of Internal Audit, including ensuring IJB oversight of the clinical and care audit function and programme to ensure this is carried out strategically.
- (7) Consider matters arising from Internal and External Audit reports.
- (8) Review on a regular basis actions planned by management to remedy weaknesses or other criticisms made by Internal or External Audit.
- (9) Support the IJB in ensuring that the strategic integrated assurance and performance framework is working effectively, and that escalation of notice and action is consistent with the risk tolerance set by the Board.
- (10) Support the IJB in delivering and expecting cooperation in seeking assurance that hosted services run by partners are working effectively in order to allow Aberdeen City IJB to sign off on its accountabilities for its resident population.
- (11) Review risk management arrangements, receive annual Risk Management updates and reports and annually review with the full Board the IJB's risk appetite document.
- (12) Ensure the existence of and compliance with an appropriate Risk Management Strategy.
- (13) Report to the IJB on the resources required to carry out Performance Reviews and related processes.
- (14) Consider and approve annual financial accounts and related matters.
- (15) Approve and understand the sources of assurance used in the Annual Governance Statement.
- (16) Review the Annual Performance Report to assess progress toward implementation of the Strategic Plan.
- (17) Be responsible for setting its own work programme which will include the right to undertake reviews following input from the IJB and any other IJB Committees.
- (18) Promote the highest standards of conduct by Board Members.
- (19) Monitor and keep under review the Codes of Conduct maintained by the IJB.
- (20) Provide oversight of Information Governance arrangements and staffing arrangements as part of the Performance and Audit process.
- (21) Be aware of, and act on, Audit Scotland, national and UK audit findings and inspections/regulatory advice, and to confirm that all compliance has been responded to in timely fashion.
- (22) The Committee shall present the minute of its most recent meeting to the next meeting of the IJB for information.

9. Review

- (1) The Terms of Reference will be reviewed annually to ensure their ongoing appropriateness in dealing with the business of the IJB.

- (2) As a matter of good practice, the Committee should expose itself to periodic review utilising best practice guidelines.

DECLARATIONS OF INTEREST

You must consider at the earliest stage possible whether you have an interest to declare in relation to any matter which is to be considered. You should consider whether reports for meetings raise any issue of declaration of interest. Your declaration of interest must be made under the standing item on the agenda, however if you do identify the need for a declaration of interest only when a particular matter is being discussed then you must declare the interest as soon as you realise it is necessary. The following wording may be helpful for you in making your declaration.

I declare an interest in item (x) for the following reasons

For example, I know the applicant / I am a member of the Board of X / I am employed by...

and I will therefore withdraw from the meeting room during any discussion and voting on that item.

OR

I have considered whether I require to declare an interest in item (x) for the following reasons however, having applied the objective test, I consider that my interest is so remote / insignificant that it does not require me to remove myself from consideration of the item.

OR

I declare an interest in item (x) for the following reasons however I consider that a specific exclusion applies as my interest is as a member of xxxx, which is

- (a) a devolved public body as defined in Schedule 3 to the Act;
- (b) a public body established by enactment or in pursuance of statutory powers or by the authority of statute or a statutory scheme;
- (c) a body with whom there is in force an agreement which has been made in pursuance of Section 19 of the Enterprise and New Towns (Scotland) Act 1990 by Scottish Enterprise or Highlands and Islands Enterprise for the discharge by that body of any of the functions of Scottish Enterprise or, as the case may be, Highlands and Islands Enterprise; or
- (d) a body being a company:-
 - i. established wholly or mainly for the purpose of providing services to the Councillor's local authority; and
 - ii. which has entered into a contractual arrangement with that local authority for the supply of goods and/or services to that local authority.

OR

I declare an interest in item (x) for the following reasons.....and although the body is covered by a specific exclusion, the matter before the Committee is one that is quasi-judicial / regulatory in nature where the body I am a member of:

- is applying for a licence, a consent or an approval
- is making an objection or representation
- has a material interest concerning a licence consent or approval
- is the subject of a statutory order of a regulatory nature made or proposed to be made by the local authority.... and I will therefore withdraw from the meeting room during any discussion and voting on that item.



Audit and Performance Systems Committee

Minute of Meeting

Tuesday, 28 May 2019

10.00 am Meeting Room 4 / 5, Health Village

Present: Luan Grugeon; and John Tomlinson, Cllr Gill Al-Samarai and Councillor Philip Bell

Also in attendance; Sandra Ross (Chief Officer, ACHSCP), Alex Stephen (Chief Finance Officer, ACHSCP), Alan Thomson (Solicitor, ACC), Colin Harvey (Internal Audit), Gail Woodcock (Lead Transformation Manager, ACHSCP) and Martin Allan (Business Manager, ACHSCP)

Apologies: David Hughes (Internal Audit)

OPENING REMARKS

The Chair opened the meeting and welcomed John Tomlinson onto the Committee. The Chair commented on the volume of reports on today's agenda and reminded Members that an 'open door policy' existed in all work of the Partnership and that officers could be contacted directly at any time on any matter seeking clarity.

MEMBERS ARE REQUESTED TO INTIMATE ANY 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.

MEMBERS ARE REQUESTED TO DETERMINE THAT ANY EXEMPT BUSINESS BE CONSIDERED WITH THE PRESS AND PUBLIC EXCLUDED

2. The Committee was asked to determine any exempt or confidential business.

The Committee resolved:-

To note there was no exempt business.

MINUTE OF PREVIOUS MEETING OF 12 FEBRUARY 2019

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3. The Committee had before it the minute of the previous meeting of 12 February 2019.

The Committee resolved:-

To approve the minutes of 12 February 2019 as a true record.

MINUTE OF PREVIOUS MEETING OF 30 APRIL 2019

4. The Committee had before it the minute of the previous meeting of 30 April 2019.

The Committee resolved:-

To approve the minutes of 30 April 2019 as a true record.

BUSINESS PLANNER - FOR DISCUSSION

5. The Committee had before it the business planner. There was discussion regarding its content and purpose and the members indicated its importance in maintaining assurance.

The Committee resolved:-

- (1) to note the current content of the business planner
- (2) to direct the Chief Officer Finance to review the business planner and consider merging with the Forward Planner whilst retaining visibility of all items to be reported to the Committee

APS DUTIES REPORT

6. The Committee had before it the APS Duties Report, which was presented by the Chief Financial Officer, Alex Stephen.

The Committee resolved:-

- (3) to note the current content of the APS Duties Report
- (4) Request that the Chief Finance Officer presents this report to the APS on an annual basis at the start of each financial year.

TRANSFORMATION PROGRAMME MONITORING

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7. The Committee had before it the Transformation Programme Monitoring report which was presented by the Lead Transformation Manager, Gail Woodcock.

The Committee were reminded that whilst this was a regular report, an opportunity was taken on each presentation to study a topic more closely, on this occasion Acute Care at Home, House of Care and INCA.

The Committee also received a presentation from Dr Calum Leask.

The Committee resolved: -

To note the information provided in this report.

EXTERNAL AUDIT ANNUAL REPORT

8. The Committee had before it the External Audit Report presented by Andy Shaw of KPMG.

The Committee heard an overview of the report and that there were no significant matters outstanding which allowed for an unqualified opinion to be issued. The Committee also heard that the Partnership Accounts had been the first to be presented in Scotland this year.

The Committee expressed their appreciation of the efforts applied by the Chief Financial Officer and his staff, and the external auditors in preparing the accounts.

The Committee resolved: -

To note the contents of the report

INTERNAL AUDIT ANNUAL REPORT 2018/2019 - INC. OUTSTANDING RECOMMENDATIONS

9. The Committee had before it the Internal Audit Annual Report prepared by the Chief Internal Auditor and presented by Internal Auditor Colin Harvey.

The Committee heard an overview of the report.

The Committee resolved: -

- (1) to note the Internal Audit Annual Report 2018/19,
- (2) to note that the Chief Internal Auditor has confirmed the organisational independence of Internal Audit,

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- (3) to note that there has been no limitation to the scope of Internal Audit work during 2018/19; and
- (4) to note the progress that management has made with implementing recommendations agreed in Internal Audit reports.

INTERNAL AUDIT PLAN 2019/2020

10. The Committee had before it the Internal Audit Plan 2019/2020 which was presented by Colin Harvey.

The Committee heard that the planned activities was based upon local and national risk and also from suggestions or results of other engagements. Whilst the plan was fairly rigid, there was scope to amend the intended work plan should risk dictate that. The Committee were reminded that the opportunity also existed for the Partnership to initially review any matter of concern in the absence of Internal Audit.

The Committee resolved: -

- (1) To approve the Internal Audit Plan for 2019/20
- (2) To note that whilst there is limited flexibility to additional requests, these would be considered on a risk basis.

ACC INTERNAL AUDIT REPORT - CRIMINAL JUSTICE

11. The Committee had before it the Internal Audit Report on Criminal Justice which was presented by Colin Harvey.

The Committee heard that whilst some minor weakness had been identified, action had already been undertaken in the form of retraining to address these issues.

The Committee resolved: -

To note the content of the report.

ACC INTERNAL AUDIT REPORT - NATIONAL CARE HOME CONTRACT

12. The Committee had before it the Internal Audit Report on the National Care Home Contract which was presented by Colin Harvey.

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The Committee heard that whilst some matters were not particularly well recorded, changes were being implemented which would be subject of a follow up.

The Committee resolved: -

To note the content of the report.

NHS INTERNAL AUDIT REPORTS

13. The Committee had before it the NHS Internal Audit Report presented by PWC.

The Committee resolved: -

- (1) To note the content of the NHSG Internal Audit Reports, as attached at Appendix A, B & C, and
- (2) To note the actions and timescales for Aberdeen City, as outlined in the action plan of the NHSG Internal Audit report attached at Appendix A and C.

AUDIT SCOTLAND - LOCAL GOVERNMENT IN SCOTLAND AND SAFE GUARDING PUBLIC MONEY

14. The Committee had before it the public reports issued by Audit Scotland.

The Committee heard from the Chief Finance Officer, Alex Stephen, that relevant Audit Scotland reports and publications would be brought to the Committee for awareness and noting. The Committee also heard that the new leadership structure within the Partnership reflected cross leadership comments which featured in the reports.

The Committee resolved: -

To note the content of both reports

AUDITED ANNUAL ACCOUNTS

15. The Committee had before it the Audited Annual Accounts presented by the Chief Finance Officer, Alex Stephen.

The Committee heard that the word 'Unaudited' should be amended to 'Audited' where appropriate.

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The Committee resolved: -

- (1) To agree the Integration Joint Board's Audited Accounts for 2018/19, as attached at appendix A,
- (2) To instruct Officers to submit the approved audited accounts to NHS Grampian and Aberdeen City Council.
- (3) Instruct the Chief Finance Officer to sign the representation letter, as attached at appendix B.

FINANCIAL MONITORING

16. The Committee had before it the Finance Update as at March 2019, which was presented by the Chief Finance Officer, Alex Stephen.

The Committee resolved: -

- (1) To note this report in relation to the IJB budget and the information on areas of risk and management action that are contained therein, and
- (2) to note the budget virements indicated in Appendix E.

EXEMPT BUSINESS

17. There was no exempt business.

CONFIRMATION OF ASSURANCE

18. 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 the receipt of reasonable assurance for items on today's agenda.

Luan.Grugeon, Chair

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	A	B	C	D	E	F	G	H	I	J
1	AUDIT AND PERFORMANCE SYSTEMS COMMITTEE BUSINESS PLANNER The Business Planner details the reports which have been instructed by the Committee as well as reports which the Functions expect to be submitting for the calendar year.									
2	Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Update	Report Author	Lead Officer / Business Area	Directorate		Delayed or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
3	20 August 2019									
4	Standing Item	Annual Performance Report (National & MSG Indicators)	Per APSC Terms of Reference	On agenda	Alison Macleod	Strategy Lead	ACHSCP			
5	Standing Item	Financial Monitoring Report	Aug-19 (APS), Nov-19 (IJB), 25 Feb (APS)	On agenda	Alex Stephen	Chief Finance Officer	ACHSCP			
6	Standing Item	Contract Register Annual Review	Annual - last reported September 2018		Anne McKenzie	Lead Commissioner	ACHSCP		D	Delayed pending strategic commissioning report to next IJB
7	Standing Item	External Auditor Report	Annual - last reported September 2018		Andy Shaw	External Audit	KPMG		R	Reported to last meeting
8	Standing Item	Strategic Risk Register	Bi-Annual - August and February	On agenda	Martin Allan	Business Manager	ACHSCP			
9	29 October 2019									
10	Standing Item	Review of Financial Regulations	Per APSC Terms of Reference		Alex Stephen	Chief Finance Officer	ACHSCP			
11	Standing Item	Review of Terms of Reference	Per APSC Terms of Reference		Alan Thomson	Legal Officer	Governance			
12	Standing Item	Review of relevant Audit Scotland reports	Good practice to see national position		Alex Stephen	Chief Finance Officer	ACHSCP			
13	Standing Item	BAEF	Review following close of CCG, Strategic Risk & H&S Work		Martin Allan	Business Manager	ACHSCP			
14	Standing Item	Internal Audit Reports	Assurance that services are operating effectively		David Hughes	Chief Internal Auditor	Governance			
15	Standing Item	Transformation Programme Monitoring	Quarterly Reporting		Gail Woodcock	Transformation Lead	ACHSCP			
16	25 February 2020									
17	Standing Item	Financial Monitoring Report	Nov-19 (IJB), 25 Feb (APS)		Alex Stephen	Chief Finance Officer	ACHSCP			
18	Standing Item	Review of relevant Audit Scotland reports	Good practice to see national position		Alex Stephen	Chief Finance Officer	ACHSCP			
19	Standing Item	Quarterly Performance Monitoring	Per APSC Terms of Reference		Alison Macleod	Lead Strategy Manager	ACHSCP			
20	Standing Item	Review of Risk Appetite Statement	Per APSC Terms of Reference		Martin Allan	Business Manager	ACHSCP			
21	Standing Item	Transformation Programme Monitoring	Quarterly Reporting		Gail Woodcock	Transformation Lead	ACHSCP			
22	Standing Item	Internal Audit Reports and Plan	Assurance that services are operating effectively		David Hughes	Chief Internal Auditor	Governance			
23	Standing Item	External Auditor Annual Plan	Per APSC Terms of Reference		Andy Shaw	External Audit	ACHSCP			
24	Standing Item	Strategic Risk Register	Bi-Annual - August and February		Martin Allan	Business Manager	ACHSCP			
25	28 April 2020									

	A	B	C	D	E	F	G	H	I	J
	Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Update	Report Author	Lead Officer / Business Area	Directorate		Delayed or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
2										
26	28.05.2019	APS Duties Report	APS 28.05.2019 - Request that the Chief Finance Officer presents this report to the APS on an annual basis at the start of each financial year.		Alex Stephen	Chief Finance Officer	ACHSCP			
27	Standing Item	Review of relevant Audit Scotland reports	Good practice to see national position		Alex Stephen	Chief Finance Officer	ACHSCP			
28	Standing Item	Transformation Programme Monitoring	Quarterly Reporting		Gail Woodcock	Transformation Lead	ACHSCP			
29	Standing Item	Internal Audit Reports	Assurance that services are operating effectively		David Hughes	Chief Internal Auditor	Governance			
30	Standing Item	Review of Local Code of Governance	To provide assurance on Governance Environment		Alex Stephen	Chief Finance Officer	ACHSCP			
31	Standing Item	Review of Financial Governance	To provide assurance on Governance Environment		Alex Stephen	Chief Finance Officer	ACHSCP			
32	Standing Item	Approval of unaudited Accounts	Per APSC Terms of Reference		Alex Stephen	Chief Finance Officer	ACHSCP			
33	Standing Item	Annual Governance Statement	To provide assurance on Governance Environment		Alex Stephen	Chief Finance Officer	ACHSCP			
34	2 June 2020									
35	Standing Item	Internal Audit Annual Report	Assurance that services are operating effectively		David Hughes	Chief Internal Auditor	Governance			
36	Standing Item	Review of relevant Audit Scotland reports	Good practice to see national position		Alex Stephen	Chief Finance Officer	ACHSCP			
37	Standing Item	Transformation Programme Monitoring	Quarterly Reporting		Gail Woodcock	Transformation Lead	ACHSCP			
38	Standing Item	Internal Audit Reports	Assurance that services are operating effectively		David Hughes	Chief Internal Auditor	Governance			
39	Standing Item	Review of Code of Conduct	Per APSC Terms of Reference		Derek Jamieson	Committee Officer	Governance			
40	Standing Item	Approval of Audited Accounts	Per APSC Terms of Reference		Alex Stephen	Chief Finance Officer	ACHSCP			
41	Standing Item	External Audit Report	Per APSC Terms of Reference		Andy Shaw	External Audit	KPMG			



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Date of Meeting	20 August 2019
Report Title	Annual Report
Report Number	HSCP.19.040
Lead Officer	Sandra Ross, Chief Officer
Report Author Details	Name: Alison MacLeod Job Title: Lead Strategy and Performance Manager Email Address: alimacleod@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	A. Annual Report 2018-19

1. Purpose of the Report

- 1.1. The purpose of this report is for APS to review, prior to the submission to IJB for approval, the partnership's annual performance report for 2018-19.

2. Recommendations

- 2.1. It is recommended that the APS Committee:
- a) Review the ACHSCP Annual Report 2018-19.
 - b) Provide feedback and comment to the Lead Strategy and Performance Manager for inclusion in the finalised report.

3. Summary of Key Information

- 3.1. The Public Bodies (Joint Working) (Scotland) Act 2014 obliges the integration authority to prepare a performance report for the previous reporting year



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which in this case is 1st April 2018 to 31st March 2019. The performance report therefore relates to the final year of the IJB's previous Strategic Plan.

- 3.2. The performance report must outline a description of the extent to which the arrangements set out in this plan have achieved, or have contributed to achieving, the national health and wellbeing outcomes.
- 3.3. Neither the legislation nor accompanying guidance prescribes a specific template to be used for the annual performance report. Each partnership can design its own format to best explain and illustrate its performance. The design of this year's report is based mainly on a very visual and easy read format which is hoped will grab the reader's attention and easily highlight areas of good practice and improvement. Most of the numbers are contained in appendices.
- 3.4. The partnership's Performance Management Framework outlines core national indicators which are aligned to the national health and wellbeing outcomes. These indicators are consistent across Scotland and our own progress can be monitored not only against previous years but also against the Scotland average. At the national Strategic Commissioning and Improvement Network it was suggested that all partnerships report these in a similar format for ease of benchmarking. This year's Annual Report therefore has these indicators listed in an appendix to the main report.
- 3.5. In relation to the national indicators we have previously noted that national indicators 1 to 9 which are based on a bi-annual survey using a random selection of recipients from GP practice lists do not necessarily represent the views of people who use our services. A local survey has been commissioned and the target sample criteria will be people who have used both social care and health services provided by the partnership.
- 3.6. This year, in relation to the national indicators we have been informed that there is an issue around data completeness for performance statistics against national indicators 12, 13, 14, 16 and 20 as they relate to the financial year 2018-19. Every partnership has therefore been advised, in order to ensure robust benchmarking, to report data for these indicators on a calendar year basis and we have done so in our report.
- 3.7. Previously we had a suite of local operational indicators aligned to key themes - Safe, Effective, Responsive, Caring and Well-Led. Data was not consistently collated and reported on these, but information has been provided in the Annual Report where it is available. A new set of local



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indicators aligned to the refreshed Strategic Plan were approved by the IJB in December 2018 and these will feature in future performance reports.

- 3.8.** In addition, we have been asked by the Ministerial Steering Group (MSG) to report on a number of indicators which they feel best demonstrate progress on integration and which can be benchmarked across Scotland.
- 3.9.** The partnership's performance against all of these indicators – national, local and MSG - are outlined in the Annual Report and an analysis and commentary has been provided on indicators of note. In addition to the quantitative data, this year a section entitled "That was the year that was" has been added capturing the qualitative information relevant to the year.
- 3.10.** The partnership's Chief Finance Officer has provided regular budget monitoring updates to the IJB throughout the year. The annual report includes an overview of the total amount of money spent and also the total amount and proportion of spend in the reporting year broken down by the various services to which the money was allocated. This information mirrors that contained in the partnership's audited accounts for 2018/19 which were presented to the most recent meeting of the Audit and Performance Systems Committee.
- 3.11.** This year again, we have included a section about Looking Forward which captures the areas of improvement we are aware of and the many areas of good practice currently underway that we hope to be able to report on in future.
- 3.12.** Highlights for this year's Annual Report are: -
 - Continued improvements in Delayed Discharges
 - A reduction in admissions from A&E.
 - The implementation of a number of strategies
 - Progress on a number of transformation projects
 - Stabilising our governance and structure arrangements
 - Implementation of our Workforce Plan

Some areas for improvement include: -

- The percentage of adults with intensive care needs receiving care at home
- The number of A&E attendances



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3.13. The integration authority is required to publish this annual performance report and to provide a copy of it to its constituent authorities, Aberdeen City Council and NHS Grampian.

3.14. The ACHSCP Annual Report 2018/19 is set out in Appendix A.

4. Implications for APS

4.1. Equalities – this report has no direct implications in relation to equalities.

4.2. Fairer Scotland Duty – this report has no direct implications in relation to the Fairer Scotland Duty.

4.3. Financial – There are no direct financial implications arising from the recommendations of this report.

4.4. Workforce – There are no direct workforce implications arising from the recommendations of this report.

4.5. Legal – under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014 we have a statutory obligation to publish an Annual Report. Whilst, due to governance arrangements we are unable to publish within the stipulated timescale (4 months after the end of the financial year i.e. 31st July 2019), we are in a similar situation to many partnerships and there is an acceptance at government level that this is the case. If the Annual Report was not to be approved and published, we would be in breach of our legal obligation which would damage the reputation of the IJB and give rise to uncertainty around its performance.

4.6. Other – none.

5. Links to ACHSCP Strategic Plan

5.1. The Annual Report demonstrates the progress made in the final year of our previous Strategic Plan.

6. Management of Risk

6.1. Identified risks(s)



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There is a risk that we breach our legal obligation under the Public Bodies (Joint Working) (Scotland) Act 2014 (as described at 4.5 above) and also that we are not transparent and open about our performance.

6.2. Link to risks on strategic or operational risk register:

This report links to strategic risk 5. - *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 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.*

6.3. How might the content of this report impact or mitigate these risks:

The report gives the IJB assurance on the areas where we are performing well and highlights areas where performance could be improved allowing them to direct remedial activity where required.

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**Aberdeen City Health & Social Care
Partnership
Annual Report 2018-19**





Contents

1. Introduction
 2. Analysis and Commentary on Indicators of Note
 3. That Was the Year That Was
 4. Our Local Framework
 5. National Health and Wellbeing Outcomes
 6. Looking Forward
- Appendix A - Performance Summary (National & MSG Indicators)

If you require further information about any aspect of this document, please contact:

ACHSCP Enquiries

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Website: <https://aberdeencityhscp.scot>

Twitter: <https://twitter.com/HSCAberdeen>



1. Introduction

*“We are a caring partnership, working in and with our communities
to enable people to achieve fulfilling, healthier lives”*

Our annual report outlines how effective the Aberdeen City Health & Social Care Partnership (ACHSCP) has been in 2018-19, the final year of the partnership’s first Strategic Plan which was published on integration ‘go-live’ in April 2016. It describes our progress against a range of local and national performance indicators and reflects on the impact of the day-to-day delivery of our integrated health and social care services.

Our third year of operation as an integrated partnership continued the progress of previous years in improving the experiences and outcomes of the people who use our services and their carers. We recognise that our services are not yet as well co-ordinated and collaborative as we would like them to be and there is still much to do before we have truly transformed service delivery across the partnership.

We are optimistic about the capability of staff in all areas of the partnership, including our third and independent sector partners, not only to ensure that a good-quality, person-centred service is being delivered on a day-to-day basis but also to offer their professional insights about what we could be doing differently. Our aim remains to become known and respected as a high-performing partnership that has a reputation for its compassion, quality, innovation and effectiveness.

The partnership’s second [Strategic Plan](#) was approved by the Integration Joint Board (IJB) in March 2019 following comprehensive engagement and consultation with the people who use our services, their carers, communities and other appropriate stakeholders.

The IJB continues to exercise good governance and oversight of the partnership’s activities. It has made clear its expectations about the implementation of our strategic plan, the delivery of the expected benefits of our transformation programme and the desired positive impact on the health and wellbeing of our local population, including our wider partnership workforce.

We are committed to the integration of health and social care services and working collaboratively with our partners to achieve desired outcomes. We would like to thank all our staff and volunteers in every partnership service for striving on a daily basis to make a difference. It is hugely appreciated, and their hard work and commitment does not go unrecognised.



2. Analysis and Commentary on Indicators of Note

In relation to the statistics in Appendix A, the available information enables us to compare the partnership’s performance in the past year with the previous year, to compare against the country’s performance as a whole and to show its position relative to the other partnerships in Scotland for each indicator. Aberdeen City sits in the country’s top 20 partnerships for 15 of the 19 reported indicators. We know we can do better and our expectation is to improve our performance across all indicators year after year.

In Figure 3.1, the red line indicates the previous reporting period and the bars demonstrate our performance change.

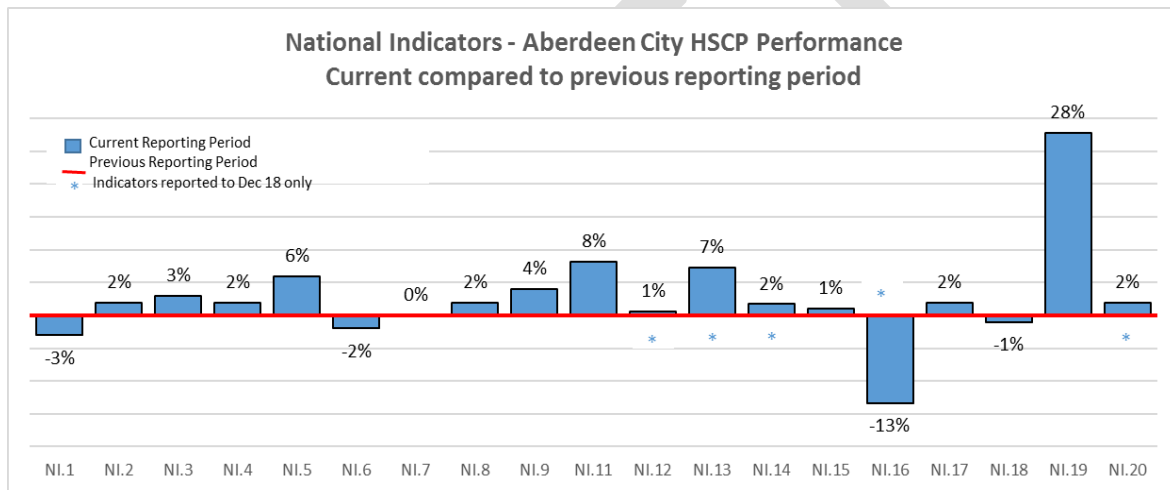


Figure 3.1 ACHSCP Performance (National Indicators) Compared to Previous Period

Fifteen of the 19 reported indicators have improved or stayed the same, since the previous reporting period. This is an improvement on last year where 14 indicators improved or stayed the same. Of the four indicators that performed worse than the previous period, three were on or within 3% of the previous performance except NI.16 – Falls rate per 1,000 population aged 65+ where performance had worsened by 13%, however Aberdeen City’s performance remains the same as the Scotland position of 17 falls per 1,000 population aged 65+

In Figure 3.2, below the red horizontal line shows the national position and the bars for each indicator show the percentage by which the partnership differs from Scotland’s performance for the current reporting period. Positive bars show where the partnership is performing better than Scotland and negative bars show where our performance is worse than Scotland’s.

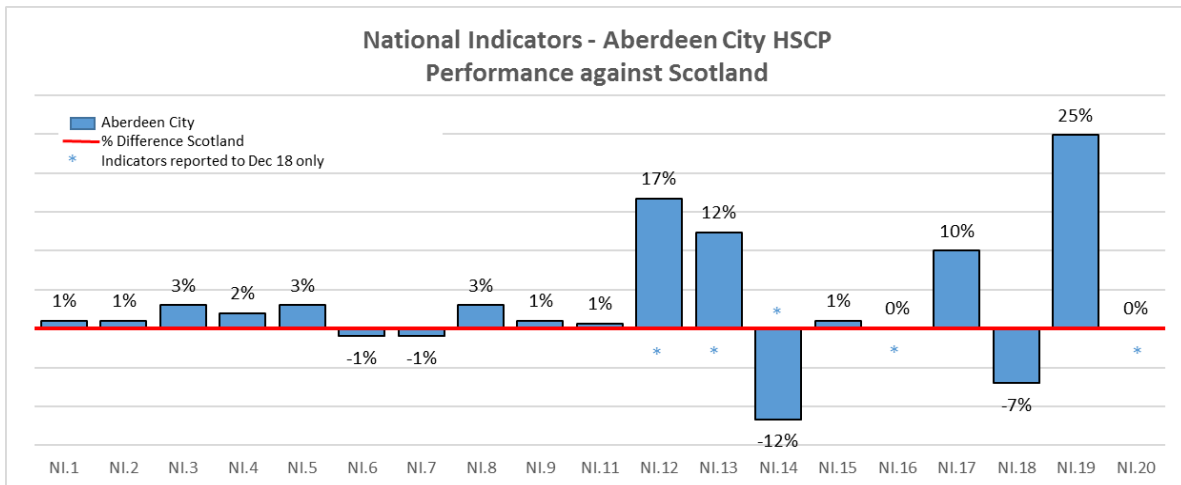


Figure 3.2 ACHSCP Performance (National indicators) Against Scotland

For the current reporting period the partnership performed better than Scotland for 13 of the 19 national indicators; this is an improvement from last year where we performed better in 12 of the 19 national indicators. We performed worse than Scotland in four indicators; all were within 5% of the Scotland figure with the exception of NI.14 - Readmission to hospital within 28 days (12% worse than Scotland) and NI.18 - Percentage of adults with intensive care needs receiving care at home (7% worse than Scotland).

Figure 3.3 shows the partnership’s performance for each indicator ranked against all the other partnerships in Scotland. A lower number demonstrates a better position against the rest of Scotland. Aberdeen City was in the top 50% for 13 of the 19 reported indicators for this reporting period. This is an improvement from the last reporting period where Aberdeen City reported 11 of the 19 indicators in the top 50%.

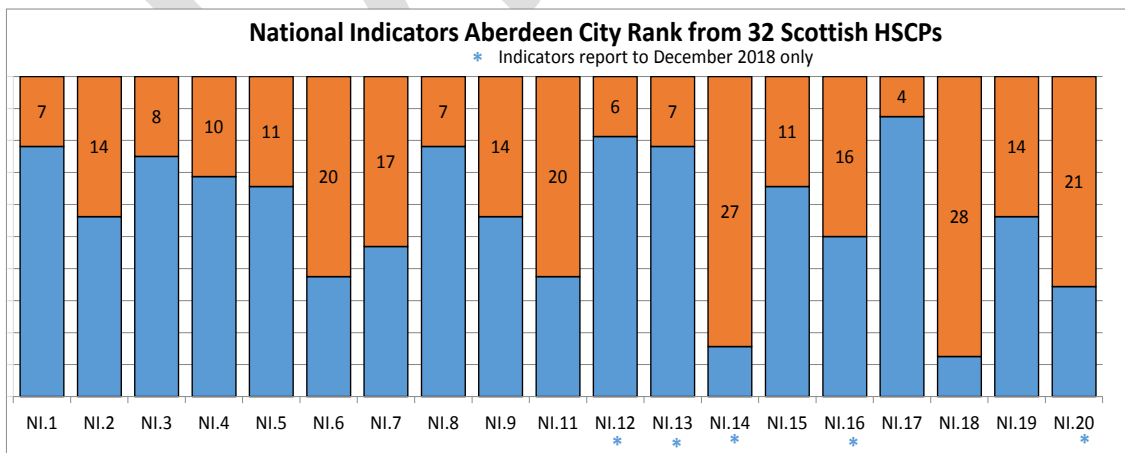








Figure 3.3 ACHSCP Performance (National Indicators) Ranked Against Other Partnerships.



	<p>National Indicators 1 – 9 are based on a bi-annual survey of individuals who are registered with GP practices. The recipients of the survey are randomly selected from the practice lists. There is no targeting of people who actively use health and social care services, but this is one of the first questions asked in the survey so we can identify what percentage of respondents do. Return rates are generally poor and an analysis of these, combined with those who confirmed they have used services indicate that responses are reflective of an extremely small number of service users – less than 1% in 2015/16. Whilst these figures are reported nationally, we are obliged to reflect them in our annual report; however, we will not undertake any in-depth analysis on these. In June 2019 we commissioned a local survey with a view to gathering more representative data. The questions in the local survey reflect national indicators 1 to 9 and more and we will report on the outcome of that in next year's annual report. The local survey will be repeated in two years' time in order that we can measure progress.</p>
	<p>The <u>percentage of staff who say they would recommend their workplace as a good place to work</u> is not reported nationally however we have taken the data in the table above from NHS Grampian's iMatter survey which includes all partnership staff including those employed by Aberdeen City Council.</p>
	<p>The <u>premature mortality rate</u> has decreased significantly from 464 in 2015 to 423 in 2017 and is lower than the Scottish rate of 425 in 2017. We hope this trend will continue particularly with the implementation of some of our prevention and resilience initiatives in relation to promoting healthier lifestyles and greater self-management of conditions and look forward to the publication of subsequent year's data.</p>
	<p>The <u>emergency bed day rate</u> has reduced significantly by almost 11% since December 2016 and is over 12% lower than the Scottish figure which is likely impacted by our improved delayed discharge activity.</p>
	<p>The <u>readmission to hospital</u> rate of 115, although lower than last year's figure of 117, is still higher than the previous year's figure of 104 and the Scottish figure of 103. This area is subject of ongoing investigation by our Unscheduled Care Group.</p>
	<p>The <u>proportion of care services graded 'good' (4) or better in Care Inspectorate inspections</u> has increased again from 86% in 2016/17, to 90% in 2017/18 and now to 92% in 2018/19, significantly higher than the Scottish average of 82%. We believe this is indicative of the improved working relationships we have developed with local providers along with our commitment to ensure the Scottish Living Wage is paid to all adult social care workers.</p>



	<p>The percentage of adults with intensive care needs receiving care at home dropped last year to 54% from 55% the previous year and is significantly lower than the Scottish figure of 62%. Comparison with the Scottish figure is artificial as historical practice differs greatly between each local authority area. The local drop is concerning however and the reasons for this will be investigated and analysed.</p>
	<p>The number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population) has continued to drop as a result of positive collaborative working between the Discharge Hub, colleagues in ACC Housing and commissioned providers. The figure has gone from 1,155 in 2016/17, to 838 in 2017/18, and 605 in 2018/19 – a reduction of almost 48%. Aberdeen City's 2018/19 figure is almost 25% lower than the Scottish figure of 805</p>
	<p>Admissions from A&E have reduced by 5.5% since 2016/17 and are almost 23% lower than the Scottish figure. Can say why this is?</p>
	<p>The number of unscheduled hospital bed days for both acute and long stay specialties has reduced significantly by 20% each since 2016/17. We attribute this improvement to the work ongoing in relation to delayed discharges, improving the throughput of patients generally.</p>
	<p>A&E attendances, having dropped the previous year have increased again in 2018/19 and are above the Scottish average. We will continue to work towards diverting demand away from A&E through our Link Practitioners, Action 15 and Primary Care Improvement Plan and the introduction of our Mental Health, Dementia and Social Isolation Delivery Plans.</p>
	<p>The number of delayed discharge bed days has reduced by 33% in the last two years and is 14% lower than the Scottish figure. This is as a result of positive collaborative working between the Discharge Hub, colleagues in ACC Housing and commissioned providers.</p>
	<p>In 2018/19 ACHSCP participated in a self-evaluation exercise organised by the Ministerial Steering Group in relation to demonstrating progress on integration. Overall the partnership result was positive: - 45% rated at Exemplary level 41% rated at Established level 14% rated at the Part Established level 0% rated at the Not Yet Established level Areas of improvement were identified, and an Action Plan has been developed which will be monitored by the Leadership Team with progress reported to the IJB in March 2020. It is anticipated the self-evaluation will be repeated in future years and our aim will be to achieve 100% at Exemplary level.</p>



3. That Was the Year That Was

2018-19 was busy with many different activities, developments and initiatives. These highlighted the diversity and complexity of the partnership's delegated functions and services being progressed or completed.

Some of the highlights from the past year include:

The partnership's Learning Disability Strategy, [A'thegither in Aberdeen](#) was launched in May last year at Pittodrie Stadium. The then-chair of the IJB, Jonathan Passmore said that this was "the clearest, simplest and most accessible document the IJB had ever seen".

The strategy recognises that people with learning disabilities are valued contributors to our communities and it maps out how we can help them to flourish and achieve fulfilling, healthier lives.

The partnership's Carers Strategy, [A Life Alongside Caring](#), was approved by the IJB in March 2018 and formally launched in Carers Week in June.

The implementation of this strategy alongside the introduction of Adult Carer Support Plans and Young Carer Statements is helping to meet many of the hopes and aspirations that carers themselves have told us about, like: treating carers as equal partners in care; treating carers holistically; improving support; building trust; planning for the future; co-ordinating the support provided to a carer, and recognising the impact of the caring role.

The [Autism Strategy and Action Plan 2019-2022](#) was approved by the IJB in December.

This whole-life strategy has been created in partnership with autistic people, families, professionals and organisations and reflects the revised Scottish Government outcomes and priorities.

It outlines the underpinning strategic vision and the actions across 13 focus areas that will deliver improved outcomes and experiences for the local autistic population.

Audit Scotland published its [Health and social care: update on progress](#) report in November, which assessed the success of health and social care integration in Scotland so far.

The report highlighted leadership, information-sharing and governance as key strengths of the Aberdeen City Health & Social Care Partnership.

"We have seen examples of good collaborative and whole-system leadership, including in Aberdeen City, where relationships have been built across the Partnership. Although differences of opinion still exist and there is healthy debate, Aberdeen City is now better placed to implement widespread changes to improve outcomes.



2018-19 saw the departure of our interim Chief Officer, Sally Shaw, who was successful in obtaining the Chief Officer post in the Orkney Islands.

Sandra Ross was appointed by the IJB to be its Chief Officer in August.

IJB Chair Jonathan Passmore said: "We are delighted to welcome Sandra into Aberdeen City Health & Social Care Partnership. She brings a wealth of experience of front-line service, which will be of great value to the organisation.

"Having worked for a range of organisations, Sandra has extensive knowledge of operational management, and will bring strong leadership skills to the organisation as we continue to reshape and transform adult health and social care in the city."

A successful recovery operation was implemented in December last year when a care-at-home provider notified the partnership of their intention to shortly cease operations.

A working group was quickly established to oversee the safe and swift transfer of care and discussions commenced with our other providers about their capacity and willingness to support this.

A fair re-allocation of the care packages was agreed and the importance of quickly and efficiently transferring staff from the previous provider was also emphasized. Affected individuals and families were all contacted and briefed on the partnership's intentions given the quickly developing circumstances.

101 of the original 111 packages of care, consisting of over 1,000 hours of weekly support, were transferred to local providers. The remainder were allocated to Bon Accord Care. This was a complex challenge within a short timescale but we believe that the agreed actions were in the best interests of the individuals and minimized the risk of any disruption to their care and support.

The **Acute Care at Home (AC@H)** service seeks to provide comprehensive assessment and care to frail elderly people in their own homes during an acute phase of illness where it is safe and appropriate to do so. The service pathway supports both Admission Avoidance (GP referrals initially) and Active Recovery, for those patients who have received assessment, diagnostics and acute treatment. The service went live in June.

The evaluation of the first six months of operation completed in April 2018 shows that the service appears "no less safe than usual care" and satisfactory to patients, unpaid carers, staff and interacting organisations.

In this period there were a total of 84 admissions to the service, most of which were from the Geriatric Assessment Unit (GAU) using the early discharge model (67%) and consisted of older adults with frailty requiring support following hospital discharge.

In comparison to a GAU admission, 2.5% more patients were living at home 90 days following AC@H discharge and 6.8% lower mortality rates were reported.



The **HEART Awards** – ‘Having Exceptional Achievement Recognised Together’ – was designed to celebrate the outstanding work of colleagues in ACHSCP and its partner organisations. Our third HEART Awards ceremony was held at the Beach Ballroom in March 2019 and the occasion drew some 350 colleagues for an evening of home-grown entertainment and accolades. The award winners were: [Photos available!](#)

The Hearing Others Award:	Anne Carmichael and Peter Stephen
The Empowering People Award:	Dr Susan Brechin
The Team Aberdeen Award:	Capital & Services Team
The Rising Star Award:	Katharine Paton
The Beating Heart Award:	Dr Alasdair Jamieson
The Staff Choice Award:	Mark Craig
Special Commendation:	Dr Claire Wilkie

The Aberdeen Links Programme went live in September 2018 with the recruitment of the first cohort of Primary Care Link Practitioners by our commissioned partner, the Scottish Association for Mental Health (SAMH). This initially covered two thirds of the practice population with a second and final cohort commencing the following year.

The aim of the programme is to support people to live well through strengthening connections between community resources, third sector organisations and primary care and to enhance social prescribing activities in Aberdeen. The programme recognises the demand for GP and other primary care services and introduces an opportunity to integrate a different skill-set into the practice team.

Link Practitioners are providing a person-centred service that is responsive to the needs and interests of the practice population by supporting patients to identify issues that affect their ability to live well and help them to address these. [Photos available!](#) [More data from Calum post 13/8.](#)

Dr Caroline Howarth MBChB FRCGP was appointed as the new **Clinical Director** for Aberdeen City Health & Social Care Partnership in January 2019.

Caroline became cluster lead for the Central South GP Cluster in 2013 and went on to become one of the deputy clinical leads for the partnership in 2016. She has been involved in many projects across the city, including the recent and very successful West Visits Unscheduled Care initiative. She is currently leading on implementing the Primary Care Improvement Plan across Aberdeen.

Integration Joint Board Chair Councillor Sarah Duncan said: “I am delighted that Caroline is joining the partnership’s Leadership Team. She has a wealth of experience in the delivery of primary care services for the people of Aberdeen and has already demonstrated her strong leadership skills through her prominent role with professional GP bodies and in key partnership initiatives.”



The Care Inspectorate, in conjunction with Health Improvement Scotland, published in September, a joint follow-up [report](#) to their original inspection of the partnership's services for older people in 2015-16.

Their overall conclusion was that the partnership had made good progress in relation to five of the original eight recommendations, reasonable progress in relation to two and limited progress in relation to one. The report concluded:

“Our original inspection identified some strengths in the delivery of services for older people in Aberdeen. These included a strong commitment to engaging with and involving local communities in planning how to meet the health and social care needs of the older population. However, we also identified a number of significant weaknesses and we made eight recommendations for improvement in relation to these.

“The partnership had responded well to our recommendations. It had made good progress in addressing delayed discharges, carers assessments, joint training and its process for allocating money from the integrated care fund. It had made good progress supporting the frontline staff who carried out adult support and protection work. It had made limited progress developing locality teams.”

The **West Unscheduled Visiting** pilot scheme to help GP practices deliver an afternoon home-visiting service has proved a big success.

All the locality's seven GP practices and Grampian Medical Emergency Department (G-MED) took part in the initiative, which involves an Advanced Nurse Practitioner (ANP) visiting patients who ask for an unscheduled home visit that would usually have been undertaken by a GP.

GPs were very satisfied with the service, giving it an average score of 90%. They reported reduced workloads, allowing them to spend more time with patients in the practice, a high-quality service for patients, and decreased stress for other practice staff. ANPs felt they provided holistic care to patients and were providing the practices with a good service.

Patients who returned questionnaires at the end of the evaluation period also reacted positively, with 100% of respondents rating their ANP as “very good” for their compassion and respectfulness. Respondents also gave the scheme full marks in terms of their overall satisfaction. One patient told the evaluation team: “The home visit was excellent – the nurse was very good and patient with me. I wish we could get someone like her all the time.” The findings have been published in the Journal of Research in Nursing, available at: <https://journals.sagepub.com/doi/full/10.1177/1744987119852380>.

The partnership is now extending the service – with the longer-term aim of scaling up the model to cover half of the city by the end of this year.



At its meeting in March, the IJB agreed to move from four to three **localities** – to help Aberdeen City Health & Social Care Partnership (ACHSP) provide services tailored to the needs of local communities.

Each of the three new ACHSCP localities will include within its defined area an Aberdeen Community Planning Partnership priority locality – and the three localities will be aligned with existing city neighbourhoods.

During a comprehensive consultation on the proposal to move to three localities, respondents were overall in favour of the change and overwhelmingly agreed that more joined-up locality planning arrangements would bring big benefits. The new arrangements will be brought in over a period of time and the approach will be very much based on working closely with interested people, groups and communities.

The Capital and Services Team were worthy winners of this year's 'Team Aberdeen' HEART award. They are currently progressing a number of live projects which are aligned to key investment priorities in the NHS Grampian (NHSG) Primary Care Premises Plan 2019-2020, including:

Denburn / Aurora Project: An Outline Business Case has been approved to secure £8.1M investment to accommodate the Denburn/Aurora Medical Practice in a new Community Treatment and Care Centre.

Danestone: Work is ongoing to secure investment for the replacement of the Danestone Medical Practice to better support new models of care and introduce new professional roles across the North Locality.

The North Corridor: The Aberdeen City and Aberdeenshire IJBs, together with NHSG, are progressing an Outline Business Case to secure £19M to deliver an integrated Community Treatment and Care Centre for 13,000+ patients.

Countesswells: The IJB together with NHSG and ACC are exploring opportunities for the co-location of health and care services with Education, Community Learning and other community planning partners in a wider community campus model in the emerging Countesswells community.

The Team are also working with colleagues to develop an Infrastructure Plan by January 2020. This plan will set out strategic priorities to invest in buildings, ICT, equipment and transportation links to ensure a modern, flexible, accessible and connected estate.



The partnership undertook an evaluation of our **INCA** pilot to show how well our two teams of community nursing and care at home staff in Cove and Peterculter had fulfilled key Buurtzorg principles, namely – keeping the person at the centre, drawing on and building informal networks to support them, working in small self-managing, neighbourhood-based teams, collaborating with formal networks as required, and using an enabling approach rather than a narrow focus on time and task.

Our evaluation of this pilot showed that:

- people receiving their support from INCA greatly valued the service (mean satisfaction score 98%)
- staff retention was challenging, particularly regarding self-management, resolving conflict and a predominantly social-care caseload (due to the team's double-running with existing community nursing teams)
- a real positive was the ability to rapidly provide step-up or step-down support according to a person's individual and changing needs.

We are sure that our learning will improve our provision of flexible, person-centred and enabling care and influence the development of a multidisciplinary team approach to the rapid stepping up and down of support in localities.

The INCA evaluation, referenced above, was used as the basis for a research article by the partnership's Research and Evaluation Manager, Dr Calum Leask, in conjunction with a colleague, Andrea Gilmartin from NHS Grampian.

This article was published in a peer-reviewed and internationally read journal, [AIMS Public Health](#). It is the first peer-reviewed piece of research that the partnership has produced and as such is hugely significant for emphasizing to a global readership the partnership's outcome-focused ambitions and priorities.

In January 2019, Independent Sector Leads from Scottish Care's Aberdeen City team met with managers from 18 out of 20 independent sector care homes in the city. The aim was to:

- scope current communication and involvement with ACHSCP
- learn about local independent care homes workforce and practice development
- gather information regarding the relationships between care homes and external organisations
- identify any next steps.

A report, "Voices from the Independent Sector Care Homes" ([Link](#)), was produced in March 2019 and this has identified areas where the partnership can work together with the independent sector to improve working relationships and ultimately positively impact outcomes for our clients, resident in care homes.



One of the Enablers in our new Strategic Plan is an Empowered Workforce. In March 2019 our IJB approved our [Workforce Plan](#), which was co-produced with a wide variety of stakeholders and staff groups. The plan seeks to ensure a sustainable workforce with the right skills and behaviours. It acknowledges that in order to achieve the identified objectives, there is a need to:

- fundamentally change what is done, the way it is done and with whom to fully integrate services
- increase engagement of the workforce, in its widest sense, by making them feel more valued
- support staff's well-being (physical & mental)
- make work a joyful thing and increase trust with colleagues and partners

In developing the plan, we considered some of the key challenges such as an ageing population; an ageing workforce; increasing complexity; and lack of digitalisation. These challenges point to a need to engage in the potential of younger people, in order to have appropriate succession planning in place. The need to retain and train people to support the transformation of the way support is delivered is also required. Underpinning the delivery of the workforce plan is an action plan based upon four themes; Right People, Right Skills, Right Roles, and Sustainability.

During 2018-19, 73 initiatives were funded through the **Health Improvement Fund** to improve health and wellbeing in communities across Aberdeen. Projects funded have ranged from developing a woodland walk to be more accessible for the whole community; to raised beds at sheltered housing; to creating a sensory garden within a local primary school.

A celebration event was held for the first time in November 2018 as an opportunity for projects to share learning and network. Eleven projects attended to showcase their work with approximately 80 staff and community members attending. The learning from this has been used to shape further showcasing opportunities.

The Health Improvement Fund has continued to evolve by continuing to grow the decision-making process involving more frontline staff and community members. The fund has also undergone an options appraisal process to inform the future direction of the fund. A report was presented to the IJB in March 2019 sharing the journey of the fund from 2016-19. <https://www.aberdeencityhsc.scot/our-news/new-report-highlights-health-improvement-fund-successes/>



Co-production aims to draw on the knowledge, ability and resources of people along with professionals to improve outcomes. Aberdeen City Health and Social Care Partnership decided to test out co-production approaches and worked with Governance International where staff and community members were familiarised with the Co-production Star toolkit. Locality-based projects were developed, including a focus on diabetes peer support in the South and falls prevention in the North.

The approaches supported the development of 'Stepping Forward Together' to help people self-manage their falls risk. As a result of listening to stories from service users the concept of 'falls ambassadors' emerged, their role being to visit community groups to share personal experiences, talk about ways to prevent falls and demonstrate strength and balance exercises. The ambassadors working with Occupational Therapy staff tested out this approach on a number of groups and following positive feedback applied for Health Improvement Funding to develop a model that would become sustainable.

A peer support group meeting eight-weekly at Robert Gordon University (RGU) for people living with Type 2 diabetes is another initiative that has been co-produced with the community and various partners. The Health Improvement Fund has played a key role by starting a series of development and training activities. These were identified by members of the community to develop their confidence as Peer Supporters and to sustain the peer support model in their neighbourhoods and across networks.

During 2018/19 we progressed a number of **digital initiatives** to enhance the way we work. 'Connect', the partnership's dedicated intranet, was launched in January 2019 providing a space for a range of news and information of interest to staff, from copies of the 'Partnership Matters' newsletter, to guidance documents, to social spaces and how staff can have their say. Links to Connect are also available on the NHS Grampian Intranet and Aberdeen City Councils Intranet the Zone. **Connect Banner graphic available.**

The GOVRoam project which gives secure wifi access across ACC and NHSG premises has been made live. This means NHS staff will have network access in places such as Marischal College and ACC staff in all NHS premises. This is part of a much wider project across Scotland so that eventually staff will have access to secure WIFI in any publicly owned building right across Scotland irrespective of the sector of local government or NHS staff work in.

A project, which was initially aimed at giving the Link Practitioners internet access at GP practices, was further widened to all NHS buildings in Aberdeen city so that staff from any of our third sector partners can have internet access while carrying out duties at NHS buildings throughout the city.

NB: need to group these together under theme headings and display better – perhaps in speech bubbles and using pictures/graphics?



4. Our Local Framework

The local performance management framework we had in place under our previous Strategic Plan had five themes (Safe, Effective, Responsive, Caring and Well-Led), each with its own set of locally agreed operationally focused measures. The framework gave us a baseline for improving the experiences and outcomes of the people who use our services and their carers and this chapter of our Annual Report provides the final update against this format.

With the development of our new Strategic Plan we have devised a new performance framework with a number of measures allocated across each of the five Strategic Aims – Prevention, Resilience, Personalisation, Connections, and Communities. The measures are noted in the final section of our [Strategic Plan](#). Future Annual Reports will contain detail on our progress against these but in the meantime here are some of the highlights from the final year of our previous strategic plan.

SAFE: How well do our services protect people from abuse and avoidable harm?

The partnership recognises its responsibilities to keep people and communities safe from harm. [Link to Biennial Report](#). Referrals to Adult Support and Protection and the number of complaints received are good indicators as to how well we are doing in this regard.

Adult Support and Protection	2016-17	2017-18	2018-19
Referrals to Adult Support Unit	1203	1125	1367
Referrals requiring further adult protection action	34%	36%	34%
Referrals requiring further non-adult protection action	20.5%	22%	27%
Referrals requiring no further action	45.5%	42%	28%
Note, 153 outcomes are still as yet unknown.			
The increase in referrals is seen as a positive in that more people are aware of Adult Support and Protection legislation and are willing to come forward with any concerns they may have. Those referrals requiring further adult protection action decreased last year and it is positive to note that an increase in referrals resulted in further non adult protection related action meaning that this process is helping us to identify and meet the needs of our vulnerable clients whatever these may be.			
Complaints		2017-18	2018-19
Stage 2 Total Received		108	93
Stage 2 responded to within timescale		68%	72%
NB: due to anomalies with recording we are only able to report complaints received for the last two years. The number of complaints have decreased which indicates and increase in satisfaction levels whilst the rate responded to within timescale has increased which demonstrates how seriously we take poor individual experiences and outcomes.			



Effective: How well does our care, support and treatment achieve good outcomes for individuals?

Smoking is a major contributor to poor health. Our efforts have been to provide effective care by reaching people in parts of Aberdeen where smoking is still prevalent and support them to quit.

Alcohol Brief Intervention (ABI) is a preventative approach to support a healthier relationship with alcohol. In previous years, efforts have been focused on providing ABIs in healthcare settings and government targets are set in this way. We have, however, been increasing the volume of ABIs delivered in community settings

	2017-18	2018-19
Smoking Cessation (most deprived areas)	389	337
Number of ABIs delivered	4043	4471

There has been a decrease in smoking cessation in our most deprived areas. Changing priorities and the needs of a more complex 'hard to reach' client base has meant a shift of focus away from the community to more acute settings which has disrupted service provision. In line with national trends, there are also less smokers presenting to the service. It is thought this is due to the rise of the use of e-cigarettes as a quitting aid as well as again the hardest to reach client group not accessing services.

There has been a significant (more than 10%) rise in the number of ABIs delivered. A reduction in the harmful impact of alcohol, tobacco, drugs, obesity and poor oral health is a commitment we have made in our revised Strategic Plan.

Responsive: How well are services organised to meet individual needs?

Being responsive to individual needs is a critical influence on people's experiences of using our integrated health and social care services. As reported earlier, there has been a decrease in the number of delayed discharges and a significant decrease in the number of bed days occupied by those whose discharge has been delayed.

One of the strategic aims in our revised Strategic Plan is Personalisation, which is about delivering the right care, in the right place at the right time and the performance measures identified will help us demonstrate this more effectively in future.



Caring: How well, with respect to dignity, compassion and kindness, do we treat people?

The recently commissioned local survey aims to evaluate the impact of our deliverables within our strategic plan. Within this we also seek to understand people's satisfaction with health and social care services that we provide and whether we do so with dignity, care and respect. The results of the first survey which will be completed by Autumn 2019 will provide us with a baseline for improvement for when the survey is repeated in 2022.

Well-Led: How well do we encourage learning, innovation and an open culture?

A workforce that feels valued and supported is a crucial piece of the jigsaw of how we improve the experiences and outcomes of the individuals who use our services and their carers. In short, high employee satisfaction contributes to improved user experiences and outcomes.

Promoting trust and autonomy is a key behaviour of a modern, adaptive organisation and one which will lead to improved staff morale and welfare. In March 2019 our IJB approved our Workforce Plan which was co-produced with a wide variety of stakeholders and staff groups. The plan seeks to ensure a sustainable workforce with the right skills and behaviours.

Our HEART Awards, our annual conference, the iMatter tool and the Chief Officer's regular 'Open Forum/'Meet the staff' focus groups and the development and launch of our new 'Connect' intranet site for staff in January 2019 are all great examples of the partnership's commitment to engage, motivate and inspire staff to do their very best each and every day.

2018/19 saw changes in our senior management structure. Our new Chief Officer, Sandra Ross started in September 2018 and implemented a flatter structure within the Leadership Team also adopting a self-managing approach. Additional supports were implemented including team development sessions, a professional link, one to one coaching, and group Action Learning Sets, all to support the Leadership Team to manage their challenging roles in a supported and positive way.



5. National Health and Wellbeing Outcomes

The nine national health and wellbeing outcomes are high-level statements of what we are trying to achieve as an integrated partnership. A core set of indicators are aligned with each of the outcomes (some indicators are aligned with more than one outcome) and help show us the progress we are making in delivering high-quality, person-centred integrated services.

How well are people in our city population looking after their own health and wellbeing?

According to the most recent statistics available for 2017, the Aberdeen City male and female life expectancies were 76.90 and 81.05 years at birth respectively, compared to 77.02 and 81.08 in Scotland. This slowdown in life expectancy improvement has affected the most deprived Scottish areas particularly, exacerbating the already very wide health inequalities.

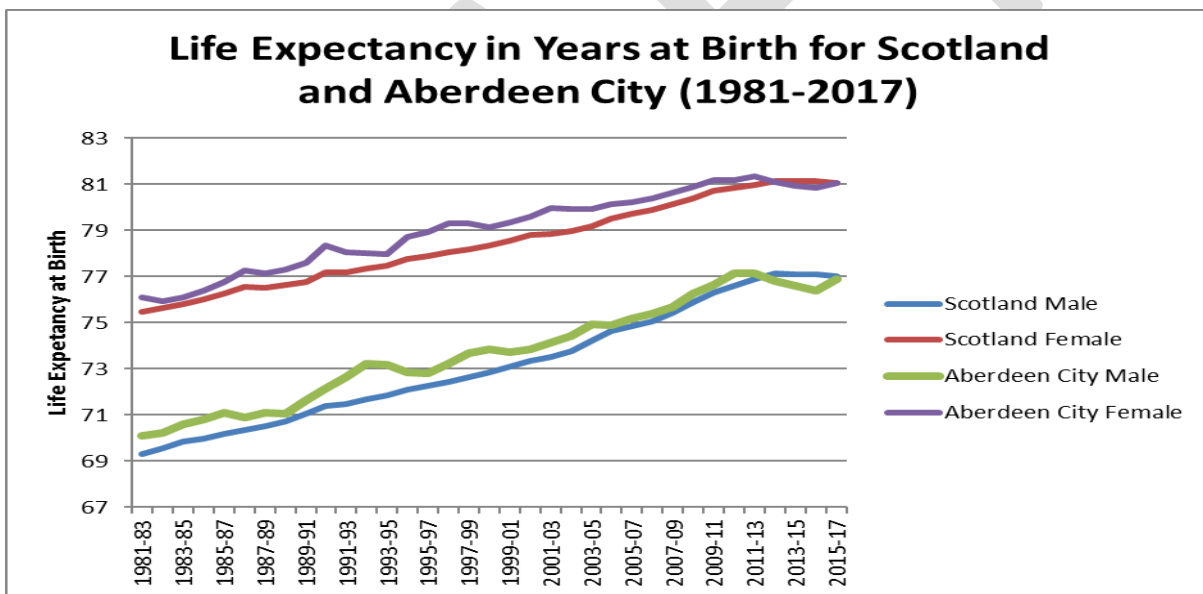


Table 6.1 Life Expectancy in Years at birth

Our premature mortality rate is reducing at a slower rate than the national figure. The change in national mortality trends has affected men and women, almost every age group, and almost every cause of death. It is a local concern that these avoidable deaths are mostly occurring in middle-aged people in the most deprived parts of Aberdeen. They also partially explain the worsening of life expectancy trends.

The use of hospital services in emergencies or unplanned situations gives us a good indication of the population’s health and wellbeing. Our emergency admission rates per 100,000 persons have decreased and are consistently lower than the rates seen across Scotland.



How well are vulnerable people in our city able to live independently at home or in a homely setting?

There is a basket of measures available which give us an indication about how well people with long-term conditions, frailty or disabilities cope with independent living and their reliance on formal supports and interventions. Most suggested a positive picture in this respect with only the % of adults with intensive care needs receiving care at home and the falls rate countering this impression.

- Emergency admission rates **decreased in 2018** to a level below that of the previous period.
- A **decrease** in the readmission within 28 days rate reverses to some extent the increase evident in 2017 although we are still higher than the 2016 rate.
- **Significant decrease** in the emergency bed day rate; 76,286 for 2018 compared to 82,302 for the previous reporting period.
- **Slight increase** in the proportion of last six months in home or community setting.
- **Significant decrease** in number of days people spend in hospital when they are ready to be discharged.
- **Slight decrease** in the % of health and care resource that is spent on hospital stay following emergency admission. This decrease reverses last year's increase.

However,

- **Increase** in the falls rate 65+; 17 for the 2018 period compared to 15 for the previous reporting period.
- **Slight decrease** in the % of adults with intense care needs receiving a care at home service

How positive are the experiences of people who use health and social care services?

Improving the personal experiences of those of us who are using our integrated health and social care services is a key partnership ambition. We are making good progress in this respect given that:

- there is a **slight increase** in the proportion of last 6 months at home or in community setting
- the proportion of local care services graded good or better has **increased year-on-year**, and
- there has been a **significant decrease** in the number of days people spend in hospital when they are ready to be discharged.



How are services centred on improving quality of life for people?

Similarly, we believe that we are making a positive and sustained improvement to the quality of people’s lives, as shown by the following:

- Emergency admission rates **decreased** in the period April – December 2018 to a level below that of the previous period.
- There was a **significant decrease** in the emergency bed day rate.
- The proportion of care services graded good, or better **has increased** year-on-year over the past three years
- There has been a **significant decrease** in the number of days people spend in hospital when they are ready to be discharged
- there has been a **slight decrease** in the % of health and care resource that is spent on hospital stay following emergency admission. This decrease reverses last year’s increase.
- Increase in the falls rate 65+.

It is worth highlighting again the significant contribution that our partners in the third and independent sectors make to the quality of lives of the people who use their services and their unpaid carers. **92% of local care services being graded as ‘good’ or better by the Care Inspectorate is a tremendous endorsement of our commissioned provision across all client groups.**

Quality Themes	Inspection Grades % (2017-18 %)					
	1	2	3	4	5	6
Care and Support (wellbeing)	0	0.56	3.95	51.07	57.63	6.78
Care and Support (planning)	0	0.56 (1.66)	4.52 (3.88)	29.38 (23.88)	58.76 (58.33)	6.78 (12.22)
Environment	0	1.72 (1.38)	8.62 (6.94)	25.86 (26.38)	56.90 (56.90)	6.90 (8.33)
Staffing	0.61 (0)	0 (2.22)	7.36 (4.44)	20.86 (20.00)	60.12 (61.11)	11.04 (12.22)
Management & Leadership	0	0.62 (2.22)	6.79 (5.00)	30.25 (30.00)	54.94 (52.77)	7.41 (10.00)

Table 6.2 Care Inspectorate Grades (Source: Care Inspectorate)



This ongoing improvement is even more noteworthy when one considers that in April 2018, the Care Inspectorate launched the new Health and Social Care Standards which are significantly more rights-based, person-led and outcomes-focused than the previous standards.

There has been a **slight decrease in the past year in the number of upheld complaints and in the number of services with requirements**. More particularly, the housing support returns show a slight increase in the number of upheld complaints but a decrease in the number of services with requirements.

Services		Number of Services with Upheld/Partially Upheld Complaints (2017-18; 2016-17)	Number of Services with Enforcements (2017-18; 2016-17)	Number of Services with Requirements (2017-18; 2016-17)
Adult Placement Service	1	0 (0; 0)	0 (0; 0)	0 (0; 0)
Care Home Service	58	6 (8; 7)	0 (1; 0)	5 (5; 6)
Housing Support Service	56	4 (3; 3)	0 (0; 0)	2 (5; 5)
Nurse Agency	8	0 (0; 0)	0 (0; 0)	0 (0; 0)
Support Service	59	3 (4; 1)	0 (0; 0)	1 (0; 0)
Total	182	13 (15; 11)	0 (1; 0)	8 (10; 11)

Table 6.3: Complaints, Enforcements & Requirements (Source: Care Inspectorate)

We are the fourth best ranked partnership in the country for the quality of our commissioned services but we are mindful that other factors can impact on the quality and continuity of care that is delivered in our name. We have a dedicated team of Social Care Contract Managers and a robust process for contract management and coupled with our focus on improving commissioning relationships and working in a more collaborative and supportive way, and the concerted efforts of our providers and the organisations that support them such as Scottish Care and Aberdeen Council for Voluntary Organisations, we believe this impacts positively on this measure. We will never be complacent about this and will always intervene in the best interests of those individuals who are receiving care.



How well are we helping to reduce health inequalities?

We are aware that there are enduring health inequalities in the city. The indicators aligned with this outcome (premature mortality rate and emergency admission rate) **both show improvements from previous years and have favourable comparisons with** their equivalent national figures.

Improving the accessibility of our services and understanding the impact of our interventions with these population groups will help us tackle health inequalities and we have made addressing the factors that cause inequality in outcomes in and across our communities a specific commitment in our refreshed Strategic Plan.

How well are carers supported?

Improving our support for unpaid carers has been a pivotal ambition of the partnership from its early days. In comparison with the extent of positive feedback from the people who use our services, carers feedback is much lower both in Aberdeen and also across Scotland as a whole.

We are confident that the implementation of our new Carers Strategy will result in better experiences and outcomes and an improved opinion of how their role is perceived and supported. During 2018/19 we commissioned a local survey of Carers which was a repeat of the exercise we undertook when we were developing our strategy. Our Carers Strategy Implementation Group is tasked with understanding the responses to the survey and leading on their expected improvement.

How well do we keep people safe from harm?

Many of the measures described in the earlier sections also give an indication of how well we protect people from harm. The decrease in the emergency admission rate, the emergency bed day rate, readmission within 28 days rate and the % of health and care resource that is spent on hospital stay coupled with an increase in the proportion of care services graded good suggests we are moving in the right direction. We recognise however that we need to understand better why our falls rate is increasing year on year.

How well do staff feel engaged and supported to improve the care they provide?

The “iMatter” feedback tool continues to be a key means of providing a measure of engagement, communication and motivation across the partnership.



The response to last year’s questionnaire was 68% which is up slightly on the previous year when it was 65%. Our Employee Engagement Index score (EEI), which represents how engaged our employees are, was 78, the same as the previous year. Overall, employees rated working with the partnership as 7.05 out of 10, an increase from 6.94 the previous year.

The partnership has a Joint Staff Forum to discuss matters of common interest and concern to staff and their representatives. It provides a platform to develop constructive working relationships to ensure that our staff are at the centre of plans for the on-going development of our organisation.

In the past year the Forum has provided an "open" communication channel on a range of transformational activity; provided IJB feedback on key strategic documents; decided HEART Award Winners in two categories and overseen adherence to Organisational Change Policy.

An open call went out to all staff to ask for volunteers to be engagement ambassadors. A few workshops were held with staff from different areas of the partnership, which, as well helping to shape the Organisational Development plan and identifying potential actions, the group also discussed ideas on how better to engage with staff in general.

How well do we use our resources?

The IJB has a responsibility under the Public Bodies (Joint Working) (Scotland) Act 2014 to set a balanced budget. The funds for the IJB are delegated from Aberdeen City Council (ACC) and NHS Grampian (NHSG) with the purpose of delivering the IJB’s Strategic Plan.

The level of funding delegated to the IJB from its statutory partners at the start of the 2018/19 financial year was £315,156,732, an increase of £12,301,270.

The funding contributions from the partners exclude any funding which is ring-fenced for the provision of specific services, such as that provided for Criminal Justice.

Table 4.4 shows the respective contributions made by our partner organisations, NHS Grampian and Aberdeen City Council.

Total Partner Funding £ 2017-18; 2016-17	NHS Grampian £ 2017-18; 2016-17	Aberdeen City Council £ 2017-18; 2016-17
315,156,732	228,300,813	86,855,919
302,855,462; 310,740,247	217,686,633; 222,584,000	85,168,829; 88,156,247

Table 6.4 Delegated funding to IJB



The breakdown of spend across all of our activities in 2017-18 is shown in Table 6.5.

Sector	Gross expenditure £ 2018-19	Gross Expenditure £ 2017-18;2016-17
Older People, Physical and Sensory Impairments	74,255,297	72,882,926; 69,719,818
Set Aside Services	46,416,000	41,344,000; 46,732,000
Primary Care Prescribing	40,316,656	41,364,343; 40,005,916
Primary Care	38,885,208	37,234,075; 36,846,589
Learning Disabilities	34,621,408	31,269,790; 29,264,461
Community Health Services	31,594,608	31,406,760; 31,649,313
ACHSCP share of Hosted Services	22,330,324	21,724,509; 21,207,851
Mental Health and Substance Misuse	19,992,884	20,065,177; 18,304,741
Transformation	5,652,732	5,011,678; 2,856,283
Criminal Justice	5,110,341	4,658,796; 4,413,345
Housing	1,860,555	1,860,555; 2,197,288
Out of Area Placements	1,689,920	1,480,487; 1,219,506
Head Office/Admin	171,352	475,319; 1,007,021
Cost of Services	322,897,286	309,827,777; 305,424,132

Table 6.5 Expenditure breakdown by sector 2018-19

The accounts for the year ended 31 March 2019 show a usable reserves position of £5,578,337. This is largely due to additional funding received in 2016/17 from the Scottish Government which the IJB is using on integration and change projects. A significant element of these funds has been committed and used in 2018/19. All of the recurring funding has now been allocated and the IJB had agreed through its Medium-Term Financial Framework to use these funds in 2017/18, hence the reduction.

Total Reserves £ 2018-19	Total Reserves £ 2017-18; 2017-16
5,578,337	8,306,965; 10,417,474

Table 6.6 IJB Reserves



The IJB has a notional budget representing the use of acute health services by the city's residents. It is envisaged that effective integrated service provision in our communities and localities will, over time, reduce the use of these acute health services. NHS Grampian has advised that for the past year, the partnership's use of these services had slightly increased as indicated below and that there had also been a budget increase due to movements in the price per bed days for the services.

Set Aside	2016/17	2017/18	2018/19
Budget	£46,732,000	£41,344,000	£46,416,000
Days used	152,498	142,349	143,055

Table 6.7 Set Aside Budgets and Usage

Further work is being undertaken to determine possible explanations for the increase in the bed usage.

A proposed budget for 2019/2019 which outlined budget pressures, budget reductions and an indicative budget position for the next five financial years was presented to a special meeting of the IJB on 12 March 2019 by the Chief Finance Officer.

The proposed balanced budget was approved.



7. Looking Forward

Our overall performance this past year has been positive. We are pleased that our continuing efforts to reduce the number of delayed discharges is progressing well in the right direction. We are the fourth best ranked partnership in the country for the % of care services which are graded 'good' or better and our readmissions rate within 28 days has improved from its red status last year.

We recognise that there is still much to do. Two indicators - the percentage of adults with intensive care needs receiving care at home and the number of A&E attendances - give us cause for concern and they will be the focus of investigation and improvement activity this coming year. We will use the results of our local survey to identify areas that we would wish to target for improvement and will look for evidence of that improvement to report in future years.

We need to work with both Aberdeen City Council and NHS Grampian staff to develop a single reporting system that allows us to sensibly report on partnership complaints and compliments and staff-related data such as sickness absence and turnover. We are excited to be launching the integration level Care Opinion module which will allow users of commissioned services to feedback their experiences on-line and we look forward to being able to report on this and using it to inform future service delivery.

The range and complexity of transformational activities that we are progressing this year has grown and diversified but we recognise that many of our changes are designed for the long term and so their impact will not be readily apparent to us just yet. We hope our new Leadership Team structure supported by our Workforce Plan will equip us for this challenge.

Sustainable improvements can only be achieved by a strong and continued focus on innovation, improvement and accountability across the whole health and social care workforce. As an organisation, we are looking at what we do and how we do it in order to be more effective and efficient. We are embarking on an improvement programme known as SWIFT - Supporting Workforce Improvement for Tomorrow. Staff have been trained in Lean Six Sigma performance improvement techniques and these will be employed in improvement projects that have been identified and supported by staff themselves. We hope to be able to report on the improvements achieved in our next Annual Report.

As mentioned earlier, the IJB approved our new Strategic Plan 2019-2022 in March. This plan has five Strategic Aims (Prevention; Resilience; Personalisation; Connections and Communities) and against each a number of commitments have been made and priorities identified. These capture the range of activities and developments that we will put in place to promote the health and wellbeing of our



local population and the services that we provide to maximise this wherever possible.

A Strategic Implementation Dashboard has been developed showing the alignment between desired activities, objectives and themes. This plan also identifies which colleague in the Leadership Team has a responsibility for implementing that activity and the timescale for this. Their progress will be monitored on a quarterly basis by the Chief Officer. Strategic Performance Indicators incorporating local and national indicators have been aligned to each of the Strategic Aims and next year's Annual Report will articulate the degree to which the Strategic Plan's year one priorities have been delivered along with progress made towards subsequent years commitments.

Finally, we will seek to make significant progress on our MSG Self-Evaluation Action Plan aiming for 100% rated at exemplary level.

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Appendix A - Performance Summary (National Indicators)

	If Current position is the same or better than Scotland then "Green"
	If Current position is worse than Scotland but within 5% then "Amber"
	If Current position is worse than Scotland by more than 5% then "Red"

Indicator	Title	Aberdeen City			Scotland	RAG
		% 2013-14	% 2015-16	% 2017-18	% 2017-18	
NI - 1	Percentage of adults able to look after their health very well or quite well	96	97	94	93	
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	82	80	82	81	
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	86	76	79	76	
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	80	74	76	74	
NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	83	77	83	80	
NI - 6	Percentage of people with positive experience of the care provided by their GP practice	85	84	82	83	
NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	83	79	79	80	
NI - 8	Total combined % carers who feel supported to continue in their caring role	42	38	40	37	
NI - 9	Percentage of adults supported at home who agreed they felt safe	82	80	84	83	



Indicator	Title	Aberdeen City			Scotland	RAG
		% 2013-14	% 2015-16	% 2017-18	% 2017-18	
NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	76% 2017	76% 2018	76% 2019	-	
NI - 11	Premature mortality rate per 100,000 persons (<i>European age-standardised mortality rate per 100,000 for people aged under 75</i>)	464 (2015)	460 (2016)	423 (2017)	425 (2017)	
NI - 12	Emergency admission rate (per 100,000 population)	7,526 (Apr-Dec 2016)	7,672 (Apr-Dec 2017)	7,627 (Apr-Dec 2018)	9,154 (Apr-Dec 2018)	
NI - 13	Emergency bed-day rate (per 100,000 population).	85,564 (Apr-Dec 2016)	82,302 (Apr-Dec 2017)	76,286 (Apr-Dec 2018)	87,034 (Apr-Dec 2018)	
Ni - 14	Readmission to hospital within 28 days (per 1,000 population)	104 (Apr-Dec 2016)	117 (Apr-Dec 2017)	115 (Apr-Dec 2018)	103 (Apr-Dec 2018)	
Ni - 15	Proportion of last 6 months of life spent at home or in a community setting	89% (2016-17)	89% (2017-18)	90% (2018-19)	89% (2018-19)	
NI - 16	Falls rate per 1,000 population aged 65+	15 (Apr-Dec 2016)	15 (Apr-Dec 2017)	17 (Apr-Dec 2018)	17 (Apr-Dec 2018)	
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	86% (2016-17)	90% (2017-18)	92% (2018-19)	82% (2018-19)	
NI - 18	Percentage of adults with intensive care needs receiving care at home	53% (2015)	55% (2016)	54% (2017)	61% (2017)	
NI - 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	1,155 (2016-17)	838 (2017-18)	605 (2018-19)	805 (2018-19)	
NI -20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	26% (Apr-Dec 2016)	26% (Apr-Dec 2017)	24% (Apr-Dec 2018)	22% (Apr-Dec 2018)	
NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	-	-	-	-	-

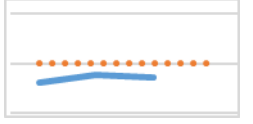



Indicator	Title	Aberdeen City			Scotland	RAG
		% 2013-14	% 2015-16	% 2017-18	% 2017-18	
NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	-	-	-	-	-
NI - 23	Expenditure on end of life care, cost in last 6 months per death	-	-	-	-	-

Appendix A - Performance Summary (MSG Indicators)

Indicators	2015-16	2016-17	2017-18	2018-19	2018-19
Number of emergency admissions (18+)	21,883	21,401	21,837	21,375	
Number of unscheduled bed-days (acute; 18+)	154,443	144,702	140,935	120,374	
Number of unscheduled bed-days (mental health)	66,559	63,078	61,031	56,302	
Number of A&E attendances (18+)	35,314	35,046	35,838	36,248	
Delayed Discharge bed days (all ages)	43,944	27,353	19,202	13,172	



% of last six months of life spent in community setting (inc care homes).	88.1%	88.9%	88.6%	N/K	
Balance of care; % of 75+ population in community settings.	95.3%	95.5%	95.6%	N/K	

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Date of Meeting	20.08.2019
Report Title	Strategic Risk Review
Report Number	HSCP 19039
Lead Officer	Alex Stephen, Chief Finance Officer
Report Author Details	Name: Martin Allan Job Title: Business Manager Email Address: martin.allan3@nhs.net
Consultation Checklist Completed	Yes
Appendices	a. Strategic Risk Register

1. Purpose of the Report

- 1.1. To present the Audit & Performance Systems (APS) Committee with the latest version of the Aberdeen City Health & Social Care Partnership's (ACHSCP) strategic risk register for an in-depth review of items 4, 5, 6 and 10.

2. Recommendations

- 2.1. It is recommended that the Audit & Performance Systems 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.

3. Summary of Key Information

Revised Strategic Risk Register

- 3.1. The strategic risk register has been reviewed by the risk owners and updates provided on each risk contained within it.



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3.2. Key changes to the strategic risk register in this version include:

- a) Alignment of the Strategic Risks to the approved Strategic Plan 2019-2022.

In-Depth Review of Risks 4, 5, 6 and 10

3.3. At the meeting of the APS Committee on 11 September 2018, the Committee agreed *“to monitor three/four risks within the strategic risk register at each Committee meeting up until the next review period, and to treat the register as a living document”*.

3.4. It is recommended that the APS Committee undertakes an in-depth review of risk 4, 5, 6 and 10.

Review of Risk 4- There is a risk that relationship arrangements between the IJB and its partner organisations (Aberdeen City Council & NHS Grampian) are not managed to maximise the full potentials of integrated & collaborative working. This risk covers the arrangements between partner organisations in areas such as governance; corporate service; and performance.

We need the ability to plan for an uncertain future; to work through ‘wicked’ issues; to work collaboratively across boundaries; letting go of our power and position base, providing the fertile ground for system leaders to evolve and where relationships and understanding of the whole process and system are key to working with and through others to solve complex issues. The shaping and changing of culture will transform service delivery using a collaborative, system wide and coproduced approach. The Strategic Plan of the IJB is the document where we set out our direction of travel. The refreshed Strategic Plan was approved by the IJB in March 2019. It was developed with reference to a number of existing delivery, partner and enabling plans, most notably NHS Grampian’s Clinical Strategy and the Local Outcome Improvement Plan (LOIP) where commitments, targets and measures already existed. The Strategic Plan highlights our five strategic aims - Prevention, Resilience, Personalisation, Connections and Communities – each of which has a number of commitments and priorities identified.

The Leadership Team’s 2019/20 objectives have all been set based on achieving the aims, commitments and priorities within the Strategic Plan and there are plans to roll this approach out all the way down to frontline staff establishing a golden thread that links all operational activity to the achievement of our strategic aims and enables staff to identify their contribution to this. Our approach will be risk based, solution focused and collaborative. Our decision making will be based on



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our learning experience and our data. We will be the driving force behind Aberdeen City becoming a place where citizens, communities, and third, independent and public sector partners work collaboratively together to ensure people are safe, supported and well.

Review of Risk 5- 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 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.

This risk is under continual review. We have recently secured additional resource to review operational performance reporting. This will map out what performance data is reported, where and what it is used for. We will use this map to identify any gaps, produce the leadership team performance dashboards and further develop our performance reporting framework. This resource will also revise the role, remit and membership of the Performance Management and Evaluation Group (PMEG) with a view to switching its focus to embedding performance management at an operational level throughout the partnership.

In the past few months we have developed and responded to a number of initiatives to enhance our understanding of the partnership's overall performance status. We are progressing with the implementation of the partnership level Care Opinion module. The Care Opinion tool is already used by NHS Grampian, having started initially as Patient Opinion. The partnership module extends the tool to social care services including those that are commissioned externally which is particularly important for Aberdeen City as almost 100% of our social care services are commissioned this way. We aim to launch the tool at the Partnership conference in October with a communication and promotion campaign planned for August and September to achieve buy-in from staff and providers to encourage service users to make use of it. Individuals can access the tool online to leave feedback on services anonymously. In addition we are in the middle of undertaking our locally commissioned survey. Unlike the national survey, this is targeted at our service users. The information we glean from these exercises will give us real life, real time feedback on the perception of our performance as a partnership and provide us with areas of focus for improvement activity.

In May 2019 we completed the MSG Self Evaluation in relation to progress against integration. Although our result was very positive – 45% Exemplary, 41% Established, 14% Part Established and no area not yet established – we have identified areas for improvement and these have been compiled into an Action Plan with Lead Officers and Timescales assigned. Delivery of the plan will be monitored by the Leadership Team and an annual progress report submitted to the IJB in preparation for the anticipated repeat of the self-evaluation exercise next year.



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During June and July 2019 we have prepared the partnership's Annual Report which collates all of the relevant information to demonstrate our performance against national and local performance indicators. The report also captures qualitative information in relation to relevant developments that demonstrate our progress on the integration journey. The Annual Report is being considered by the Audit, Performance and Systems committee in August 2019 and will be presented to the IJB at their September 2019 meeting for approval before publication on our website as per the requirements of the Integration Scheme.

Between November 2015 and February 2016, the Care Inspectorate, jointly with Healthcare Improvement Scotland, carried out an inspection of health and social care services for older people in the Aberdeen City. Their report was published in September 2016. They made eight recommendations and a partnership Action Plan was developed to address these. In June 2018, the same regulatory bodies undertook a progress review where they considered the partnership had made good progress in relation to five of the recommendations, reasonable progress in relation to two, and limited progress in relation to one. Given the findings from the review and progress made, we were advised that there was no intention to conduct any further scrutiny in relation to the original recommendations, however we continue to review and progress delivery of the Action Plan within the Leadership Team to ensure that improvements are achieved and the partnership is prepared for any further inspection activity.

These activities combined with our already established performance management framework should hopefully give the Audit and Performance systems Committee and the IJB assurance that we are working hard to ensure we provide good quality services to meet people's needs and keep them well and safe from harm.

Review of Risk 6- There is a risk of reputational damage to the IJB and its partner organisations resulting from complexity of function, delegation and delivery of services across health and social care.

The risk of reputational damage links to all areas of the Partnership's work and therefore to all areas of the Strategic Plan. This risk is managed and mitigated by ensuring that intelligence about any emerging challenge which pose a reputational risk is communicated to the Communications Lead at the earliest opportunity. This allows all necessary communications activities to be planned in advance of such matters (eg service failures, budgetary challenges, controversial changes to service delivery) reaching the public domain. Communications with stakeholders, in such scenarios, is carefully considered and tailored to specific audiences (staff, public, partner organisations etc), and founded upon simple key messages in plain English. Meantime, robust and open relationships are maintained at all times with the media to ensure that they are confident that the Partnership is providing



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accurate, trustworthy and timely information on matters in which they are investigating

Review of Risk 10- 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.

This risk was added to the Strategic Risk Register in January 2019. The Partnership have been working closely with both NHSG and ACC and their EU Exit reporting structures to provide information and assurance on this risk. A lot of the control measures are being dealt with at a national level and will depend on the final political decision on the UK exiting the EU. The Partnership have been involved in the testing of reporting on potential EU exit implications through both ACC and NHSG and this reporting will re-commence as the end of October deadline approaches. The reporting mechanisms are fed through to a national Scottish Government level for consideration. This risk links to the Strategic Plan in two ways. In terms of Communities-within the Plan there is a priority to develop a Risk Management and Business Continuity Plan. A lot of the potential risk of the UK exiting the EU will test the Partnership's Business Continuity Plans. In terms of Resilience-the risk tests the resilience of the organisation to manage in circumstances that are unknown/unstable, as detailed in the Strategic Plan.

Implications for IJB

- 3.5. **Equalities** – while there are no direct implications arising directly as a result of this report, equalities implications will be taken into account when implementing certain mitigations
- 3.6. **Fairer Scotland Duty** – while there are no direct implications arising directly as a result of this report, the Fairer Scotland duty will be taken into account, where appropriate, where implementing certain mitigations
- 3.7. **Financial** – while there are no direct implications arising directly as a result of this report financial implications will be taken into account when implementing certain mitigations.
- 3.8. **Workforce** - there are no direct implications arising directly as a result of this report.
- 3.9. **Legal** - there are no direct implications arising directly as a result of this report.



INTEGRATION JOINT BOARD

3.10. Other - there are no direct implications arising directly as a result of this report.

4. Links to ACHSCP Strategic Plan

4.1. Ensuring a robust and effective risk management process will help the ACHSCP achieve the strategic priorities as outlined in its strategic plan, as it will monitor, control and mitigate the potential risks to achieving these. The Strategic Risks have been aligned to the Strategic Plan 2019-2022.

5. Management of Risk

5.1. Identified risks(s): all known risks

5.2. Link to risks on strategic or operational risk register: all risks as captured on the strategic risk register.

5.3. How might the content of this report impact or mitigate these risks: Ensuring a robust and effective risk management process will help to mitigate all risks.

Approvals	
	Sandra Ross (Chief Officer)
	Alex Stephen (Chief Finance Officer)



Strategic Risk Register 2018/19

Revision	Date
1.	March 2018
2.	September 2018
3.	October 2018 (IJB & APS)
4.	February 2019 (APS)
5.	March 2019 (IJB)
6.	August 2019 (APS)



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Introduction & Background

This document is made publicly available on our website, in order to help stakeholders (including members of the public) understand the challenges currently facing health and social care in Aberdeen.

This is the strategic risk register for the Aberdeen City Integration Joint Board, which lays the foundation for the development of work to prevent, mitigate, respond to and recover from the recorded risks against the delivery of its strategic plan.

Just because a risk is included in the Strategic Risk Register does not mean that it will happen, or that the impact would necessarily be as serious as the description provided.

More information can be found in the Board Assurance and Escalation Framework and the Risk Appetite Statement.

Appendices

- Risk Tolerances
- Risk Assessment Tables

Colour – Key

Risk Rating	Low	Medium	High	Very High
Risk Movement		Decrease	No Change	Increase



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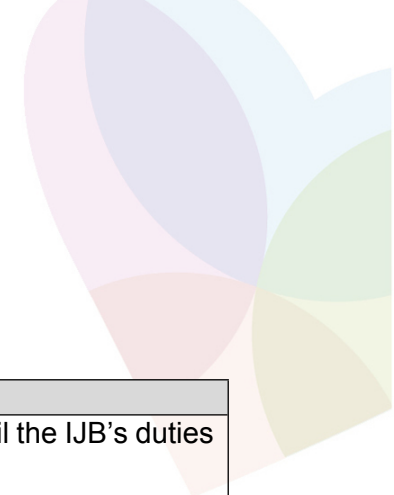
Risk Summary:

1	There is a risk that there is insufficient capacity in the market (or appropriate infrastructure in-house) to fulfil the IJB's duties as outlined in the integration scheme. This includes commissioned services and general medical services.	High
2	There is a risk of financial failure, that demand outstrips budget and IJB cannot deliver on priorities, statutory work, and projects an overspend.	High
3	There is a risk that the outcomes expected from hosted services are not delivered and that the IJB does not identify non-performance in through its systems. This risk relates to services that Aberdeen IJB hosts on behalf of Moray and Aberdeenshire, and those hosted by those IJBs and delivered on behalf of Aberdeen City.	High
4	There is a risk that relationship arrangements between the IJB and its partner organisations (Aberdeen City Council & NHS Grampian) are not managed to maximise the full potentials of integrated & collaborative working. This risk covers the arrangements between partner organisations in areas such as governance; corporate service; and performance.	Medium
5	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 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.	Medium
6	There is a risk of reputational damage to the IJB and its partner organisations resulting from complexity of function, delegation and delivery of services across health and social care	Medium
7	Failure to deliver transformation at a pace or scale required by the demographic and financial pressures in the system	High
8	There is a risk that the IJB does not maximise the opportunities offered by locality working	High
9	There is a risk of failure to recruit and that workforce planning across the Partnership is not sophisticated enough to maintain future service deliver	High
10	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.	High



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- 1 -

Description of Risk: There is a risk that there is insufficient capacity in the market (or appropriate infrastructure in-house) to fulfil the IJB's duties as outlined in the integration scheme. This includes commissioned services and general medical services.

Strategic Priority: Prevention and Communities

Leadership Team Owner: Lead Commissioner

Risk Rating: low/medium/high/very high

HIGH

Rationale for Risk Rating:

- While there has previous provider failure in City (and across Scotland), this has provided valuable experience and an opportunity for learning).
- Discussion with current providers and understanding of market conditions across the UK and in Aberdeen locally.
- Impact of Living Wage on profitability depending on some provider models.

Risk Movement: increase/decrease/no change

NO CHANGE 08.08.2019

Rationale for Risk Appetite:

- As 3rd and independent sectors are key strategic partners in delivering transformation and improved care experience, we have a low tolerance of this risk.

Controls:

- Robust market and relationship management with the 3rd and independent sector and their representative groups.
- Market facilitation programme and robust contract monitoring process
- GP Contracts and Contractual Review and GP Sustainability Risk Review - workforce and role review in primary care.

Mitigating Actions:

- The IJB's commissioning model has an influence on creating capacity and capability to manage and facilitate the market
- Development of provider forum and peer mentorship to support relationship and market management
- Risk fund set aside with transformation funding
- Additional Scottish Government funding toward the Living Wage and Fair Working Practices have been agreed and applied by the IJB



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	<ul style="list-style-type: none"> • Lessons learned during a recent experience of managing a residential home; GP practice closure and care provider should market failure occur, and the transition of a significant number of care packages, and continued strengthening relationships and partnership working • Strategic Commissioning Implementation & Market Facilitation Plan will be reviewed in March 2019 • Approved Reimaging Primary Care Vision and currently implementing the Primary Care Improvement Plan • Implementation of the new GMS Contract
<p>Assurances:</p> <ul style="list-style-type: none"> • Market management and facilitation • Inspection reports from the Care Inspectorate • Contract monitoring process, including GP contract review visit outputs. 	<p>Gaps in assurance:</p> <ul style="list-style-type: none"> • Market or provider failure can happen quickly despite good assurances being in place. For example, even with the best monitoring system, the closure of a practice can happen very quickly, with (in some cases) one partner retiring or becoming ill being the catalyst. • We are currently undertaking service mapping which will help to identify any potential gaps in market provision
<p>Current performance:</p> <ul style="list-style-type: none"> • We received notification on Monday 11th February 2019 from Four Seasons Health Care (the private provider of care at the Banks O' Dee Care Home) of their intention to withdraw service following a contractual notice period. If no provider is found a thirteen-week notice period of closure will commence thereafter. It is envisaged that formal notice will be given on 20th March, with closure date of 21st June 2019. • Sleepovers – the uplift to accommodate the living wage for sleepover staff was implemented in October 2018. 	<p>Comments:</p> <ul style="list-style-type: none"> • National Care Home Contract uplift for 2016/17 was 6.4% and 2.8% 2017/18. Negotiations with individual providers are currently taking place for uplifts specific to their needs of up to 3.8%. • IJB agreed payment of living wage to Care at Home providers for 2016/17, 2017/18 and 2018/19



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- A 'Lessons Learnt' exercise was undertaken in February 2019 with the contracts team relating to the recent situation with Allied Healthcare – this will provide useful information should other providers fail.
- Several GP practices have required support from ACHSCP over the past 2 years, most recently Torry Medical Practice and Rosemount Medical Group.



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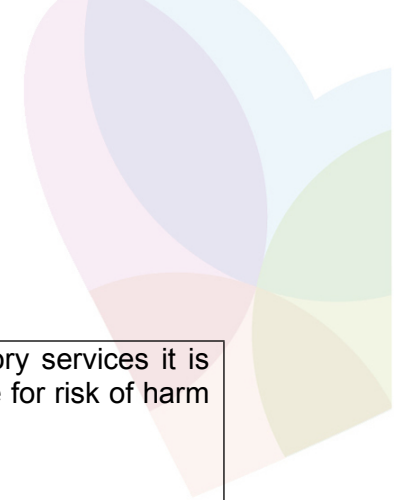


-2-	
<p>Description of Risk: There is a risk of IJB financial failure and projecting an overspend, due to demand outstripping available budget, which would impact on the IJB's ability to deliver on its strategic plan (including statutory work).</p>	
<p>Strategic Priority: Prevention and Communities</p>	<p>Leadership Team Owner: Chief Finance Officer</p>
<p>Risk Rating: low/medium/high/very high</p> <div style="background-color: #FFD700; text-align: center; padding: 5px;">HIGH</div>	<p>Rationale for Risk Rating:</p> <ul style="list-style-type: none"> • If the partnership fails financially then decisions will be required to stop services. In a health and social care environment this is difficult to do given the reliance service users place on these services. It could also impact on the delivery of the strategy plan as officer's time would be diverted from transformational activities to balance the budget. • If the levels of funding identified in the Medium Term Financial Framework are not made available to the IJB in future years, then tough choices would need to be made about what the IJB wants to deliver. It will be extremely difficult for the IJB to continue to generate the level of savings year on year to balance its budget. <p>Rationale for Risk Appetite: The IJB has a low-moderate risk appetite to financial loss and understands its requirement to achieve a balanced budget. The IJB recognises the impacts of failing to achieve a balanced budget on Aberdeen City Council & its bond – an unmanaged overspend may have an impact on funding levels.</p>
<p>Risk Movement: increase/decrease/no change:</p> <div style="background-color: #FFD700; text-align: center; padding: 5px;">NO CHANGE 08.08.2019</div>	
Empty space for additional notes or details	



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	<p>However the IJB also recognises the significant range of statutory services it is required to meet within that finite budget and has a lower appetite for risk of harm to people (low or minimal).</p>
<p>Controls: Budgets delegated to cost centre level and being managed by budget holders.</p>	<p>Mitigating Actions:</p> <ul style="list-style-type: none"> • Financial information is reported regularly to the Audit & Performance Systems Committee, the Integration Joint Board and the Leadership Team. • Approved reserves strategy, including risk fund. • Robust financial monitoring and budget setting procedures including regular budget monitoring & budget meeting with budget holders. • Medium-Term Financial Strategy was reviewed and approved at the IJB on 12th March 2019. This includes a predicted outlook for 10 years • Audit & Performance Systems receives regular updates on transformation programme & spend. • The Leadership Team are committed to driving out efficiencies, encouraging self management and moving forward the prevention agenda to help manage future demand for services. Lean Six Sigma methodology is being applied to carry out process improvements.
<p>Assurances:</p>	<p>Gaps in assurance:</p>



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<ul style="list-style-type: none"> • Audit and Performance Systems Committee oversight and scrutiny of budget under the Chief Finance Officer. • Board Assurance and Escalation Framework. • Quarterly budget monitoring reports. • Regular budget monitoring meetings between finance and budget holders. 	<ul style="list-style-type: none"> • The financial environment is challenging and requires regular monitoring. The scale of the challenge to make the IJB financially sustainable should not be underestimated. • Financial failure of hosted services may impact on ability to deliver strategic ambitions.
<p>Current performance:</p> <ul style="list-style-type: none"> • Year-end position for 2017/18 • Forecasted year end position 2018/19 overspend on mainstream position • Projected overspend on mainstream budgets can be accommodated from within the total resources available to the IJB. 	<p>Comments:</p> <ul style="list-style-type: none"> • Regular and ongoing budget reporting and management scrutiny in place. • Budget monitoring procedure now well established. • Budget holders understand their responsibility in relation to financial management. • Scottish Government Medium Term H&SC Financial Framework – released and considered by APS Committee. • The recent Audit Scotland report ‘Progress with Integration’ recommended that HSCPs should aspire to develop a long-term financial strategy.



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<p>Description of Risk: There is a risk that hosted services do not deliver the expected outcomes, fail to deliver transformation of services, or face service failure and that the IJB fails to identify such non-performance through its own systems and pan-Grampian governance arrangements. This risk relates to services that Aberdeen IJB hosts on behalf of Moray and Aberdeenshire, and those hosted by those IJBs and delivered on behalf of Aberdeen City.</p>	
<p>Strategic Priority: Prevention and Connections.</p>	<p>Leadership Team Owner: Chief Officer</p>
<p>Risk Rating: low/medium/high/very high</p> <div style="background-color: yellow; text-align: center; padding: 5px;">HIGH</div>	<p>Rationale for Risk Rating:</p> <ul style="list-style-type: none"> • Considered high risk due to the projected overspend in hosted services • Hosted services are a risk of the set-up of Integration Joint Boards. <p>Rationale for Risk Appetite:</p> <ul style="list-style-type: none"> • The IJB has some tolerance of risk in relation to testing change.
<p>Risk Movement: (increase/decrease/no change):</p> <div style="background-color: yellow; text-align: center; padding: 5px;">NO CHANGE 08.08.2019</div>	
<p>Controls:</p> <ul style="list-style-type: none"> • Integration scheme agreement on cross-reporting • North East Strategic Partnership Group 	<p>Mitigating Actions:</p> <ul style="list-style-type: none"> • This is discussed regularly by the three North East Chief Officers



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- Operational risk register

- Regular discussion regarding budget with relevant finance colleagues.
- Chief Officers should begin to consider the disaggregation of hosted services.

Assurances:

- These largely come from the systems, process and procedures put in place by NHS Grampian, which are still being operated, along with any new processes which are put in place by the lead IJB.
- At an April 2019 seminar, convened to consider the future of the North East Partnership, the four Chief Executives (NHS Grampian, Aberdeen City Council, Aberdeenshire Council and Moray Council) agreed to develop a North East Group (Officers only) which they would lead. The aim of the group is to develop real top-level leadership to drive forward the change agenda, especially relating to the delegated hospital-based services.
- The Chief Officers have taken a paper about hosted and hospital based delegated services to each of the three IJBs during June. Amongst other issues, the paper sought permission to develop a new role and remit for the Chairs and Vice Chairs of the three IJBs to come together. This is under development.
- Both the CEO group and the Chairs & Vice Chairs group will meet quarterly. The meetings will be evenly staggered between groups, giving some six weeks between them, allowing progressive work / iterative work to be timely between the forums. The dates are currently being arranged

Gaps in assurance:

- There is a need to develop comprehensive governance framework for hosted services, including the roles of the IJB's sub-committees.



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<p>Current performance:</p> <ul style="list-style-type: none"> The projected overspend on hosted services is a factor in the IJB's overspend position. This may in future impact on the outcomes expected by the hosted services. 	<p>Comments:</p> <ul style="list-style-type: none"> It is noted that NHS Grampian are currently undertaking an internal audit on the governance of hosted services.
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<p>- 4 -</p>	
<p>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.</p>	
<p>Strategic Priority: Prevention, Resilience and Communities.</p>	<p>Leadership Team Owner: Chief Officer</p>



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<p>Risk Rating: low/medium/high/very high</p> <p style="text-align: center;">MEDIUM</p>	<p>Rationale for Risk Rating:</p> <ul style="list-style-type: none"> • Considered medium given the experience of nearly three years' operations since 'go-live' in April 2016. • However, given the wide range and variety of services that support the IJB from NHS Grampian and Aberdeen City Council there is a possibility of services not performing to the required level.
<p>Risk Movement: (increase/decrease/no change)</p> <p style="text-align: center;">NO CHANGE 08.08.2019</p>	<p>Rationale for Risk Appetite: There is a zero tolerance in relation to not meeting legal and statutory requirements.</p>
<p>Controls:</p> <ul style="list-style-type: none"> • IJB Strategic Plan-linked to NHS Grampian's Clinical Strategy and the Local Outcome Improvement Plan (LOIP) • IJB Integration Scheme • IJB Governance Scheme including 'Scheme of Governance: Roles & Responsibilities' • Agreed risk appetite statement • Role and remit of the North East Strategic Partnership Group in relation to shared services • Current governance committees within IJB & NHS. • Alignment of Leadership Team objectives to Strategic Plan 	<p>Mitigating Actions:</p> <ul style="list-style-type: none"> • Regular consultation & engagement between bodies. • Regular and ongoing Chief Officer membership of Aberdeen City Council's Corporate Management Team and NHS Grampian's Senior Leadership Team • Regular performance meetings between ACHSCP Chief Officer, Aberdeen City Council and NHS Grampian Chief Executives. • Additional mitigating actions which could be undertaken include the audit programme and bench-marking activity with other IJBs. • In relation to capital projects, Joint Programme Boards established to co-produce business cases, strategic case approved by IJB and economic, financial, commercial, management case approved by NHSG Board and ACC Committees
<p>Assurances:</p>	<p>Gaps in assurance:</p>



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<ul style="list-style-type: none"> Regular review of governance documents by IJB and where necessary Aberdeen City Council & NHS Grampian. A review of the Scheme of Governance commenced in June 2019 and will be reported to the IJB in November 2019. 	<ul style="list-style-type: none"> None currently significant though note consideration relating to possible future Service Level Agreements.
<p>Current performance:</p> <ul style="list-style-type: none"> Most of the major processes and arrangements between the partner organisations have been tested for over two years of operation and no major issues have been identified. A review of the Integration Scheme has been undertaken and the revised scheme has been approved by NHSG, Aberdeen City Council & Scottish Government. However this does not remove the risk as processes within the IJB and partner organisations will continue to evolve and improve. 	<p>Comments:</p> <ul style="list-style-type: none"> Nothing to update on this risk.

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.



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Strategic Priority: Prevention, Connections and Communities.		Leadership Team Owner: Lead Strategy & Performance Manager	
Risk Rating: low/medium/high/very high		<p>Rationale for Risk Rating: Service delivery is broad ranging and undertaken by both in-house and external providers. There are a variety of performance standards set both by national and regulatory bodies as well as those determined locally and there are a range of factors which may impact on service performance against these. Poor performance will in turn impact both on the outcomes for service users and on the reputation of the IJB/partnership.</p> <p>Rationale for Risk Appetite: The IJB has no to minimal tolerance of harm happening to people as a result of its actions, recognising that in some cases there may be a balance between the risk of doing nothing and the risk of action or intervention.</p>	
MEDIUM			
Risk Movement: <i>(increase/decrease/no change)</i>			
NO CHANGE 08.08.2019			
<p>Controls:</p> <ul style="list-style-type: none"> • Clinical and Care Governance Committee and Group • Audit and Performance Systems Committee • Performance Management and Evaluation Group • Performance Framework • Risk-assessed plans with actions and performance measures • Linkage with ACC and NHSG performance reporting • Annual Report • Chief Social Work Officer's Report • Internal Audit Reports • Complaints • Contract management framework 		<p>Mitigating Actions:</p> <ul style="list-style-type: none"> • Fundamental review of key performance indicators reported • Review of systems used to record, extract and report data • Review of and where and how often performance information is reported on and how learning is fed back into processes and procedures. • On-going work developing a culture of performance management and evaluation throughout the transformation programme 	
Assurances:		Gaps in assurance:	



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- Joint meeting of IJB Chief Officer with two Partner Body Chief Executives.
- Reports to Clinical and Care Governance Committee and Audit & Performance Committee.
- Care Inspectorate Inspection reports
- Contract review meetings.
- External reviews of performance.
- Benchmarking with other IJBs.

- Formal performance reporting process is evolving.

Current performance:

- Performance reports submitted to IJB and Audit and Performance Systems Committee.
- Performance Management and Evaluation Group meeting regularly. The role, remit and membership is being revised with a view to switching its focus to embedding performance at an operational level throughout the partnership
- Various Steering Groups for strategy implementation established and reviewing performance regularly.
- Performance data discussed at team meetings.
- Close links with social care commissioning, procurement and contracts team have been established

Comments:

- Clinical and Care Governance Committee and Group have been established and are meeting regularly, reporting arrangements are being developed. .
- The Partnership is increasing its resource and focus in relation to performance.
- The Partnership has completed the Ministerial Steering Group Self Evaluation in relation to progress against integration and that although the result was very positive (45% Exemplary, 41% Established, 14% Part Established and no area not yet established),the Partnership have identified areas for improvement and these have been compiled into an Action Plan with Lead Officers and Timescales assigned. Delivery of the plan will be monitored by the Leadership Team and an annual progress report submitted to the IJB in preparation for the anticipated repeat of the self-evaluation exercise next year.

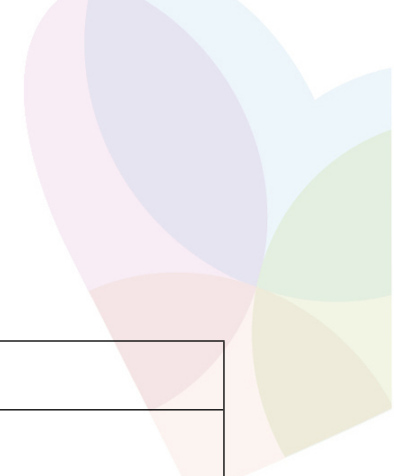
- 6 -

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.



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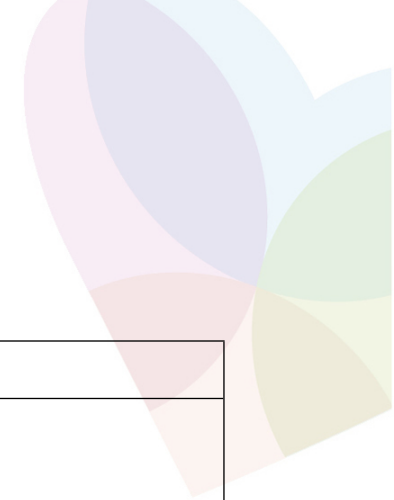


Strategic Priority: All		Leadership Team Owner: Communications Lead	
Risk Rating: low/medium/high/very high		Rationale for Risk Rating:	
Medium		<ul style="list-style-type: none"> • Governance processes are in place and have been tested since go live in April 2017. • Budget processes tested during approval of 3rd budget, which was approved. 	
Risk Movement: <i>(increase/decrease/no change)</i>			
No Change 08.08.2019		Rationale for Risk Appetite: Willing to risk certain reputational damage if rationale for decision is sound.	
Controls:		Mitigating Actions:	
<ul style="list-style-type: none"> • Leadership Team • IJB and its Committees • Operational management processes and reporting • Board escalation process 		<ul style="list-style-type: none"> • Clarity of roles • Staff and customer engagement – recent results from iMatter survey alongside a well-established Joint Staff Forum indicate high levels of staff engagement. • Effective performance and risk management • To ensure that ACHSCP have a clear communication & engagement strategy, and a clear policy for social media use, in order to mitigate the risk of reputational damage. • Communications lead's membership of Leadership Team facilitates smooth flow of information from all sections of the organisation • Robust relationships with all local media are maintained to ensure media coverage is well-informed and accurate, and is challenged when inaccurate/imbalanced. 	



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<p>Assurances:</p> <ul style="list-style-type: none"> • Role of the Chief Officer and Leadership Team • Role of the Chief Finance Officer • Performance relationship with NHS and ACC Chief Executives • Communications plan / communications manager 	<p>Gaps in assurance:</p> <p>None known at this time</p>
<p>Current performance:</p> <ul style="list-style-type: none"> • Communications officer in place to lead reputation management 	<p>Comments:</p> <ul style="list-style-type: none"> • Communications strategy and action plan in place and being led by the HSCP's Communications Manager • Communication and Engagement Group being strengthened by selection of 'Communications' Champions' across ACHSCP comprising of staff across the partnership to support us in ensuring key messages/internal news items are timely, appropriate and wide-reaching • External and internal websites are regularly updated with fresh news/information; both sites continue to be developed and refined • Locality leadership groups being established to build our relationship with communities and stakeholders • Regular Chief Officer (CO) and Chief Executives (Ces) meeting supports good communication flow across partners as does CO's membership of the Corporate Management Teams of both ACC and NHSG

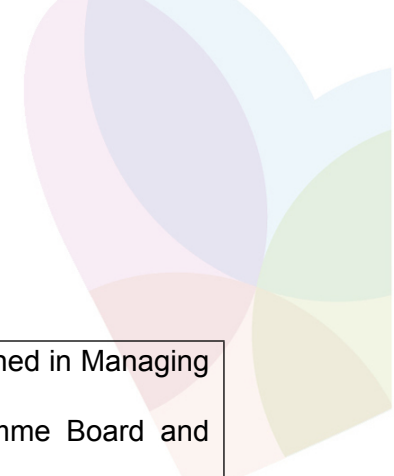


- 7 -	
<p>Description of Risk: Failure of the transformation to delivery sustainable systems change, which helps the IJB deliver its strategic priorities, in the face of demographic & financial pressures.</p>	
<p>Strategic Priority: All</p>	<p>Leadership Team Owner: Transformation Lead</p>
<p>Risk Rating: low/medium/high/very high</p> <div style="background-color: yellow; text-align: center; padding: 5px;">HIGH</div>	<p>Rationale for Risk Rating:</p> <ul style="list-style-type: none"> • Recognition of the known demographic curve & financial challenges, which mean existing capacity may struggle • This is the overall risk – each of our transformation programme work streams are also risk assessed with some programmes being a higher risk than others. <p>Rationale for Risk Appetite:</p> <ul style="list-style-type: none"> • The IJB has some appetite for risk relating to testing change and being innovative. • The IJB has no to minimal appetite for harm happening to people – however this is balanced with a recognition of the risk of harm happening to people in the future if no action or transformation is taken.
<p>Risk Movement: <i>(increase/decrease/no change)</i></p> <div style="background-color: yellow; text-align: center; padding: 5px;">NO CHANGE 08.08.2019</div>	
<p>Controls:</p> <ul style="list-style-type: none"> • Transformation Governance Structure and Process • Audit and Performance Systems Committee – quarterly reports to provide assurance of progress 	<p>Mitigating Actions:</p> <ul style="list-style-type: none"> • Programme management approach being taken across whole of the transformation programme



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- Programme Board structure: Executive Programme board and portfolio programme boards are in place.

- Transformation team in place and all trained in Managing Successful Programmes methodology
- Regular reporting to Executive Programme Board and Portfolio Programme Boards
- Regular reporting to Audit and Performance Systems Committee and Integration Joint Board
- Six Sigma methodology being used to support delivery of strategic plan, medium term financial plan and to ensure sustainability. Evaluation process in place to track delivery of change and efficiencies. Prioritisation process in place to prioritise allocation of transformation resource.
- A number of plans and frameworks have been developed to underpin our transformation activity across our wider system including: Reimagining Primary and Community Care Vision, Transformation Plan, Primary Care Improvement Plan, Action 15 Plan.
- Transformation team amalgamated with public health and wellbeing to give greater focus to localities.

Assurances:

- Executive Management and Committee Reporting
- Robust Programme Management approach supporting by an evaluation framework
- IJB oversight
- Board escalation process
- Internal Audit has undertaken a detailed audit of our transformation programme. All recommendations from this audit have now been actioned.

Gaps in assurance:

- There is a gap in terms of the impact of transformation on our budgets. Many of the benefits of our project relate to early intervention and reducing hospital admissions, neither of which provide earlier cashable savings.
- A prioritisation process has been developed to prioritise transformation support to areas of the business that could deliver cashable savings.

Current performance:

Comments:



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- Demographic financial pressure is starting to materialise in some of the IJB budgets.
- Many projects are now in Delivery phase with a couple of projects achieving Close stage.
- A number of evaluation reports are now available including West Visiting Service and INCA and the learning from these projects is in planning stages to be embedded across the wider organisation as appropriate.
- Learning from the INCA project has informed the development of our leadership team and is informing future organisational development.

- The transformation team and organisational development team have been brought together (November 2018) and with the Public Health and Wellbeing teams (June 2019) to maximise the potential for successful and sustainable system change.
- The wider transformation team is being supported to utilise Lean Six Sigma to drive out efficiencies and improve processes across the organisation, this will be supported via a wider cultural change process across the whole organisation. Outputs from initial tranche of projects using this methodology will be shared at a showcase event at the end of August 2019.
- Improvements in process across the organisation will provide opportunities for implementing digital solutions. A digital strategy to support this will be developed.

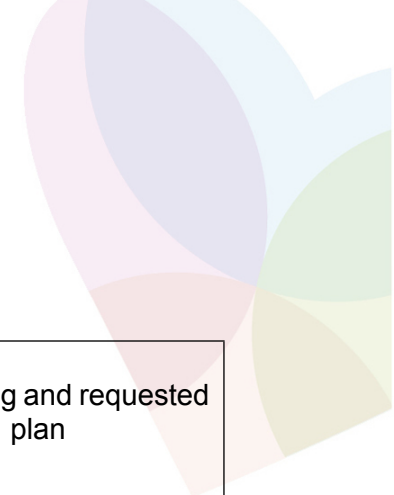


- 8 -	
Description of Risk There is a risk that the IJB does not maximise the opportunities offered by locality working	
Strategic Priority: All	Leadership Owner: Chief Officer
Risk Rating: low/medium/high/very high <div style="background-color: yellow; text-align: center; padding: 5px;">HIGH</div>	Rationale for Risk Rating: <ul style="list-style-type: none"> Localities are in an early, developmental stage and currently require strategic oversight so are included in this risk register. Once they are operational, they will be removed from the strategic risk register as a stand-alone item and will be included in the wider risk relating to transformation (risk 7). Rationale for Risk Appetite: The IJB has some appetite to risk in relation to testing innovation and change. There is zero risk of financial failure or working out with statutory requirements of a public body.
Risk Movement: <i>(increase/decrease/no change)</i> <div style="background-color: yellow; text-align: center; padding: 5px;">NO CHANGE 08.08.2019</div>	



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<p>Controls:</p> <ul style="list-style-type: none"> • IJB/Audit and Performance Systems Committee • Action plans as derived from the locality plans. • Locality Leadership Groups • Strategic Planning Group 	<p>Mitigating Actions:</p> <ul style="list-style-type: none"> • Continued broad engagement on locality working and requested development of comprehensive communication plan • Position Statement issued in August 2019
<p>Assurances:</p> <ul style="list-style-type: none"> • Strategic Planning Group • Locality plans performance monitoring and review. 	<p>Gaps in assurance</p> <ul style="list-style-type: none"> • Progress of delivering locality plans.
<p>Current performance:</p> <ul style="list-style-type: none"> • The Integration Joint Board (IJB) agreed to move from four to three localities to help the Health & Social Care Partnership provide services tailored to the needs of local communities. The rationale for the change is outlined below: • Opportunities for greater efficiencies in terms of data-sharing and delivery planning etc. • Opportunities for collaboration and realising benefits for people in communities as a result of better collaborative working. • Opportunities for better alignment between wider locality plans and smaller area plans. • Opportunities to empower multi-agency teams to look at what's important to people in our communities as part of their journey through life. • Opportunities to support a cross-system response to complex issues like obesity and population-wide public health priorities. • Opportunities for teams to be based together, guiding what is planned and progressing initiatives by involving a range of staff teams and partner organisations. 	<p>Comments:</p> <ul style="list-style-type: none"> • The LLGs will ensure locality plans align to the broader Aberdeen Community Planning plans and will use existing networks to maximise the potential of community and front line staff engagement. They will work alongside operational locality delivery teams • A further report on the implementation of the Localities will be submitted to the IJB in November 2019.



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Description of Risk: There is a risk of failing to recruit and retain staff, and that workforce planning across the Partnership is not sophisticated enough to maintain future service delivery.	
Strategic Priority: All	Leadership Team Owner: People & Organisation
Risk Rating: low/medium/high/very high <div style="background-color: yellow; text-align: center; padding: 5px;">HIGH</div>	Rationale for Risk Rating: <ul style="list-style-type: none">The current staffing complement profile changes on an incremental basis over time.



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<p>Risk Movement: <i>(increase/decrease/no change)</i></p> <p style="background-color: yellow; text-align: center;">NO CHANGE 08.08.2019</p>	<ul style="list-style-type: none"> • However the number of over 50s employed within the partnership (by NHSG and ACC) is increasing (i.e. 1 in 3 nurses are over 50). • Current vacancy levels and delays in recruitment across ACHSCP services. <p>Rationale for Risk Appetite:</p> <ul style="list-style-type: none"> • Risk should be able to be managed with the adoption of workforce planning structures and processes
<p>Controls:</p> <ul style="list-style-type: none"> • Clinical & Care Governance committee reviews operational risk around staffing numbers 	<p>Mitigating Actions:</p> <ul style="list-style-type: none"> • Active engagement with schools commenced to raise ACHSCP profile. • Use commissioning to encourage training of staff • March 2019 IJB formally approved ACHSCP Workforce Plan - work now commenced on its Implementation • Agreed to establish a working group to lead on further development on workforce planning. • Increased emphasis on health/wellbeing of staff and communication with staff + greater promotion of flexible working
<p>Assurances:</p> <ul style="list-style-type: none"> • Workforce plan once developed for the whole Partnership. 	<p>Gaps in assurance</p> <ul style="list-style-type: none"> • Need more information on social care staffing • Information on social care providers would be useful to determine trends in wider sector
<p>Current performance:</p> <ul style="list-style-type: none"> • Workforce planned developed for health and social care staff. Information expected from Scottish Government during over the 	<p>Comments:</p> <ul style="list-style-type: none"> • The Leadership Team has considered several work-force initiatives including 'Career Ready' and 'Developing the Young



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<p>next few months which should help improve workforce planning across all partnerships.</p> <ul style="list-style-type: none"> • High levels of locum use and nursing vacancies in the psychiatry service, • Three secondary schools were visited by members of the Leadership Team during February and March 2019 • ACHSCP sickness absence rates lower in December 2018, compared to October/November. + 	<p>Workforce' initiatives. The business manager will be developing these further before bringing a proposal to the IJB for approval.</p> <ul style="list-style-type: none"> • Consultation responses provided to the Scottish Government relating to the Health & Care (Staffing) (Scotland) Bill.
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<p>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.</p> <p>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.</p>	
<p>Strategic Priority: Resilience and Communities.</p>	<p>Executive Team Owner: Business Manager</p>



<p>Risk Rating: low/medium/high/very high</p> <p style="text-align: center;">HIGH</p>	<p>Rationale for Risk Rating:</p> <ul style="list-style-type: none"> • There is still a high level of uncertainty around 'Brexit' as impacts are difficult to forecast.
<p>Risk Movement: <i>(increase/decrease/no change)</i></p> <p style="text-align: center;">NO CHANGE 08.08.19</p>	
<p>Controls:</p> <ul style="list-style-type: none"> • NHSG have held a voluntary survey of EU nationals. ACC currently undertaking a survey of all staff to gather similar information. • NHSG - An initial operational assessment has been undertaken. A BREXIT co-ordinating group established with executive leadership. Engagement with staff who may be impacted by withdrawal of UK from the EU. Co-ordination with professional leads across Scotland and at SG - procurement, medicines, staff and resilience • ACC- A Brexit Steering Group has been established. The Partnership is a member of this Group. • Attendance at EU Exit - Planning on health and social care in Scotland Workshop, Stirling, 5th February, 2019. Outcomes fed into the Brexit Steering Group and reflected in this risk. • National Procurement of NHS National Services Scotland has been working for over 6 months with Scottish Government, NHS Scotland Health Boards, DHSC and suppliers to try to minimise the impact of EU Exit on the supply of Medical Devices & Clinical Consumables. Activities range from increased stock holding in 	<p>Mitigating Actions:</p> <ul style="list-style-type: none"> • Mitigating actions have been developed on a national and local level through Scottish Government guidance and the ACC and NHSG EU exit steering groups respectively. These actions are linked to the Scottish Planning Assumptions (based on the reasonable worst case scenario-no deal). <p>The assumptions are:</p> <ul style="list-style-type: none"> • Travel, Freight and Borders • Disruption of Services • Information and Data Sharing • Demonstrations and Disorder • Remote and Rural Scotland • Scottish Workforce <ul style="list-style-type: none"> • As the Partnership does not directly employ staff, The Chief Officer will work closely with partners to ensure that as implications become clear the Partnership are able to best represent and meet the needs of all staff.



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items supplied from our own National Distribution Centre to UK wide participation in centralised stock building and supplier preparedness.

- Scottish Government and NHS are participating in national exercises planned to test response structures.
- Mutual Recognition of Professional Qualifications (MRPQ) will continue for health professionals already working in the UK before EU Exit, and for those whose application process began before the EU Exit date.
- Partnership took part in Exercise Pisces run by NHSG on the 19th of March. This exercise tested the preparedness and reporting processes ahead of any EU exit situation. All participants filled in a debrief document which NHSG will collate and provide guidance in terms of any lessons learned/improvements.
- The Partnership have taken part in reporting any EU exit implications through both the NHSG and ACC routes. The reporting timescales were roughly the same (around the previous 2 political deadlines in March and April). No EU exit implications were reported by the Partnership at these times. The reporting activity has been suspended meantime, however could be re-introduced at any time once national reporting is re-established.

• The Partnership's Business Continuity Planning process is established which will identify key services to prioritise in any contingency event.

- Review ALEO contingency plans. Request evidence of risk assessment and mitigation from ALEOS for assurance of ability to deliver against contract. This is being considered and scrutinised through the ALEO Hub governance arrangements.
- Survey of providers asking key questions on preparedness.
- A joint City and Shire Care Home providers workshop was held in May 2019 to discuss with providers their preparedness for any EU exit.

Assurances:

- Understanding that current legislation will remain in effect immediate post Brexit

Gaps in assurance:

- Whilst ACC/NHSG are gathering some data, the Partnership is unable to scrutinise accurate data on status of **all** staff across broader partnership (and other data sets relating to people performance). Resource being identified to help with collation and



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	<p>analysis of data. Chief Officer and Leadership Team have met with officers in NHSG and ACC to progress the data requirements of the Partnership.</p> <ul style="list-style-type: none">• Uncertainty of final political decision on EU exit.
Current performance:	Comments: <ul style="list-style-type: none">• ACHSCP colleagues will need to ensure continued engagement with ACC and NHSG working groups.



Appendix 1 – Risk Tolerance

Level of Risk	Risk Tolerance
Low	<p>Acceptable level of risk. No additional controls are required but any existing risk controls or contingency plans should be documented.</p> <p>Chief Officers/Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective.</p>
Medium	<p>Acceptable level of risk exposure subject to regular active monitoring measures by Managers/Risk Owners. Where appropriate further action shall be taken to reduce the risk but the cost of control will probably be modest. Managers/Risk Owners shall document that the risk controls or contingency plans are effective.</p> <p>Chief Officers/Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective.</p> <p>Relevant Chief Officers/Managers/Directors/Assurance Committees will periodically seek assurance that these continue to be effective.</p>
High	<p>Further action should be taken to mitigate/reduce/control the risk, possibly urgently and possibly requiring significant resources. Chief Officers/Managers/Risk Owners must document that the risk controls or contingency plans are effective. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective.</p> <p>Relevant Chief Officers/Managers/Directors/Executive and Assurance Committees will periodically seek assurance that these continue to be effective and confirm that it is not reasonably practicable to do more. The IJB's may wish to seek assurance that risks of this level are being effectively managed.</p> <p>However the IJB's may wish to accept high risks that may result in reputation damage, financial loss or exposure, major breakdown in information system or information integrity, significant incidents(s) of regulatory non-compliance, potential risk of injury to staff and public</p>



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Very High

Unacceptable level of risk exposure that requires urgent and potentially immediate corrective action to be taken. Relevant Chief Officer/Managers/Directors/Executive and Assurance Committees should be informed explicitly by the relevant Managers/Risk Owners.

Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective.

The IJB's will seek assurance that risks of this level are being effectively managed.

However the IJB's may wish to accept opportunities that have an inherent very high risk that may result in reputation damage, financial loss or exposure, major breakdown in information system or information integrity, significant incidents(s) of regulatory non-compliance, potential risk of injury to staff and public



Appendix 2 – Risk Assessment Matrices (from Board Assurance & Escalation Framework)

Table 1 - Impact/Consequence Definitions

Descriptor	Negligible	Minor	Moderate	Major	Extreme
Patient Experience	Reduced quality of patient experience/ clinical outcome not directly related to delivery of clinical care.	Unsatisfactory patient experience/clinical outcome directly related to care provision – readily resolvable.	Unsatisfactory patient experience/clinical outcome, short term effects – expect recovery <1wk.	Unsatisfactory patient experience/ clinical outcome; long term effects –expect recovery >1wk.	Unsatisfactory patient experience/clinical outcome, continued ongoing long term effects.
Objectives/ Project	Barely noticeable reduction in scope, quality or schedule.	Minor reduction in scope, quality or schedule.	Reduction in scope or quality of project; project objectives or schedule.	Significant project over-run.	Inability to meet project objectives; reputation of the organisation seriously damaged.
Injury (physical and psychological) to patient/ visitor/staff.	Adverse event leading to minor injury not requiring first aid	Minor injury or illness, first aid treatment required.	Agency reportable, e.g. Police (violent and aggressive acts). Significant injury requiring medical treatment and/or counselling.	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling.	Incident leading to death or major permanent incapacity.
Complaints/ Claims	Locally resolved verbal complaint	Justified complaint peripheral to clinical care.	Below excess claim. Justified complaint involving lack of appropriate care.	Claim above excess level. Multiple justified complaints	Multiple claims or single major claim. Complex justified complaint.
Service/ Business Interruption	Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service.	Short term disruption to service with minor impact on patient care.	Some disruption in service with unacceptable impact on patient care. Temporary loss of ability to provide service.	Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked.	Permanent loss of core service or facility. Disruption to facility leading to significant "knock on" effect.
Staffin and Competence	Short term low staffin level temporarily reduces service quality (< 1 day). Short term low staffin level (>1 day), where there is no disruption to patient care.	Ongoing low staffin level reduces service quality Minor error due to ineffective training/implementation of training.	Late delivery of key objective/ service due to lack of staff. Moderate error due to ineffective training/ implementation of training. Ongoing problems with staffin levels	Uncertain delivery of key objective /service due to lack of staff. Major error due to ineffective training/implementation of training.	Non-delivery of key objective/ service due to lack of staff. Loss of key staff. Critical error due to ineffective training / implementation of training.
Financial (including damage/loss/ fraud)	Negligible organisational/ personal financial loss (£<1k).	Minor organisational/ personal financial loss (£1-10k).	Significant organisational / personal financial loss (£10-100k).	Major organisational/personal financial loss (£100k- 1m).	Severe organisational/ personal financial loss (£>1m).
Inspection/Audit	Small number of recommendations which focus on minor quality improvement issues.	Recommendations made which can be addressed by low level of management action.	Challenging recommendations that can be addressed with appropriate action plan.	Enforcement action. Low rating. Critical report.	Prosecution. Zero rating. Severely critical report.
Adverse Publicity/ Reputation	Rumours, no media coverage. Little effect on staff morale.	Local media coverage – short term. Some public embarrassment. Minor effect on staff morale/ public attitudes.	Local media – long-term adverse publicity. Significant effect on staff morale and public perception of the organisation.	National media/adverse publicity, less than 3 days. Public confidence in the organisation undermined. Use of services affected.	National/International media/ adverse publicity, more than 3 days. MSP/MP concern (Questions in Parliament). Court Enforcement. Public Enquiry/FAI.

Table 3 - Risk Matrix

Likelihood	Consequences/Impact				
	Negligible	Minor	Moderate	Major	Extreme
Almost Certain	Medium	High	High	V High	V High
Likely	Medium	Medium	High	High	V High
Possible	Low	Medium	Medium	High	High
Unlikely	Low	Medium	Medium	Medium	High
Rare	Low	Low	Low	Medium	Medium

References: AS/NZS 4360:2004 'Making It Work' (2004)

Table 4 - NHSG Response to Risk

Describes what NHSG considers each level of risk to represent and spells out the extent of response expected for each.

Level of Risk	Response to Risk
Low	Acceptable level of risk. No additional controls are required but any existing risk controls or contingency plans should be documented. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective.
Medium	Acceptable level of risk exposure subject to regular active monitoring measures by Managers/Risk Owners. Where appropriate further action shall be taken to reduce the risk but the cost of control will probably be modest. Managers/Risk Owners shall document that the risk controls or contingency plans are effective. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective. Relevant Managers/Directors/Assurance Committees will periodically seek assurance that these continue to be effective.
High	Further action should be taken to mitigate/reduce/control the risk, possibly urgently and possibly requiring significant resources. Managers/Risk Owners must document that the risk controls or contingency plans are effective. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective. Relevant Managers/Directors/Executive and Assurance Committees will periodically seek assurance that these continue to be effective and confirm that it is not reasonably practicable to do more. The Board may wish to seek assurance that risks of this level are being effectively managed. However NHSG may wish to accept high risks that may result in reputation damage, financial loss or exposure, major breakdown in information system or information integrity, significant incidents(s) of regulatory non-compliance, potential risk of injury to staff and public.
Very High	Unacceptable level of risk exposure that requires urgent and potentially immediate corrective action to be taken. Relevant Managers/Directors/Executive and Assurance Committees should be informed explicitly by the relevant Managers/Risk Owners. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effectively managed. The Board will seek assurance that risks of this level are being effectively managed. However NHSG may wish to accept opportunities that have an inherent very high risk that may result in reputation damage, financial loss or exposure, major breakdown in information system or information integrity, significant incidents(s) of regulatory non-compliance, potential risk of injury to staff and public.

Table 2 - Likelihood Definitions

Descriptor	Rare	Unlikely	Possible	Likely	Almost Certain
Probability	<ul style="list-style-type: none"> Can't believe this event would happen Will only happen in exceptional circumstances. 	<ul style="list-style-type: none"> Not expected to happen, but definite potential exists Unlikely to occur. 	<ul style="list-style-type: none"> May occur occasionally Has happened before on occasions Reasonable chance of occurring. 	<ul style="list-style-type: none"> Strong possibility that this could occur Likely to occur. 	<ul style="list-style-type: none"> This is expected to occur frequently/in most circumstances more likely to occur than not.



AUDIT & PERFORMANCE SYSTEMS COMMITTEE

Date of Meeting	20 August 2019
Report Title	Finance Update as at end June 2019
Report Number	HSCP.19.041
Lead Officer	Alex Stephen, Chief Finance Officer
Report Author Details	Gillian Parkin (Finance Manager) Barbara Ncube (Finance Lead – ACH&SCP)
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	<ul style="list-style-type: none"> a) Finance Update as at end June 2019 b) Summary of risks and mitigating action c) Sources of Transformational Funding d) Progress in implementation of savings - June 2019 e) Virements

1. Purpose of the Report

- a) To summarise the current year revenue budget performance for the services within the remit of the Integration Joint Board as at Period 3 (end of June 2019);
- b) To advise on any areas of risk and management action relating to the revenue budget performance of the Integration Joint Board (IJB) services.
- c) To note the budget virements so that budgets are more closely aligned to anticipated income and expenditure (see Appendix E).



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2. Recommendations

2.1. It is recommended that the Audit & Performance Systems 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.
- b) Notes the budget virements indicated in Appendix E.

3. Summary of the financial information reported

3.1 At the end June an adverse position of £607,000 is forecast on mainstream budgets for the financial year 2019-20. The Leadership Team have been reviewing their budgets to bring this budget back into balance and have identified the following activities which will be used to manage this position:

Savings in the Senior Leadership Team Structure	£175,000
Additional funding expected for GMED	£199,000
Vacancy management savings for managerial, project management and administrative posts	£100,000
Undertake a review and reduce spend on courses, conferences, travel and equipment.	£133,000
	£607,000

3.2 As well as these savings, the Leadership Team will be looking at other areas within their budgets where it maybe possible to saving money. This was part of the objective setting process where all budget holders were asked to identify in year efficiencies of one percent.

3.3 At the end of the financial year the IJB had £5.6 million held in its reserves. The majority of this funding is committed to the previously agreed integration and change projects. A breakdown is shown below of the reserves position at the start of the financial year and a forecast of what the reserves will look like at the end of the financial year.



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	01/04/19	30/06/19
	£'000	£'000
Risk fund	2,500	2,500
Primary Care Improvement Fund*	120	0
Primary Care Reserve	1,580	984
Action 15 mental health funding*	161	0
Integration and Change Funding	551	0
Alcohol and Drugs Partnership*	666	333
	5,578	3,517

*Estimates for illustrative purposes

3.4 As can be seen from the table above the IJB still have its risk fund available should there be any further adverse movements to protect the partners from having to provide additional funding to the IJB. However, the use of this risk fund is seen as a last resort. The reduction in reserves forms part of the IJB’s Medium Term Financial Framework where these funds are being invested in services to either manage demand and (or) improve services.

3.5 Information has been received with regard to the Alcohol and Drugs Partnership Funding and Action 15 mental health funding. The Scottish Government have indicated that they will continue to fund these initiatives at the previously agreed levels, however, they will only provide funding to the IJBs once the reserves carried forward have been spent. In order to provide clarity on what is due to Aberdeen for each of these funds a table has been prepared below:

	Allocate d in 18/19 £'000	Receive d in 18/19 £'000	Spent t in 18/19 £'000	Held in Reserve s £'000	Allocate d in 19/20 £'000	Availabl e in 19/20 £'000
Action 15	431	431	270	161	668	829
ADP	666	666	0	666	666	1,332
PCIP	1,793	1,298	1,178	120	2,156	2,771

The Scottish Government will only provide the whole of the amount available for 2019/20 if is forecast to be spent. Information is still to be received on the



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Primary Care Improvement Fund, however, it is likely this will have similar requirements.

- 3.6 The position highlighted above closely aligns with the Medium-Term Financial Strategy, where it was intended the level of reserves would be reduced in 2019/20 to fund the transformation programme. An analysis of the major variances on the mainstream budget is detailed below:

Community Health Services (Year to date variance - £184,728 underspend)

Major Movements:

£45,381	Across non-pay budgets
£30,213	Under recovery on income
(£260,322)	Staff Costs

Within this expenditure category there is an underspend on staff costs mainly relating to inability to recruit within dental services and ongoing management vacancies. This is currently being offset with an under recovery of income within the public dental service due to the partnership employing less dentists and also a reduction in staff car lease income as there is a reduced number of staff who have leased cars.

3.7 Hosted Services (Year to date variance £176,698 overspend)

The main areas of overspend are as follows:

Intermediate Care: £207,969 relates to medical locum costs as a result of the requirement to provide consultant cover at night within Intermediate Care. Agency nurse usage continues due to sickness/absence levels, this is currently being reviewed by members of the Leadership Team.

Police Forensic Service: £18,867 overspend as there has been a legacy under funding issue with this budget, although additional funding has been provided by NHS Grampian.

Grampian Medical Emergency Department (GMED): £35,930 relates mainly to pay costs and the move to provide a safer more reliable service which has been a greater uptake of shifts across the service. Non-pay overspend due to repair costs not covered by insurance, increased costs on software and hardware support costs, increased usage of medical surgical supplies and an increase in drug costs.



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Hosted services are led by one IJB, however, the costs are split according to the projected usage of the service across the three IJBs. Decisions required to bring this budget back into balance may need to be discussed with the three IJBs, due to the impact on service delivery.

3.8 Learning Disabilities (Year to date variance - £70,578 overspend)

Major Movements:

£17,970	Staff Vacancy Factor
£11,000	Agency Staff Costs

The variance is mainly due to the staff vacancy factor not met £18,000; overspend on agency staff £11,000 and under recovery on client contributions. The budget for commissioned services and income was realigned in 2019-20, and the current spend should be to be brought back to budget by year end.

3.9 Mental Health & Addictions (Year to date variance - £174,433 overspend).

Major Movements:

£96,659	Needs led day care
£45,447	Mental Health Staffing
£39,423	Client contributions
£22,000	Needs led homecare

The overspend on commissioned services is mainly due to increased expenditure on residential needs led day care and needs led home care coupled with under recovery on client contributions. Spend is expected to be brought back to budget on social care side by year end, however the community mental health services are forecast to be overspent due to locum expenditure.

3.10 Older People & Physical and Sensory Disabilities (Year to date variance - £500,324 underspend)

Major Movements:

£589,846	Client contributions
(£288,850)	Underspend on needs led commissioned services



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£198,033

Direct payments

£107,473

Staffing Costs

The overspend reflects under recovery on client contributions. This could partly be influenced by delays in the assessment process and clients are only being charged a minimum contribution. This has been partially offset by an underspend in commissioned services. The spend will continue to be monitored closely and should be brought back to budget by year end. Direct payments are increasing and there is an overspend on staffing due to the vacancy factor not being achieved for the first three months.

3.11 Directorate (£344,790 underspend)

(£152,423)

Staffing Costs

(£142,250)

Commissioned services

Mainly due to vacancies and an underspend on commissioned services. The will fund mainstreamed spend on delay discharges and the carers strategy.

3.12 Primary Care Prescribing (Year to date variance – £85,636 overspend)

Actual information is received two months in arrears from ISD, this position is only based on 1 months actual plus an accrual for May and June. In 2018/19 the March 2019 average price was £11.02 per item. In April the actual average price per item fell further to £10.87 as a result of implementation of the nationally agreed 2019/20 contract with Community Pharmacy Scotland and associated reduction in tariff prices. This average price of £10.87 per item has been used to estimate May and June.

The 2019/20 national agreement also includes NHS Grampian share £20 million Scotland wide transfer from Prescribing to Global Sum payments for contractors which has still to be advised. This will result in a transfer of budget back to Scottish Government to facilitate national payment to contractors. This element of the tariff reduction and transfer to Global Sum is expected to have a neutral impact on financial position for IJB's and has been anticipated in the position to June.

The actual volume of items in 2018/19 compared to 2017/18 was a decrease of 0.09%. Actual items in April were higher than anticipated and the estimated position to June includes an increase of 1.72% over quarter 1 in 18/19 which is higher than expected to date. Given this information is only based on one



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month and that this budget can move significantly between months, it has not been forecast to overspend at the end of the financial at this point. This will be closely monitored and adjusted based on information from NHS Grampian.

3.13 Primary Care Services (Year to date variance - £3,494 overspend)

The Primary Care services position does not yet include allocations for agreed contract percentage uplift from the Scottish Government for 2019/20 to be advised. These revisions will have a further impact on the overall position once implemented.

The main cost pressures from 2018/19 continue relating to established Enhanced Services which includes diabetic care, contraception services, substance misuse and extended hours.

The overspends continue to be offset in part by a underspends in Board Administered Funds (BAF). This includes the impact of seniority payments, professional payments and other practice entitlements including maternity payments and sickness cover due within BAF.

This position will continue to be monitored closely over the next few months.

3.14 Out of Area Treatments (Year to date variance - £86,748 underspend)

Forecast includes assumptions on lengths of stay etc and on this update is showing potential underspend for year of £122,000. This is largely due to a large credit note which was received in this financial year, relating to previous year's spend.

4 Implications for IJB

4.1 Every organisation has to manage the risks inherent in the operation of large and complex budgets. These risks are minimised by the regular review of financial information by budget holders and corporately by the Board and Audit & Performance Systems Committee. This report is part of that framework and has been produced to provide an overview of the current financial operating position.

Key underlying assumptions and risks concerning the forecast outturn figures are set out within Appendix B. Appendix D monitors the savings agreed by the IJB.



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- 4.2 Equalities – none identified.
- 4.3 Fairer Scotland Duty – none identified.
- 4.4 Financial – contained throughout the report.
- 4.5 Workforce – none identified.
- 4.6 Legal – none identified.
- 4.7 Other.

5 Links to ACHSCP Strategic Plan

A balanced budget and the medium financial strategy are a key component of delivery of the strategic plan and the ambitions included in this document.

5.2 Management of Risk

5.3 Identified risks(s)

See directly below.

5.4 Link to risks on strategic or operational risk register: Strategic Risk #2

There is a risk of financial failure, that demand outstrips budget and IJB cannot deliver on priorities, statutory work, and project an overspend.

5.5 How might the content of this report impact or mitigate these risks:

Good quality financial monitoring will help budget holders manage their budgets. By having timely and reliable budget monitoring any issues are identified quickly, allowing mitigating actions to be implemented where possible.

Should there be a number of staffing vacancies then this may impact on the level of care provided to clients. This issue is monitored closely by all managers and any concerns re clinical and care governance reported to the executive and if necessary the clinical and care governance committee.

Appendix A: Finance Update as at end June 2019

	Full Year	Period	Period	Period	Variance	Year end
Accounting Period 3	Revised Budget	Budget	Actual	Variance	Percent	Forecast Month 3
	£'000	£'000	£'000	£'000	%	£'000
Community Health Services	37,480	8,796	8,611	(185)	-2.1	(443)
Aberdeen City share of Hosted Services (health)	21,745	5,661	5,838	177	3.1	903
Learning Disabilities	34,855	8,722	8,793	71	0.8	(66)
Mental Health and Addictions	20,350	5,147	5,321	174	3.4	336
Older People & Physical and Sensory Disabilities	74,404	18,601	19,101	500	2.7	0
Directorate	1,246	312	(33)	(345)	-110.7	0
Criminal Justice	92	23	60	37	161.7	0
Housing	1,860	465	285	(180)	-38.8	0
Primary Care Prescribing	40,189	10,172	10,257	86	0.8	0
Primary Care	38,547	9,733	9,736	3	0	0
Out of Area Treatments	1,700	481	394	(87)	-18.0	(123)
Set Aside Budget	46,416	11,604	11,604	0	0.0	0
	318,883	79,716	79,967	252	0.3	607
Funds:						
Integration and Change	2,318	580	396	(184)	-31.7	0
Primary Care Improvement Fund	755	189	189	0	0.0	0
Action 15 Mental Health	507	127	127	0	0.0	0
Alcohol Drugs Partnership	666	167	0	(167)	-100.0	0
	4,246	1,062	711	(350)	-131.7	0
Approved Transfers from Reserves	(964)					
To be approved transfer from reserves	(182)					

321,983	80,777	80,678	(99)	-0.1	607
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Appendix B: Summary of risks and mitigating action

	Risks	Mitigating Actions
Community Health Services	Balanced financial position is dependent on vacancy levels.	<ul style="list-style-type: none"> • Monitor levels of staffing in post compared to full budget establishment. • A vacancy management process has been created which will highlight recurring staffing issues to senior staff.
Hosted Services	<p>There is the potential of increased activity in the activity-led Forensic Service.</p> <p>There is the risk of high levels of use of expensive locums for intermediate care, which can put pressure on hosted service budgets.</p>	<ul style="list-style-type: none"> • Work is being undertaken at a senior level to consider future service provision and how the costs of this can be minimised. • Substantive posts have recently been advertised which might reduce some of this additional spend.

	Risks	Mitigating Actions
Learning Disabilities	<p>There is a risk of fluctuations in the learning disabilities budget as a result of:</p> <ul style="list-style-type: none"> • expensive support packages may be implemented. • Any increase in provider rates for specialist services. • Any change in vacancy levels (as the current underspend is dependent on these). 	<ul style="list-style-type: none"> • Review packages to consider whether they are still meeting the needs of the clients. • All learning disability packages are going for peer review at the fortnightly resource allocation panel.
Mental Health and Addictions	<p>Increase in activity in needs led service. Potential complex needs packages being discharged from hospital. Increase in consultant vacancies resulting in inability to recruit which would increase the locum usage. Average consultant costs £12,000 per month average locum £30,000 per month.</p>	<ul style="list-style-type: none"> • Work has been undertaken to review levels through using Carefirst. • Review potential delayed discharge complex needs and develop tailored services. • A review of locum spend has highlighted issues with process and been addressed, which has resulted in a much improved projected outturn.

	Risks	Mitigating Actions
Older people services incl. physical disability	<p>There is a risk that staffing levels change which would have an impact on the balanced financial position.</p> <p>There is the risk of an increase in activity in needs led service, which would also impact the financial position.</p>	<ul style="list-style-type: none"> • Monitor levels of staffing in post compared to full budget establishment. • A vacancy management process has been created which will highlight recurring staffing issues to senior staff. • Review packages to consider whether they are still meeting the needs of the clients.
Prescribing	<p>There is a risk of increased prescribing costs as this budget is impacted by volume and price factors, such as the increase in drug prices due to short supply. As both of which are forecast on basis of available date and evidence at start of each year by the Grampian Medicines Management Group</p>	<ul style="list-style-type: none"> • Monitoring of price and volume variances from forecast. • Review of prescribing patterns across General Practices and follow up on outliers. • Implementation of support tools – Scriptswitch, Scottish Therapeutic Utility. • Poly pharmacy and repeat prescription reviews to reduce wastage and monitor patient outcomes.
Out of Area Treatments	<p>There is a risk of an increase in number of Aberdeen City patients requiring complex care from providers located outwith the Grampian Area, which would impact this budget.</p>	<ul style="list-style-type: none"> • Review process for approving this spend.

Appendix C: Sources of Transformational Funding

	2019/20 £m	2018/19 c/fwd £m	Total £m
Integrated Care Fund	3.75	3.13	6.88
Delayed Discharge Fund	1.13		1.13
Mental Health Access		0.18	0.18
Mental Health Fund		0.29	0.29
Primary Care Pharmacy	0.30	0.39	0.69
Social Care Transformation Funding	13.36		13.36
Primary Care Improvement Fund	0.76	0.12	0.88
Action 15 Mental Health Strategy	0.51	0.16	0.67
Transforming Urgent Care		0.54	0.54
6EA Unscheduled Care		0.10	0.10
ADP	0.66	0.67	0.87
Veterans Funding	0.18		0.18
	20.65	5.58	29.94
Adjust for social care and Health budget transfer	(17.14)		(17.14)
Funding available for IJB commitment	3.51	5.58	9.09
Take off c/forward reserve			(5.58)
REPORTED FULL YEAR BUDGET			3.51

Appendix D: Progress in implementation of savings – June 2019

Area	Agreed Target £'000	Status	Action	Responsible Officer
Review processes and ensure these are streamlined and efficient	(450)		<p>Financial Processes – Review of the financial assessment process is being undertaken to determine ways in which this can be sped up, to reduce delays for clients and maximise income available to the IJB.</p> <p>Pre-paid cards – Small working group nearing completion of procurement pack. Aberdeen City Council IT Team have reviewed technical specification of identified preferred provider to ensure fit with current systems prior to moving forward with direct award under Surrey Framework. Initial screening completed and currently exploring Data Protection Impact of introduction of card. Data Protection Impact Assessment has been drafted and officers are liaising with Information Governance in Aberdeen City Council to finalise.</p> <p>Communications for staff and service users has been drafted based on similar work in other Local Authority areas, final wording awaiting elements to be taken from procurement pack. Project estimated to go live in October 2020.</p>	Alison MacLeod & Gail Woodcock

Appendix D: Progress in implementation of savings – June 2019

Area	Agreed Target £'000	Status	Action	Responsible Officer
Income Generation	(553)		The increase in charges was agreed at Full Council and the invoices have been issued to clients. This budget will be monitored closely over the next few months to determine whether these increases have resulted in additional income expected.	Alison MacLeod
Managing Demand and Inflation	(1,063)		Work progresses to manage demand and the reduction in the bed base in the city is helping to achieve this target. Work continues with suppliers to manage the level of inflationary uplifts required.	A Stephen
Medicines Management	(631)		Community Pharmacy operationalising (Grampian Primary Care Prescribing Group) GPCPG report recommendations. Work commenced on tracking and reporting on impact of GPCPG recommendations. Development of an Oral Nutrition Supplements Business Case, which is projected to deliver savings and constrain future demand	Lorraine McKenna

Appendix D: Progress in implementation of savings – June 2019

Area	Agreed Target £'000	Status	Action	Responsible Officer
Service Redesign	(1,934)		Service redesign work is taking place and budgets have been reduced to help achieve this saving. The major element of this relates to the closure of a ward at Woodend and whilst the budget has reduced, pressures are being experienced in the use of locums and agency staff. The Leadership Team are working with staff at Woodend to review the use of locums and agency nursing.	A Stephen

Appendix D: Budget Reconciliation

	£	£
ACC per full council:		£89,312,872
NHS per letter from Director of Finance:		
Budget NHS per letter		<u>£219,111,067</u>
		£308,423,940
Additional allocations received during quarter 1 (as per Appendix E)		
Superannuation	523,955	
Orthopaedic Project	14,514	
Health Visitor Regrade	375,000	
Incremental Drift	425,000	
Locality Savings	(159,000)	
M Westland Post	(60,000)	
Staff Turnover	(561,000)	
Prescribing Reduction	(631,000)	
Out of Area	183,000	
Acute Care @ Home	675,000	
Evaluation Framework	90,000	
Primary Care	378,260	
Energy Uplift 1920	38,822	
Budget Uplift 1920	3,486,000	
Childsmile	160,000	
Oral Health	66,000	
Hub CO	273,466	
HPV	10,047	
Set a Side Budgets	5,072,000	
Auto Enrol	8,563	
1920 Pay Award	(385,597)	
Core Uplift Adj	(695,000)	
Alcohol	54,718	
Des Antic Allocation	610,082	
Waiting Times	1,093	
Hosted Services Recharge	1,061,075	
PCIP	502,697	
Action 15	378,431	
Men B, Child Flu & Rota Virus	17,965	
Carry Forward	159,400	
Total		£12,073,491
Adjustment Re Circ 02/19 -Carers Act	19,000	
Adjustment Re Circ 02/19 -Fpc < 65 Years	1,342,000	
School Mental Health Counselling	125,000	
		£1,486,000
Reported at Month 3		£321,983,431

Appendix E: Virements

Health 1-3

Superannuation	523,955
Orthopaedic Project	14,514
Health Visitor Regrade	375,000
Incremental Drift	425,000
Locality Savings	(159,000)
M Westland Post	(60,000)
Staff Turnover	(561,000)
Prescribing Reduction	(631,000)
Out of Area	183,000
Acute Care @ Home	675,000
Evaluation Framework	90,000
Primary Care	378,260
Energy Uplift 1920	38,822
Budget Uplift 1920	3,486,000
Childsmile	160,000
Oral Health	66,000
Hub CO	273,466
HPV	10,047
Set a Side Budgets	5,072,000
Auto Enrol	8,563
1920 Pay Award	(385,597)
Core Uplift Adj	(695,000)
Alcohol	54,718
Des Antic Allocation	610,082
Waiting Times	1,093
Hosted Services Recharge	1,061,075
PCIP	502,697
Action 15	378,431
Men B, Child Flu & Rota Virus	17,965
Carry Forward	159,400
Total Virements	£12,073,491

Social Care 1-3

Adjustment Re Circ 02/19 -Carers Act	19,000
Adjustment Re Circ 02/19 -Fpc < 65 Years	1,342,000
School Mental Health Counselling	125,000
Mainstreamed transformation spend	799,001
Older People funding routed through health	183,300
Transformation	(982,301)
Budget realignment – Directorate	(692,000)
Budget realignment - LD	(184,000)
Budget realignment – Mental Health	472,000
Budget realignment - OPPD	404,000

Total Virements **£1,486,000**



AUDIT & PERFORMANCE SYSTEMS COMMITTEE

Date of Meeting	20 th August 2019
Report Title	Winter Planning Debrief for 2018/19
Report Number	<i>HSCP.19.036</i>
Lead Officer	Sandra Ross (Chief Officer)
Report Author Details	Kenneth O'Brien Service Manager kobrien@aberdeencity.gov.uk 01224 556 201 Kate Livock Programme Manager - Unscheduled Care katelivock@nhs.net 01224 551 366
Consultation Checklist Completed	Yes/No
Appendices	a. b. c.

1. Purpose of the Report

1.1. As part of the winter planning process for the Aberdeen City Health & Social Care Partnership, a report on learning from the previous winter is presented to an appropriate committee of the IJB.

1.2. Resultantly, this report to the Audit and Performance Systems Committee:

- Gives a brief background as to the context and process of winter planning for period 2018/19.
- Sets out the learning established from National, Grampian, and Aberdeen City specific debrief sessions relating to winter 2018/19.



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- Describes how this learning is being incorporated into winter/surge planning for the 2019/20 period.

2. Recommendations

2.1. It is recommended that the Audit & Performance Systems Committee:

- a) 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.

3. Summary of Key Information

Introduction/Background to Winter Planning in 2018/19

- 3.1. In Grampian there is an established process for winter planning, which is undertaken as a year-round planning cycle. Health and Social Care Partnerships and other partners such as NHS 24 and the Scottish Ambulance service are key to the process and participate in joint planning and debrief exercises alongside acute hospitals.
- 3.2. The winter planning cycle for 2018/19 commenced in the June of 2018 with a Grampian Cross Sector event aimed at identifying initiatives that would ensure strong performing services that deliver quality care for patients and positive experiences for carers and staff during periods of surge.
- 3.3. The key lessons from winter 2017/18 were discussed and agreement reached on the priorities for Winter (Surge) planning for 2018/19. Aberdeen City and other sectors were encouraged to test their draft Winter plans using desk top testing exercises and this process culminated in a Cross Sector Desktop Exercise held in advance of a review of the draft Grampian Winter (Surge) Plan by the NHSG Senior Leadership Team and submission to the Scottish Government in late August 2018.



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3.4. Following feedback and further review of the plan the final draft was submitted for approval to the Grampian Senior Leadership team in September 2018 prior to submission to the Scottish Government in October 2018. The Grampian Winter (Surge) plan was implemented in October 2018 and ongoing review was undertaken via the Cross-Sector System Huddles.

3.5. Following the winter 2018/19 period, debrief events took place at National, Grampian and Aberdeen City levels. The learning from these is documented below.

National Debrief Information

3.6. Representatives from both Aberdeen City Health and Social Care Partnership and NHS Grampian participated in national events relating to winter and surge preparedness. These events gave a national perspective related to the 2018/19 winter period. Of note (based on national data):

- Public Health reported variable seasonal flu activity across all health boards in Scotland.
- For the 2018 - 19 season there was a significant decrease in overall Norovirus activity across all sectors within NHS Grampian. However other health boards in Scotland submitted reports of variable activity. The virulence of each seasonal strain of Norovirus and its inevitable burden on health care can be unpredictable until the season is established. In 2018/19 the winter burden was much lower than in previous seasons, however there was also some outbreak activity noted during May 2019.
- There were no significant national weather conditions reported that had a significant impact health and social care services.

Grampian Wide Debrief Information

3.7. Many key priorities/learning for Grampian Winter (Surge) Planning 2018/19 were identified through the debrief / review process some of which are:



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- For the period of 1st November 2018 to the 31st March 2019 Emergency and Elective admission statistics showed an increase in activity (Grampian wide) compared to the same period last year with a small increase of 1.3% for emergency admissions and a significant increase of 13.8% for Elective admissions. The increase in elective activity reflected the national directive to maximise elective activity over winter 2018/19
- The NHS Grampian Flu Advisory group introduced additional initiatives to promote flu vaccination among eligible groups with an increase in the uptake by the “over 65” population being reported. Unfortunately, in almost every other patient group the uptake decreased and this was particularly evident in the pregnant women group.
- In Grampian a higher than expected demand for utilisation of secondary care facilities from community acquired influenza cases from January 2019 onwards placed some additional burden on inpatient capacity but overall Grampian had less outbreak activity than the previous season. There was an increase for the first time in the uptake of flu vaccination with 51.6% of frontline staff being vaccinated. This is an underestimation as it is not possible to ascertain denominators for all social care staff.
- A key priority for winter 2019 - 20 will be to build on the excellent planning undertaken by team in all sectors and services and to continue to improve upon the overall winter (surge) planning process. The overall process includes recording activity and measuring performance against agreed indicators as well as supporting colleagues through the provision of opportunities for joint planning events such as table top exercises and the facilitation of such events. Accurate data will be important as part of the planning process and for ongoing monitoring.



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- The daily Grampian cross system huddle is now an established practice, ensuring safe, effective discharge/admission and is central to delivering a shared approach to risk. The benefits gained from consistency of cross system representation at the huddles were evident. Expanding this huddle to include Scottish Ambulance Service, Mental Health and Facilities has further enhanced the effectiveness of safe discharge/admission.
- Robust communication and engagement of all staff was key to effective implementation of the Grampian Winter (Surge) plan in 2018/19. Further improvement of this communication will be addressed through the early winter planning process that has already commenced and the planned table top exercises held at sector and cross system level.
- Workforce capacity plans and rotas for winter/festive period 2018/19 were agreed in October as part of the established winter planning process. Key to this is monitoring the availability of annual leave over the festive period to ensure continuity of health & social care services. Local team managers are empowered to manage any deviation to the plans and this is supported by highlighting and escalating through the site and system wide communication facilitated by the daily site safety briefs and cross system huddles
- The national requirement to test winter plans is important and valuable in autumn 2018 - it allowed teams to come together to work as a single system and to test winter plans against scenarios that were designed to prove their resilience.
- The challenges of 2 four-day public holiday periods created immense pressure across the system and resulted in a surge in activity from the 3rd January onwards. Work towards delivery of 7 day services e.g. AHP service, pharmacy and diagnostics is ongoing.

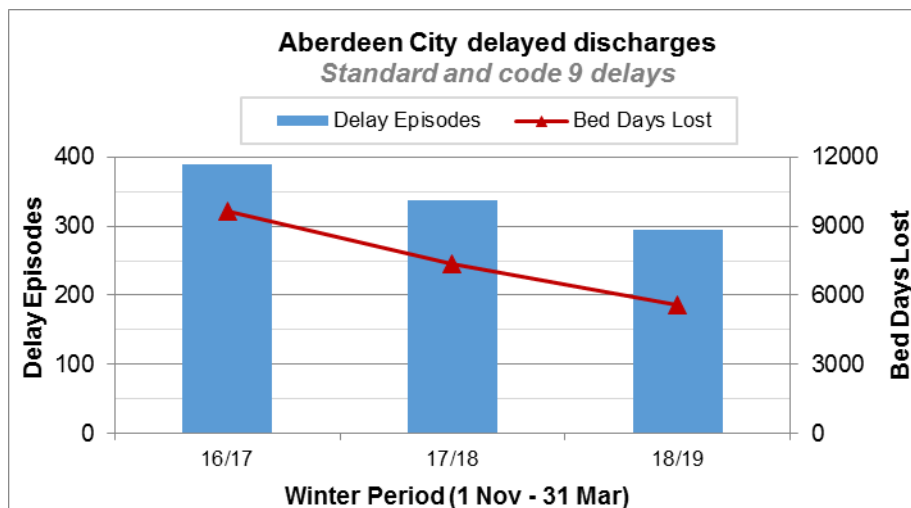


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Aberdeen City Debrief Information

3.8. Looking specifically at Aberdeen City, further local priorities/learning for Winter (Surge) Planning in 2019/20 were identified through the local debrief/review. Highlights of the local debrief were:

- Aberdeen City specific unscheduled care admissions were down 5% comparing November 2018 – March 2019 with November 2017 – March 2018.
- The Partnership was felt to have been quite successful in managing the ‘surge’ of cases requiring support to be discharged from hospital over winter 2018/19. The Partnership was able to deliver its lowest ever winter bed days lost to delayed discharge (24% reduction on Winter 2018’s figures). Though it should be noted that winter 2018/19 did not have the same demand pressures as 2017/18.



- There was a continued positive response at the Cross-System Huddles to the Aberdeen Partnership’s input and actions to support patient flow. Not just for delayed discharges, but within Woodend Hospital wards as well.



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- Early rota planning ensured all staff were aware of their rota commitments over the Festive Period and services were staffed appropriately.
- Woodend hospital again rescheduled weekly MDT meetings that fell on the Public Holidays to ensure that there was not an increased period between MDT meetings for patient planning etc. Given the continued success of this during 2018/19, it is intended to replicate this for winter 2019/20.
- GP practices reported that patients appeared to be using the recognised self-management support services available to them – such as “Know Who to Turn To”.
- There was noted to be a continued need to continue to focus more on targeting 3rd sector and independent sector care providers with information and support for participation in the Flu Vaccination programme. It was also specifically noted that the Partnership could be doing more to identify and encourage informal carers to access appropriate flu vaccination.
- The funding of Social Workers and some AHP staff to come in and work at Aberdeen Royal Infirmary and Woodend Hospital on all winter Public Holidays was felt to have again been a successful initiative. It is therefore proposed that this will be pursued for winter 2019/20. It is also now being actively considered whether public holiday funding should also be provided to support additional community facing staff to work on admission avoidance/diversion.
- Problems were noted with the availability of care at home provision in December 2018, and January 2019 – potentially linked, at least in part, to the need to urgently re-provision all care packages from a social care provider as a matter of urgency. This did result in additional patients/clients remaining in hospital awaiting social care provision.



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- It was also noted that due to the temporary closure of two wards (between ARI and Woodend) relating to older peoples medicine and rehabilitation; bed closures at Royal Cornhill Hospital, and the ongoing suspension (and then closure) of a local Aberdeen care home – bed capacity was felt to be very ‘tight’ this past winter. This impacted waits between ARI and Woodend for transfer into rehabilitation beds and the time taken to discharge patients/clients into the care home sector.

Summary

3.9. In summary, winter 2018/19 was less challenging in regards to demand pressures than the previous winter. There was recognised good working between various partners in Aberdeen. There remain concerns in regard to the available bed capacity (both medical and social care) going into winter 2019/20. It is also recognised, that there requires to be continued focus and effort to prepare for winter 2019/20.

2019/20 Winter Planning and Assurance

- 3.10.** Preparations have been ongoing since May 2018 to ensure a comprehensive winter plan will be in place for the City Partnership, ready for winter 2019/20.
- 3.11.** There have already been local workshops with relevant Partnership operational staff to draw together a 2019/20 winter plan. A working draft has already been circulated and endorsed by the Partnership’s Leadership Team. NHS Grampian have also already had sight of this draft to ensure it aligns with their arrangements across Grampian.
- 3.12.** Additionally, the Partnership’s Integration Joint Board will have full sight of the City Partnership plan prior to it being formally submitted to NHS Grampian for incorporation into the Grampian wide comprehensive winter/surge plan. It is currently planned that the 2019/20 Aberdeen City winter plan will be presented to the 3rd September 2019 IJB meeting.



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3.13. NHS Grampian's Senior Leadership Team, (including the Aberdeen City Partnership's Chief Officer), will also fully review the Grampian wide 2019/20 winter plan. This 'Grampian wide' plan will also be signed off by the NHSG board prior to submission to the Scottish Government.

4. Implications for IJB

4.1. Equalities

The patients/clients that the Health and Social Care Partnership work with are disproportionately older adults and adults with chronic illness and/or long-term disabilities.

Whilst 'age' and 'disability' are protected equality characteristics, it is not anticipated that there will be anything other than a positive impact for both groups via robust winter planning.

4.2. Fairer Scotland Duty

There are not felt to be any Fairer Scotland Duty implications related to this paper.

4.3. Financial

There are no direct financial implications arising from this paper.

4.4. Workforce

There are no direct workforce implications arising from this paper.

4.5. Legal

There are no direct legal implications arising from the recommendations of this report.

4.6. Other



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5. Links to ACHSCP Strategic Plan

- 5.1. Good quality winter planning (which learns from previous years) will allow for greater **resilience** in coping with the particular health and wellbeing challenges that winter provides. Additionally, good quality learning and planning supports services in ensuring that the right care is provided in the right place at the right time. Both are key strategic aims for the Partnership.

6. Management of Risk

6.1. Identified risks(s)

There are well known risks that arise for health and social care services due to winter/seasonal pressures. These include:

- Business continuity issues relating to inclement weather and/or infectious disease.
- Increased demand on services by patients/clients.

6.2. Link to risks on strategic or operational risk register:

From the Partnership's strategic risk register:

ITEM 1: "There is a risk that there is insufficient capacity in the market (or appropriate infrastructure in-house) to fulfil the IJB's duties as outlined in the integration scheme. This includes commissioned services and general medical services."

This is currently graded as a 'High' risk on the strategic risk register.

6.3. How might the content of this report impact or mitigate these risks:

By learning from the experience of previous winter periods, it is possible to, in an informed manner, attempt to mitigate the risks that arise for health and social care services and those that use them. This report documents for the committee some of the learning from the previous winter and the arrangements being put in place to integrate this learning in 2019/20's winter plan.