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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 19 August 2020

RISK, AUDIT AND PERFORMANCE COMMITTEE

The Members of the **RISK, AUDIT AND PERFORMANCE COMMITTEE** are requested to meet in **Virtual - Remote Meeting on WEDNESDAY, 26 AUGUST 2020 at 10.00 am.**

FRASER BELL
CHIEF OFFICER - GOVERNANCE

B U S I N E S S

DECLARATION OF INTERESTS

1 Members are requested to intimate any declarations of interest (Pages 3 - 4)

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 25 February 2020 (Pages 5 - 10)

4 Business Planner (Pages 11 - 14)

GOVERNANCE

5 Strategic Risk Register - HSCP 20.027 (Pages 15 - 40)

6 Board Assurance & Escalation Framework - HSCP.20.026 (Pages 41 - 82)

7 Risk Audit and Performance Committee Duties Report - HSCP.20.030 (Pages 83 - 98)

AUDIT

8 Internal Audit Annual Report - HSCP.20.028 (Pages 99 - 112)

PERFORMANCE

9 Strategic Plan Dashboard - HSCP.20.029 (Pages 113 - 128)

10 Contracts Register and Commissioning Plan - HSCP.20.025 (Pages 129 - 136)

CONFIRMATION OF ASSURANCE

11 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

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.

Aberdeen City Health & Social Care Partnership
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Risk, Audit and Performance Committee

Minute of Meeting

Tuesday, 25 February 2020
10.00 am Meeting Room 4 / 5, Health Village

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

Also in attendance; Sandra MacLeod (Chief Officer, ACHSCP), Alex Stephen (Chief Finance Officer, ACHSCP) and John Forsyth (Solicitor), David Hughes (Audit for Articles 9 and 10), Michael Wilkie and Adrian Kolodziej (both External Audit KPMG for Article 11) and Derek Jamieson (Clerk).

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

DECLARATIONS OF INTEREST

1. There were no Declarations of Interest.

DETERMINATION OF EXEMPT BUSINESS

2. There was no exempt business.

MINUTE OF PREVIOUS MEETING

3. The Committee had before it the minute of the meeting of 29 October 2019.

The Committee resolved : -
to approve the minute as a true record.

BUSINESS PLANNER

4. The Committee had before it the Business Planner.

The Committee resolved : -
to note the business planner.

RISK, AUDIT AND PERFORMANCE COMMITTEE
25 February 2020

TERMS OF REFERENCE

5. The Committee had before it the Terms of Reference of the Risk, Audit and Performance Committee.

The Committee heard that these had been approved at the Integration Joint Board Meeting on 19 November 2019 and was presented as a reminder of the amendment.

The Committee resolved : -
to note the circulation of the amended Terms of Reference.

AUDIT SCOTLAND REPORT - NHS IN SCOTLAND - HSCP.19.104

6. The Committee had before it a report by the Chief Officer, ACHSCP which provided an overview of the NHS in Scotland and the realities and challenges of delivering healthcare in Scotland. The report set out some of the key building blocks to underpin health and social care reform.

The report recommended :-
that the Committee note the contents of the report.

The Committee resolved : -
to approve the recommendations.

RISK APPETITE STATEMENT AND STRATEGIC RISK REGISTER - HSCP.19.101

7. The Committee had before it a report a by the Chief Officer, ACHSCP. The report presented the latest version of the Aberdeen City Health & Social Care Partnership's (ACHSCP) Risk Appetite Statement and Strategic Risk Register, as reviewed by the Integration Joint Board (IJB) at its workshop on 19 November 2019 and as considered by the IJB at its meetings on 21 January and 11 February, 2020.

The report recommended :-
that the Committee –
(a) note the revised Risk Appetite Statement, as approved by the IJB, detailed in Appendix A to the report; and
(b) note the Strategic Risk Register, as considered by the IJB at its meetings in January and February 2020 and discussed at the IJB Workshop on Workforce in February 2020, as detailed in Appendix B to the report.

The Committee resolved : -
to approve the recommendations.

TRANSFORMATION PROGRESS REPORT - HSCP.19.102

8. The Committee had before it a report by the Chief Officer, ACHSCP which provided an update on the progress of the Transformation Programme and included a high-level overview of the full transformation programme.

The report recommended : -
that the Committee note the information provided in this report and the presentations on the Primary Care Improvement Plan (PCIP) evaluation, and Social Work financial assessments.

The Committee received a presentation on the application of Lean 6 methodology which had been applied during the projects.

The Committee received further presentation on PCIP – Theory of Change.

The Committee resolved : -
to approve the recommendation.

INTERNAL AUDIT REPORT AC2011 - INTEGRATION JOINT BOARD RISK MANAGEMENT - HSCP 19.100

9. The Committee had before it a report by the Chief Internal Auditor, Aberdeenshire Council which presented the outcome from the planned audit of Integration Joint Board Risk Management that was included in the 2019/20 Internal Audit Plan for the Integration Joint Board.

The report recommended :-
that the Committee review, discuss and comment on the issues raised within this report.

The Committee heard that reports presented by Auditors were their direct submissions and thus void any endorsement or signature by the Chief Officer and Chief Finance Officer, ACHSCP.

The Committee resolved : -
to approve the recommendations.

INTERNAL AUDIT PLAN 2020/21 - HSCP.19.107

10. The Committee had before it a report by the Chief Internal Auditor, Aberdeenshire Council which sought approval of the Internal Audit Plan for the Aberdeen City Integration Joint Board for 2020/21.

The report recommended :-
that the Committee approve the Internal Audit Plan for 2020/21.

The Committee heard that reports presented by Auditors were their direct submissions and thus void any endorsement or signature by the Chief Officer and Chief Finance Officer, ACHSCP.

The Committee resolved : -
to approve the recommendations.

EXTERNAL AUDIT STRATEGY 2019-20 - HSCP.19.105

11. The Committee had before it a report by the Audit Manager, KPMG which presented the draft external audit strategy for consideration.

The report recommended :-
that the Committee approve the approach to external audit, as outlined in Appendix A.

The Committee heard that reports presented by Auditors were their direct submissions and thus void any endorsement or signature by the Chief Officer and Chief Finance Officer, ACHSCP.

The Committee resolved : -
to approve the recommendations.

FINANCE UPDATE AS AT END DECEMBER 2019 - HSCP.19.102

12. The Committee had before it a report by the Chief Finance Officer, ACHSCP, which summarised the current year revenue budget performance for the services within the remit of the Integration Joint Board (IJB) as at Period 9 (end of December 2019), and advised on any areas of risk and management action relating to the revenue budget performance of the IJB services.

The report recommended :-
that the Committee –
(a) note the report in relation to the IJB budget and the information on areas of risk and management action contained therein, and
(b) approve the budget virements indicated in Appendix E.

The Committee resolved : -
to approve the recommendations.

CONFIRMATION OF ASSURANCE

13. The Chairperson provided Members with an opportunity to request additional sources of assurance for items on the agenda or other areas of business, and thereafter asked the Committee to confirm it had received reasonable assurance to fulfil its duties as outlined within its Terms of Reference.

The Chair sought additional assurance in relation to activities involving NHS Grampian involvement with and reporting of assurance and that the Committee had discharged its planned assurance activities as planned over the preceding year.

The Committee resolved:-
(i) to request the Chief Officer to investigate NHS Grampian assurance activities and reporting and present a report to the Committee's meeting on 28 April 2020;
(ii) to request the Chief Finance Officer to present a report on the Committee's assurance activities over the preceding year to the Committee's meeting on 28 April 2020; and
(iii) to otherwise confirm the receipt of reasonable assurance for items on the agenda.
- JOHN TOMLINSON, Chairperson.

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	A	B	C	D	E	F	G	H	I	J
1	RISK and AUDIT PERFORMANCE 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**	**Report Number**	**Report Author**	**Lead Officer / Business Area**	**Directorate**	**Update/ Status (RAG)**	**Delayed or Recommended for removal or transfer, enter either D, R, or T**	**Explanation if delayed, removed or transferred**
14	**28 April 2020**									
15	Standing Item	Quarterly Performance Monitoring	Per APSC Terms of Reference. On 25.02.2020, Performance Dashboard currently being updated/ enhanced ready for next committee	HSCP.20.029	Alison Macleod	Lead Strategy Manager	ACHSCP		T	C/F to 26.08.2020
16	20190820	Internal Audit Report AC1924 - IJB Directions -HSCP.19.056	to note the creation of a Directions Planner and instruct the Chief Officer to present this to the Committee on 25 February 2020, when delay was explained and Delayed until 02.06.2020	HSCP.19.056	Alex Stephen	Chief Finance Officer	ACHSCP		T	Reported under HSCP.20.028 on 26.08.2020
17	20190820	Growing the Primary Care Workforce	instruct the Chief Officer to bring back a fuller report on the mitigating actions in light of the work being undertaken to reconsider the Primary Care Improvement Plan (PCIP) and implement the Workforce Plan. On 25.02.2020, dela until June 2020 approved		Sandy Reid	Resources Lead	ACHSCP		R	20200719 Requirements now feature within Op Home First
18	20190820	Board Assurance and Escalation Framework (BAEF)	to delay Item 7 (Board Assurance & Escalation Framework) to the February 2020 meeting of the Committee, when further to delay until 02.06.2020 was approved	HSCP.20.026	Martin Allan	Business Manager	ACHSCP		T	C/F to 26.08.2020
19	20190528	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.	HSCP.20.030	Alex Stephen	Chief Finance Officer	ACHSCP		T	C/F to 26.08.2020
20	20190127	Strategic Objectives	These were expected on 25.02.2020 when delay was approved until 2 June 2020		Martin Allan	Business Manager	ACHSCP		R	To be captured within Op Home First
21	Standing Item	Review of Local Code of Governance	To provide assurance on Governance Environment	HSCP.19.125	Alex Stephen	Chief Finance Officer	ACHSCP		T	C/F to 23.09.2020
22	Standing Item	Review of Financial Governance	To provide assurance on Governance Environment	HSCP.19.125	Alex Stephen	Chief Finance Officer	ACHSCP		T	to IJB on 12.05.2020
23	Standing Item	Approval of unaudited Accounts	Per APSC Terms of Reference	HSCP.19.124	Alex Stephen	Chief Finance Officer	ACHSCP		T	to IJB on 12.05.2020
24	Standing Item	Annual Governance Statement	To provide assurance on Governance Environment	HSCP.19.125	Alex Stephen	Chief Finance Officer	ACHSCP		T	to IJB on 12.05.2020
25	**2 June 2020**									
26	Standing Item	Internal Audit Annual Report	Assurance that services are operating effectively	HSCP.20.028	David Hughes	Chief Internal Auditor	Governance		T	C/F to 26.08.2020
27	Standing Item	Review of Code of Conduct	Per APSC Terms of Reference		Derek Jamieson	Committee Officer	Governance		T	C/F to 23.09.2020
28	Standing Item	Approval of Audited Accounts	Per APSC Terms of Reference	HSCP.20.009	Alex Stephen	Chief Finance Officer	ACHSCP		T	to IJB on 09.06.2020
29	Standing Item	Contract Register Annual Review	Annual - to APS in May/June; to IJB in Nov/Dec - last reported September 2018	HSCP.20.025	Anne McKenzie	Lead Commissioner	ACHSCP		T	Transferred to Aug RAP
30	Standing Item	External Audit Report	Per APSC Terms of Reference	HSCP.20.010	Andy Shaw	External Audit	KPMG		T	to IJB on 09.06.2020

	A	B	C	D	E	F	G	H	I	J
2	**Date Created**	**Report Title**	**Minute Reference/Committee Decision or Purpose of Report**	**Report Number**	**Report Author**	**Lead Officer / Business Area**	**Directorate**	**Update/ Status (RAG)**	**Delayed or Recommended for removal or transfer, enter either D, R, or T**	**Explanation if delayed, removed or transferred**
31	20200225	NHS Grampian Assurance Activities and Reporting	on 25.02.2020, the Committee resolved:- (i)to request the Chief Officer to investigate NHS Grampian assurance activities and reporting and present a report to the Committee's meeting on 2 June 2020.		Sandra Macleod	Chief Officer	ACHSCP			Chief Internal Auditor - for update on 26.08.2020
32	20200225	APS Duties Report	The Committee resolved:- (ii)to request the Chief Finance Officer to present a report on the Committee's assurance activities over the preceding year to the Committee's meeting on 2 June 2020	HSCP.20.030	Alex Stephen	Chief Finance Officer	ACHSCP		R	Captured at APS Duties Report - Line 19
33	**26 August 2020**									
34	Standing Item	Internal Audit Annual Report	Assurance that services are operating effectively	HSCP.20.028	David Hughes	Chief Internal Auditor	Governance			C/F from 28.04.2020
35	Standing Item	Strategic Risk Register	Bi-Annual - August and February	HSCP.20.027	Martin Allan	Business Manager	ACHSCP			Duplicate of Register to be presented to IJB on 25.08.2020
36	Standing Item	Contract Register Annual Review	Annual - to APS in May/June; to IJB in Nov/Dec - last reported September 2018	HSCP.20.025	Anne McKenzie	Lead Commissioner	ACHSCP			C/F from 02.06.2020
37	Standing Item	Quarterly Performance Monitoring	Per APSC Terms of Reference. On 25.02.2020, Performance Dashboard currently being updated/ enhanced ready for next committee	HSCP.20.029	Alison Macleod	Lead Strategy Manager	ACHSCP			C/F from 02.06.2020
38	20190820	Board Assurance and Escalation Framework (BAEF)	to delay Item 7 (Board Assurance & Escalation Framework) to the February 2020 meeting of the Committee, when further to delay until 02.06.2020 was approved	HSCP.20.026	Martin Allan	Business Manager	ACHSCP			C/F from 28.04.2020
39	20190528	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.	HSCP.20.030	Alex Stephen	Chief Finance Officer	ACHSCP			C/F from 02.06.2020
40	20200609	Op Home First: Recovery Plan	Note that a further report will come to future Risk, Audit and Performance Committees and Integration Joint Board meetings providing progress on Operation Home First and information about our next stage priorities in our recovery progress.	HSCP.20.015	Gail Woodcock	Transformation Lead	ACHSCP		R	Report HSCP20.015 to IJB on 11.08.2020
41	**23 September 2020**									
42	Standing Item	Review of relevant Audit Scotland reports	Good practice to see national position		Alex Stephen	Chief Finance Officer	ACHSCP			
43	Standing Item	Transformation Programme Monitoring	Quarterly Reporting		Gail Woodcock	Transformation Lead	ACHSCP			
44	Standing Item	Review of Code of Conduct	Per APSC Terms of Reference		Derek Jamieson	Committee Officer	Governance			
45	Standing Item	Quarterly Performance Monitoring	Per APSC Terms of Reference. On 25.02.2020, Performance Dashboard currently being updated/ enhanced ready for next committee		Alison Macleod	Lead Strategy Manager	ACHSCP			
46										
47	**3 November 2020**									
48	Standing Item	Review of relevant Audit Scotland reports	Good practice to see national position		Alex Stephen	Chief Finance Officer	ACHSCP			

	A	B	C	D	E	F	G	H	I	J
2	**Date Created**	**Report Title**	**Minute Reference/Committee Decision or Purpose of Report**	**Report Number**	**Report Author**	**Lead Officer / Business Area**	**Directorate**	**Update/ Status (RAG)**	**Delayed or Recommended for removal or transfer, enter either D, R, or T**	**Explanation if delayed, removed or transferred**
49	Standing Item	Transformation Programme Monitoring	Quarterly Reporting		Gail Woodcock	Transformation Lead	ACHSCP			
50	11.08.2020	Recovery - Operation Home First - HSCP.20.015	On 11.08.2020, the IJB directed (iii)to present the intended Performance Indicators to the Risk Audit and Performance Committee.		Gail Woodcock	Transformation Lead	ACHSCP			
51										
52	**26 January 2021**									
53	Standing Item	Strategic Risk Register	Bi-Annual - August and February		Martin Allan	Business	ACHSCP			
54	Standing Item	Financial Monitoring Report	Nov-19 (IJB), Feb (APS)		Alex Stephen	Chief Finance Officer	ACHSCP			
55	Annual	Internal Audit Plan	RAP to review and approve annual Audit Plan		David Hughes	Chief Internal Auditor	Governance			
56										

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RISK, AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	26.08.20
Report Title	Strategic Risk Register
Report Number	HSCP 20.027
Lead Officer	Sandra Macleod, Chief 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 Committee with the latest version of the Aberdeen City Health & Social Care Partnership's (ACHSCP) Strategic Risk Register.

2. Recommendations

2.1. It is recommended that the Committee note the revised Strategic Risk Register in the Appendix to the report.

3. Summary of Key Information

Updates on Strategic Risk Register

3.1. During the period when the IJB was meeting less frequently due to the Partnership's response to the Covid-19 pandemic, IJB members were receiving updates from the Chief Officer on the strategic risks and how the risks have been affected by the pandemic and how the Partnership has been mitigating against the risks and introducing new controls. The Strategic Risk Register has been updated to reflect the changes (as detailed in the Appendix to the report).

3.2. Since the Strategic Risk Register was last submitted to the Committee, a specific risk on Covid 19 was drafted which the Leadership Team considered. This risk was drafted early on in the response to the pandemic and provided details of controls (such as governance structures) and mitigating actions (such as deployment of staff to care homes). Officers in the Partnership have been providing IJB members with weekly updates on the strategic risks and details of action taken in regards to the pandemic have been embedded into the strategic risks. This approach has consolidated the Covid-19 risks into the overall Strategic Risk Register. It is proposed that the IJB workshop scheduled for the 20th of October will provide members with the opportunity to discuss the strategic risks, along with strategic planning.

4. Implications for IJB

4.1. **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

4.2. **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

4.3. **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.

4.4. **Workforce -** there are no direct implications arising directly as a result of this report.

4.5. **Legal -** there are no direct implications arising directly as a result of this report.

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

5. Links to ACHSCP Strategic Plan

5.1. Ensuring a robust and effective risk management process will help the ACHSCP achieve the strategic priorities as outlined it 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.

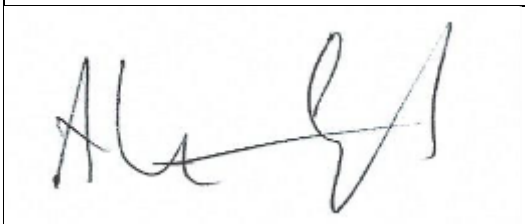
RISK, AUDIT AND PERFORMANCE COMMITTEE

6. Management of Risk

6.1. Identified risks(s): all known risks

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

6.3. 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 Macleod (Chief Officer)
	Alex Stephen (Chief Finance Officer)

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Strategic Risk Register

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)
7.	October 2019 (LT)
8.	November 2019 (IJB workshop)
9.	January 2020 (ahead of IJB)
10	March 2020
11	July 2020

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

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Colour – Key

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

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.	**Very 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.	**Low**
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 that if the System does not redesign services from traditional models in line with the current workforce marketplace in the City this will have an impact on the delivery of the IJB Strategic Plan.	**Very 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. Commissioned services in this context include third and independent providers of care and supported living and independent providers of general medical services, community optometry and general dental services. Additional pressures from other parts of the system also add to market instability. For example, recruitment of care staff within a competing market, reduction of available beds and the requirement to care for more complex people at home. Most recently, sustainability for providers of both care at home and care homes has been compromised by the impact of COVID-19, including access to the necessary PPE and associated costs incurred, staff availability due to blanket testing and the occupancy levels within some of our care homes.	
Strategic Priority: Prevention and Communities	**Leadership Team Owner:** Lead Commissioner
Risk Rating: low/medium/high/very high **HIGH**	**Rationale for Risk Rating:** • There have been several experiences of provider failure in the past and this has provided valuable experience and an opportunity for learning. There is unmet need in the care sector evidenced by out of area placements and use of agency staff which would indicate that there are insufficient skills and capacity to meet the needs of the population • There are difficulties in recruiting to vacant GP positions within the city which has led to GP practices closing • 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 (employment rates in Aberdeen are high, care providers have to compete within this market) • The impact of Covid-19 on providers is not yet fully quantifiable. Bed occupancy has reduced and costs have increased potentially through maintaining existing staffing levels and procuring PPE. • The impact of Covid-19 on independent GP practices, community optometrists and general dental practitioners is not yet fully quantifiable. Should supply of these contracted services reduce due to financial constraints and businesses fail, there may be insufficient capacity to provide services to patients. The responsibility to ensure patients have access to these services rests with the Partnership.
Risk Movement: increase/decrease/no change **NO CHANGE 20.07.20**	**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. It is suggested that this risk tolerance should be shared right throughout the organisation, which may encourage staff and all providers of primary health and care services to escalate valid concerns at an earlier opportunity.
• **Controls:** • Robust market and relationship management with the 3rd and independent sector and their representative groups, building a sense of shared risk, in an environment where people operate in a respectful and responsible fashion. In particular, with a sense of etiquette in the way in which businesses conduct themselves • GP Contracts and Contractual Review and GP Sustainability Risk Review - workforce and role review in primary care. • Funding arrangements which take into account the annual increase to support payment of the Scottish Living wage • Contact monitoring arrangements – regular exchange of information between contracts and providers and progressing new contracts • Clinical and care governance processes – and the opportunity to provide assurance, including assurance that all appropriate leadership team members and staff have undertaken Adult Protection training. • Leadership team monthly discussion of operational and strategic risk – to ensure shared sense of responsibility and approach to potential challenging situations.	• **Mitigating Actions:** The IJB's commissioning model has an influence on creating capacity and capability to manage and facilitate the market • The development of virtual provider huddles • The development of the local PPE hub • Consortium of providers purchasing PPE • Risk fund set aside with transformation funding • Approved Reimaging Primary Care Vision and re-purposing the Primary Care Improvement Plan from August 2020. • Implementation of GMS contract • Remodelling of 2C practices • Interim financial support from Scottish Government for community optometrists and general dental practitioners. • Provider of last resort – Bon Accord Care • The development of risk predictor tools in association with the care inspectorate, and individual team escalation plans • Reconciliation process – working on a pan Grampian approach

• Close working between partnership (social work, medical and nursing practitioners), care inspectorate, and public health directorate • Clinical and Health Protection Scotland Guidance for social care settings.	• Develop and implement the Residential Care Providers Early Warning System (once returned to new normal) with monthly returns from providers using MS Forms to gather intelligence and report to all relevant parties. • Intervention by Scottish Ministers and Public Bodies where financial failure evident • Grampian PH Team to provide advice on all aspects of prevention, testing and management of Covid incidences All care home staff offered weekly Covid testing
Assurances: • Market management and facilitation • Inspection reports from the Care Inspectorate • Contract monitoring process, including GP contract review visit outputs. • Daily report monitoring • Clinical oversight group – daily meetings • Good relationships with GP practices • Links to Dental Practice Advisor who works with independent dentists • Links to the Eye Health Network and Clinical Leads for Optometry in Shire & Moray and the overall Grampian Clinical Lead	**Gaps in assurance:** • 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. • Market forces and individual business decisions regarding community optometry and general dental practitioners cannot be influenced by the Partnership. • We are currently undertaking service mapping which will help to identify any potential gaps in market provision
Current performance: • Most social care services are commissioned from care providers. Commissioning is the largest part of our budget and accounts for over £100 million of our available budget. • Additional costs incurred by residential providers to be supported by initial mobilisation funding provided by SG. Where care homes cannot occupy beds due to Covid-19 infection levels or other reasons, sustainability payments will be made to ensure the market is supported. • GPs and their practice teams are open as usual during the pandemic but are operating a triage system using telephone and video appointments. Remote consulting initiatives such as **Attend Anywhere** and the use of **GMEDs**, and the **OOH's** base were activated to encourage cross sector working. All non-urgent home visits have been suspended and all remaining visits are conducted either by the practice themselves or by the City Visiting or Hospital at Home services in order to deliver a safe and contained service. Most visits are undertaken by the practice. City Visiting are focusing their work on Covid patients although they are now undertaking a small number of visits from 17 practices. Hospital at Home continue to take referrals. • Community optometrists and general dental practitioners have been closed during lockdown but have been providing an emergency triage service for their own patients who have emergency or urgent need. They are reopening on a phased basis but it could be some time before aerosol generated procedures can be performed in the community. At the moment these procedures are being provided by the Public Dental Service.	**Comments:** • National Care Home Contract uplift for 2016/17 was 6.4% and 2.8% 2017/18.. NCHC uplift has been awarded for 2019/20. For other services (CAH, SL, Adult Res) a national agreement for a 3.3% uplift has exceptionally been agreed this year. • IJB agreed payment of living wage to Care at Home providers for 2016/17, 2017/18 and 2018/19 • During the Covid-19 outbreak, the Care Inspectorate have scaled back inspection and complaints handling activity. This will allow providers to focus on support for commissioning bodies during the pandemic but may increase the risk that market failure is difficult to predict. • Relationships between partnership and providers and between different providers have advanced over the past few months and there are good examples of providers working innovatively to support clients. • Collaborative working between providers including consortium for PPE purchase • Positive feedback from providers over the level of support offered to them. • Continuing to progress the tender for Care at Home and Supported Living •

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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).	
Strategic Priority: Prevention and Communities	**Leadership Team Owner:** Chief Finance Officer
Risk Rating: low/medium/high/very high **VERY HIGH**	**Rationale for Risk Rating:** • If the partnership does not have sufficient funding to cover all expenditure, then in order to achieve a sustainable balanced financial position, decisions will be required to be taken which may include reducing/stopping services • 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. • The major risk in terms of funding to the Integration Joint Board is the level of funding delegated from the Council and NHS and whether this is sufficient to sustain future service delivery. There is also a risk of additional funding being ring-fenced for specific priorities and policies, which means introducing new projects and initiatives at a time when financial pressure is being faced on mainstream budgets. • The cost of the IJB's (Covid-19) mobilisation plan is still to be fully determined. An initial payment of £1.85 million was received from the SG in May to support additional costs with a significant part of this now allocated to support sustainability of the commissioned providers. Until the funding and costs for COVID-19 is confirmed the risk of a financial shortfall in relation to the IJB finances is increased. **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. 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).
Risk Movement: increase/decrease/no change*:* **INCREASE 20/07/20**	
Controls: • Financial information is reported regularly to the Risk, Audit and Performance Committee, the Integration Joint Board and the Leadership Team • Risk, Audit & Performance receives regular updates on transformation programme & spend. . • Approved reserves strategy, including risk fund • Robust financial monitoring and budget setting procedures including regular budget monitoring & budget meeting with budget holders. • Budgets delegated to cost centre level and being managed by budget holders. • Medium-Term Financial Strategy reviewed and approved at the IJB in March 2020.	**Mitigating Actions:** • 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. • An early review has been undertaken of the financial position and was reported in June to the IJB. These figures will be firmed up and the chief officer and chief finance officer have been asked to report back to the IJB in August with options to close any shortfall

Assurances: • Risk, Audit and Performance 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.	**Gaps in assurance:** • 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. •
Current performance: • Year-end position for 2019/20 • The impact of the coronavirus on the finances of the IJB are largely unknown. Some of these financial consequences will receive additional funding from the Scottish Government, and an initial payment in support of mobilisation was received in May 2020. However, at this time although some additional costs are known, many are yet to be determined. The level and timing of any further funding is currently unknown.	**Comments:** • 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.

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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.	
Strategic Priority: Prevention and Connections.	**Leadership Team Owner:** Chief Officer
Risk Rating: low/medium/high/very high **HIGH** **Risk Movement:** (increase/decrease/no change): **NO CHANGE 20.07.2020**	**Rationale for Risk Rating:** • Considered high risk due to the projected overspend in hosted services • Hosted services are a risk of the set-up of Integration Joint Boards. **Rationale for Risk Appetite:** • The IJB has some tolerance of risk in relation to testing change.
Controls: • Integration scheme agreement on cross-reporting • North East Strategic Partnership Group • Operational risk register	**Mitigating Actions:** • This is discussed regularly by the three North East Chief Officers • 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. • North East Group (Officers only) led by the 4 pan-Grampian chief executives. 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. • 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 meet quarterly. The meetings are 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 • Operation Homefirst-Closer joint working across the 3 Health and Social Care Partnerships and the Acute Sector.	**Gaps in assurance:** • There is a need to develop comprehensive governance framework for hosted services, including the roles of the IJB's sub-committees.
Current performance: • 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. • Hosted services includes SOARS, Sexual Health and from 1/4/20, Mental Health and Learning Disability Services. All three have been impacted by the Coronavirus pandemic with covid positive patients at Woodend now transferred to ARI, Sexual Health Services temporarily relocated to Foresterhill Campus and a reduction of beds for LD patients at Cornhil with more reliance on community approaches.	**Comments:** • It is noted that NHS Grampian are currently undertaking an internal audit on the governance of hosted services.

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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.	
Strategic Priority: Prevention, Resilience and Communities.	**Leadership Team Owner:** Chief Officer
Risk Rating: low/medium/high/very high **Low**	**Rationale for Risk Rating:** • 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.
Risk Movement: (*increase/decrease/no change)* **Decreased 20.07.2020**	**Rationale for Risk Appetite:** There is a zero tolerance in relation to not meeting legal and statutory requirements.
Controls: • 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 **RESILIENCE:** • The Grampian Local Resilience Partnership is part of the NSRRP. It is chaired by the Chief Executive of NHS Grampian and is the local forum for the Category 1 and 2 Responders including Aberdeen City Council; Aberdeenshire Council; The Moray Council; NHS Grampian; Police Scotland; Scottish Fire & Rescue Service; Scottish Ambulance Service; HM Coastguard; SEPA; MOD; and SSEN • Strategic Response Team • Tactical Response Team • Operational Response Team	**Mitigating Actions:** • 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
Assurances: • 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.	**Gaps in assurance:** • None currently significant though note consideration relating to possible future Service Level Agreements.
Current performance: • 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.	**Comments:** • Nothing to update on the narrative for the risk.

• The Grampian LRP set up the Grampian Coronavirus Assistance Hub, a new website and phoneline providing information to people all across Grampian on how to access social, practical and emotional support COVID-19.	

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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.	
Strategic Priority: Prevention, Resilience, Personalisation, Connections and Communities.	**Leadership Team Owner:** Lead Strategy & Performance Manager
Risk Rating: low/medium/high/very high **MEDIUM** **Risk Movement: (***increase/decrease/no change)* **NO CHANGE 20.07.2020**	**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. **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.
Controls: • Clinical and Care Governance Committee and Group • Risk, Audit and Performance Committee • Performance and Risk Management Group • Performance Framework • Risk-assessed plans with actions, responsible owners, timescales and performance measures monitored by dedicated teams • Linkage with ACC and NHSG performance reporting • Annual Report • Chief Social Work Officer's Report • Ministerial Steering Group (MSG) Scrutiny • Internal Audit Reports • Links to outcomes of Inspections, Complaints etc. • Contract Management Framework	**Mitigating Actions:** • 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 partnership • Production of Performance Dashboard, presented to a number of groups, raising profile of performance and encouraging discussion leading to further review and development • Recruitment of additional temporary resource to drive performance and risk management process development • Performance now a standing agenda item on Leadership Team meetings
Assurances: • Joint meeting of IJB Chief Officer with two Partner Body Chief Executives. • Agreement that full Dashboard with be reported to both Clinical and Care Governance Committee and Audit & Performance Committee. Lead Strategy and Performance Manager will ensure both committees are updated in relation to the interest and activity of each. • Annual report on IJB activity developed and reported to ACC and NHSG • Care Inspectorate Inspection reports • Capture of outcomes from contract review meetings. • External reviews of performance. • Benchmarking with other IJBs.	**Gaps in assurance:** • Formal performance reporting has not been as well developed as we had hoped. Focus/priorities have changed. Operation Home First is now driving a whole new suite of performance indicators although there are challenges in getting access to the data held by NHSG. Our key indicators will change and a refreshed performance and Risk Management Group will lead the development of these. • Work on understanding extent of operational performance reporting has stalled due to Covid 19 however will be picked up again as part of the Operation Home First reporting referred to above. • Further work required on linkage to ACC, NHSG and CPA reporting.

Current performance:	Comments:
• Performance reports submitted to IJB, Audit and Performance Systems and Clinical and Care Governance Committees. • Performance and Risk Management Group terms of reference and membership revised and regular meetings are now scheduled and taking place. • 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 • IJB Dashboard nearing completion. Dashboard has been shared widely. **Covid-19 Interim Arrangements** • The Terms of Reference-Interim Clinical and Care Governance Group CCGG)/Clinical Care Risk Management Group (CCRM)-were approved by the Leadership Team and the Clinical Care and Governance Committee. • Remit of Group-The interim Group will consider: CCRM dashboard and real-time risk management/ Social care equivalent dashboard/risks, with each sector continuing to manage their own dashboard ahead of the fortnightly meeting. Representatives from the sectors will present/provide assurance to this Group • Covid/ Non-Covid related clinical and care risks and assurance - this will include taking cognisance of any new related guidance, impact of deployment/ interim ways of working, oversight of the disease modelling and impact of this, recovery/renewal phase (services that have been stopped/services to start first) etc • Confirmation will be made at August IJB that we are now reverting to normal Standing Orders. • Additional NHSG support from Medical, Nursing Director and Public Health re care homes via Grampian oversight group.	• During the Covid-19 outbreak, Healthcare Improvement Scotland has reduced the reporting requirements placed on partnerships so that resources are freed up to support frontline critical functions. It will be important to maintain scrutiny of performance data however so that the risk can continue to be mitigated. • **Annual Performance Report** - In relation to performance related to 2019/20, the intention is to prepare and publish the ACHSCP Annual Performance Report as usual although there is doubt over the availability of full year data due to ISD and Health Intelligence colleagues being diverted onto Covid-19 specific work. This may not necessarily be of the size or design originally intended due to the restricted availability of normal resource

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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.	
Strategic Priority: All	**Leadership Team Owner:** Communications Lead
Risk Rating: low/medium/high/very high **Medium**	**Rationale for Risk Rating:** • 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. **Rationale for Risk Appetite:** Willing to risk certain reputational damage if rationale for decision is sound.
Risk Movement: (*increase/decrease/no change)* **No Change 20.07.2020**	
Controls: • Leadership Team • IJB and its Committees • Operational management processes and reporting • Board escalation process • Standards Officer role	**Mitigating Actions:** • Clarity of roles • Staff and customer engagement – recent results from iMatter survey alongside a well-establish 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 facilities 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.
Assurances: • 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	**Gaps in assurance:** None known at this time
Current performance: • Communications Officer in place to lead reputation management • Regular and effective liaison by Communications Lead with local and national media during pandemic to: 1) mitigate potentially harmful media coverage of Partnership and care providers during the emergency; and 2) secure significant positive media coverage of effective activity by the Partnership and its partners during the Covid crisis, highlighting necessary changes to working practices and the work of frontline staff • Partnership comms presence on the NHSG Comms Cell • Close liaison with ACC and NHSG comms teams to ensure consistency of messaging and clarity of roles	**Comments:** • 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

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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.	
Strategic Priority: All	**Leadership Team Owner:** Transformation Lead
Risk Rating: low/medium/high/very high **HIGH** **Risk Movement:** (*increase/decrease/no change)* **NO CHANGE 20.07.2020**	**Rationale for Risk Rating:** • 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. **Rationale for Risk Appetite:** • 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. • Although some transformation activity has speeded up due to necessity during the covid period, other planned activity such as plans to increase staff attendance has not been possible as a direct result of Covid implications.
Controls: • Transformation Governance Structure and Process • Risk, Audit & Performance Committee – quarterly reports to provide assurance of progress • Programme Board structure: Executive Programme board and portfolio programme boards are in place.	**Mitigating Actions:** • Programme management approach being taken across whole of the transformation programme • 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 Risk, Audit & Performance Committee and Integration Joint Board • Increased frequency of governance processes during Covid period – weekly Executive Programme Boards and engagement and involvement of wider LT through daily LT huddles • A number of plans and frameworks have been developed to underpin our transformation activity across our wider system including: Programme for Transformation, Primary Care Improvement Plan, Action 15 Plan and Immunisation Blueprint. • Transformation team amalgamated with public health and wellbeing to give greater focus to localities, early intervention and prevention.
Assurances: • Risk, Audit and Performance Committee Reporting • Robust Programme Management approach supported 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. • The Medium Term Financial Framework prioritises transformation activity that could deliver cashable savings	**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. • Impact on our ability to evidence the impact of our transformation: documenting results from evaluations and reviewing results from evaluations conducted elsewhere allows us to determine what works when seeking to embed new models.

• The Medium Term Financial Framework, Operation Home First aims and principles, and Programme of Transformation have been mapped to demonstrate overall alignment to strategic plan.	
Current performance: • Demographic financial pressure is starting to materialise in some of the IJB budgets. • **Covid-19 Developments** Some transformation has taken place at an accelerated pace out of necessity to meet immediate demands of the Covid-19 situation. Examples of this include the rapid introduction and scale up of Near Me; the use of Microsoft Teams for remote meetings; roll out of additional technology to enable remote working; changes to the Immunisation Service, moving services such as nursing into locality operational teams etc. Some transformation activity that has been paused includes work to reduce sickness absence and use of locum staff. While some of the planned mitigations have been put in place to support staff, clearly with the levels of absence as a result of the pandemic and the pace at which it has been moving, it is difficult to undertake and measure impacts of any change in this area. The pace of other pieces of work such Action 15, PCIP and remodelling of 2C practices has slowed at the current time, although some aspects of these pieces of work have progressed • Home First - a number of projects aligned with Operation Home First and our strategic plan is placing a renewed focus on how we structure our resources. • Accelerated delivery of Vaccination program.	**Comments:**

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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 **HIGH** **Risk Movement:** (*increase/decrease/no change)* **NO CHANGE 20.07.2020**	**Rationale for Risk Rating:** • 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.
Controls: • IJB/Risk, Audit and Performance Committee • Locality Empowerment Groups • Strategic Planning Group	**Mitigating Actions:** • Continued broad engagement on locality working.
Assurances: • Strategic Planning Group	**Gaps in assurance** • Progress of developing and delivering locality plans.

Current performance:
• Locality Empowerment Groups commenced in March 2020. Engagement and involvement has been challenging as a result of physical distancing requirements due to Covid
• The groups have continued to meet virtually during this time.
• The response to Covid has enabled improved connections across our communities including volunteers, third sector and public sector agencies
• Work is ongoing jointly with Aberdeen City Council as part of Aberdeen Together to reduce complexity and duplication across the community and locality planning system.
	Comments:
	• 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 was submitted to the IJB in November 2019.
	As we move into the next phase of our community response in **Covid-19 Update**
	• partnership with the City Council and linked to the Care for People group, locality development and locality working has been identified as one of 5 priority working groups.
	• All staff have now been aligned to a locality. This locality alignment is being built on through a number of projects including:
	  • Operation Homefirst USC priority workstream is testing and developing a locality-based MDT model of delivery – hospital at home and enhanced community support.
	  • Multi-Disciplinary Teams – through Aberdeen Together a test of change is being developed which will see conditions put in place for Aberdeen City Council and ACHSCP staff who support staff in a community in Aberdeen to work in a more joined up manner in order to improve outcomes in a number of areas including health and wellbeing
	  • The Neighbourhood lead model that was implemented as part of the initial Covid Response is being developed with a view to it being embedded within our business as usual structures
	  • Nursing services have been more fully aligned around people in localities.

<table>
<tr><th colspan="2">- 9 –</th></tr>
<tr><td colspan="2">Description of Risk:
There is a risk that if the System does not redesign services from traditional models in line with the current workforce marketplace in the City this will have an impact on the delivery of the IJB Strategic Plan.</td></tr>
<tr><td>Strategic Priority: All</td><td>Leadership Team Owner: People & Organisation Lead</td></tr>
<tr><td>Risk Rating: low/medium/high/very high

VERY HIGH

Risk Movement: (increase/decrease/no change)

NO CHANGE 20/07/2020</td><td>Rationale for Risk Rating:

• The current staffing complement profile changes on an incremental basis over time.
• 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 high vacancy levels and long delays in recruitment across ACHSCP services.
• Inability to fill vacancies

Rationale for Risk Appetite:

• Risk should be able to be managed with the adoption of agile and innovative workforce planning structures and processes</td></tr>
<tr><td>Controls:
• Clinical & Care Governance Committee reviews operational risk around staffing numbers
• Revised contract monitoring arrangements with providers to determine recruitment / retention trends in the wider care sector
• Establishment of Organisational Development Working Group
• Establishment of Performance Dashboard (considered by the Risk, Audit and Performance and Clinical and Care Governance Committees as well as the Leadership Team)</td><td>Mitigating Actions:
• ACHSCP Workforce Plan
• Active engagement with schools to raise ACHSCP profile (eg Developing the Young Workforce, Career Ready)
• Active work with training providers and employers to encourage careers in Health and Social Care (eg Foundation Apprenticeships/Modern Apprenticeships through NESCOL, working with Department for Work and Pensions)
• Greater use of commissioning model to encourage training of staff
• Increased emphasis on health/wellbeing of staff
• Increased emphasis on communication with staff
• Greater promotion of flexible working
• increased collaboration and integration between professional disciplines, third sector, independent sector and communities through Localities.
• Increased monitoring of staff statistics (sickness, turnover, CPD, complaints etc) through Performance Dashboard, identifying trends.
• Developing greater digitisation opportunities, e.g. using Text Messaging to shift emphasis from GPs to increased use of Texts for pharmacology</td></tr>
<tr><td>Assurances:
• ACHSCP Workforce Plan</td><td>Gaps in assurance
• Need more information on social care staffing for Performance Dashboard
• Information on social care providers would be useful to determine trends in wider sector-For Performance Dashboard</td></tr>
<tr><td>Current performance:
• Workforce planned developed for health and social care staff. Information expected from Scottish Government during over the next few months which should help improve workforce planning across all partnerships.</td><td>Comments:
• Health & Care (Staffing) (Scotland) Act This Act offers opportunities and risks to the Partnership. Development of guidance at both national and local level has been paused during Covid. Once work resumes, this strategic risk will need further review</td></tr>
</table>

• High levels of locum use and nursing vacancies in the psychiatry service, • 6 secondary schools have been visited by members of the Leadership Team between November 2019 and February 2020 • ACHSCP sickness absence rates to be updated and reported through the Performance Dashboard.	• **Covid-19 Update** The emergency has resulted in a requirement for employees to embrace new methods of carrying out their duties, whether this has involved 7-day rostering, remote working or increased flexibility and mobility. Some employees have been redeployed to pressured services during the pandemic. As we move into the next phase of our community response in partnership with the City Council and linked to the Care for People group, locality development and locality working has been identified as one of 5 priority working groups. There is uncertainty regarding the challenges coming in the winter period specifically around managing any local increase in Covid cases, flu outbreak, and increase in health issues caused by lockdown health debt. These could all have an impact on how staff are utilised in the coming months.

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Description of Risk: There is a risk that ACHSCP is not sufficiently prepared to deal with the impacts of Brexit on areas of our business, including affecting the available workforce and supply chain. Whilst the impact on health and social care services of leaving the EU is impossible to forecast, it is clear that a number of issues will need to be resolved. Key areas for health and social care organisations to consider include: staffing; medical supplies; accessing treatment; regulation (such as working time directive and procurement/competition law, for example); and cross border issues.	
Strategic Priority: Resilience and Communities.	**Executive Team Owner:** Business Manager
Risk Rating: low/medium/high/very high **HIGH**	**Rationale for Risk Rating:** • There is still a high level of uncertainty around 'Brexit' as impacts are difficult to forecast.
Risk Movement: (*increase/decrease/no change)* **NO CHANGE 20.07.2020**	
Controls: • 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. • National Procurement of NHS National Services Scotland has been working 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 items supplied from our own National Distribution Centre to UK wide participation in centralised stock building and supplier preparedness. • The Partnership has established an Incident Management Team (IMT) ahead of daily reporting being re-established. The IMT will report through both the ACC and NHSG routes, as required.	**Mitigating Actions:** • 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). The assumptions are: • Travel, Freight and Borders • Disruption of Services • Information and Data Sharing • Demonstrations and Disorder • Remote and Rural Scotland • Scottish Workforce • 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. • 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. • 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 3 political deadlines in March, April and October 2019). No EU exit implications were reported by the Partnership at these times.
Assurances: • Understanding that current legislation will remain in effect immediate post Brexit	**Gaps in assurance:** • Uncertainty of final trade agreement with EU.

Current performance: Aberdeen City Council have restarted their EU Exit Working Group and will meet on the 28th of July 2020. The purpose of the Group is detailed below: The EU-Exit Group will support the Senior Responsible Owner (SRO) to identify, plan and manage the impacts of the EU-Exit affecting the Council (ACC) and its Partner Organisations. The Group will provide CMT Stewardship and the SRO with assurance that risks are identified, assessed and that plans are in place to mitigate the impacts as far as is practical. The Group will review and manage EU Exit risks contained within the Risk Register and recommend when risks should be escalated and/or de-escalated in accordance with Risk Management Policy and Guidance. The Group will also identify opportunities arising from an EU Exit and share these with the relevant Functions, Clusters and/or Partner Organisations. In terms of NHSG, the Partnership is working closely with the Head of Procurement. The latest update is that resumption of the planning activities at a national level have re-commenced. The hub that was set up on freight route contingencies and the building of contingency stock at national level are in the process of being re-initiated. It was also noted from prior Brexit preparations and from Covid19 supply response lessons learned that the Social Care Sector supply chain for Care Homes was less prepared and had been provided with co-ordinated support for PPE etc from National Procurement on behalf of the Scottish Government. The possibility of this type of support being provided through the exit from the EU is also being discussed.	**Comments:** • ACHSCP colleagues will need to ensure continued engagement with ACC and NHSG working groups.

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Appendix 1 – Risk Tolerance

Level of Risk	***Risk Tolerance***
Low	Acceptable level of risk. No additional controls are required but any existing risk controls or contingency plans should be documented. 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.
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. 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. Relevant Chief Officers/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. 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. 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. 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
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.	Significnt 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 s minor injury not requiring first aid	Minor injury or illness, first aid treatment required.	Agency reportable, e.g. Police (violent and aggressive acts). Significnt 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	Justifie written complaint peripheral to clinical care.	Below excess claim. Justifie complaint involving lack of appropriate care.	Claim above excess level. Multiple justifie complaints	Multiple claims or single major claim. Complex justifie 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.
Staffing and Competence	Short term low staffing level temporarily reduces service quality (< 1 day). Short term low staffing level (>1 day), where there is no disruption to patient care.	Ongoing low staffing 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 staffing 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).	Significnt 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. Significnt effect on staff morale and public perception of the organisation.	National media/adverse publicity, less than 3 days. Public confidnce 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 2 - Likelihood Definitions

Descriptor	Rare	Unlikely	Possible	Likely	Almost Certain
Probability	• Can't believe this event would happen • Will only happen in exceptional circumstances.	• Not expected to happen, but definite potential exists • Unlikely to occur.	• May occur occasionally • Has happened before on occasions • Reasonable chance of occurring.	• Strong possibility that this could occur • Likely to occur.	This is expected to occur frequently/in most circumstances more likely to occur than not.

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.
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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 effective. 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, significnt incidents(s) of regulatory non-compliance, potential risk of injury to staff and public.

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Aberdeen City Health & Social Care Partnership
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Risk, Audit and Performance Committee

Date of Meeting	26.08.2020
Report Title	Review of Board Assurance and Escalation Framework
Report Number	HSCP 20.026
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	Board Assurance and Escalation Framework

1. Purpose of the Report

1.1. To present a reviewed version of the IJB's Board Assurance and Escalation Framework for approval.

2. Recommendations

2.1. It is recommended that the Committee:

(a) Approve the revised Board Assurance and Escalation Framework as attached in the appendix to this report.
(b) Note that the Framework will be reviewed by the Committee on an annual basis.

3. Summary of Key Information

Board Assurance and Escalation Framework (BAEF)

3.1. In order to fulfil its remit, the Integration Joint Board (IJB) needs to be able to demonstrate an effective governance process whereby it can be assured that key risks to the achievement of integration objectives are appropriately identified, communicated and addressed.

3.2. The BAEF describes the regulatory framework of the IJB to support its vision values and principles, within which the RAP committee will work. Fundamental to the framework are the IJB's strategic priorities and the appetite for risk that the Board has across these priorities.

3.3. It presents and populates a model where individuals, groups and committees, plans, reports, and reporting processes are mapped at different organisational levels, against two broad assurance requirements: compliance and transformation.

3.4. A key element of the assurance framework is the risk management system, whose outputs (i.e. strategic and corporate risk registers, and other reports) contribute significantly to board assurance on key risks to objectives. The appendices illustrate the landscape in which the IJB will operate:

- The committee structure and terms of reference.
- The risk assessment system.
- The risk escalation process.
- The clinical and care governance framework.
- The IJB's cycle of business.

3.5. The Risk, Audit and Performance committee performs the key role of reviewing and reporting on the effectiveness of the governance structures in place and on the quality of the assurances the Board receives.

3.6. The BAEF was formally approved by the IJB at its meeting in March 2016. The Risk, Audit and Performance Committee last reviewed the BAEF at its meeting on 12th February 2019. A review of the BAEF has been undertaken and the revised version is attached as Appendix A to this report.

3.7. Largely, the content of the BAEF remains the same after the revision. Key changes include:

- Changes made to governance arrangements and reporting as approved by the IJB as part of its Scheme of Governance processes (i.e. changes to committee remits/names etc)
- Implementation of recommendations arising from audit undertaken by Aberdeen City Council's Internal Audit function on the Board's risk management processes
- General housekeeping changes

4. Implications for IJB

4.1. **Equalities** – there are no direct implications arising directly as a result of this report.

4.2. **Fairer Scotland Duty –** there are no direct implications arising directly as a result of this report.

4.3. **Financial** – there are no direct implications arising directly as a result of this report.

4.4. **Workforce -** there are no direct implications arising directly as a result of this report.

4.5. **Legal –** there are no direct legal implications arising directly as a result of this report.

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

5. Links to ACHSCP Strategic Plan

5.1. The Strategic Plan sets out the aims, commitments, and priorities of the Partnership, in alignment with Community Planning Aberdeen's Local Outcome Improvement Plan, NHS Grampian's Clinical Strategy and Aberdeen City Council's Local Housing Strategy. Since its inception, the Aberdeen City Health & Social Care Partnership and its governance body, the Integration Joint Board, have been progressing integration of the health and social care services delegated from our partners, Aberdeen City Council and NHS Grampian. Part of the Governance around the IJB is the development and revision of the BAEF.

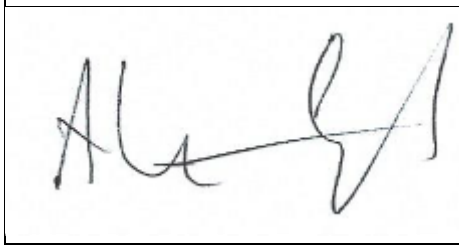
6. Management of Risk

6.1. **Identified risks(s):** Reputational Damage.

6.2. **Link to risks on strategic or operational risk register:** The development and revision of the BAEF will help to mitigate all of the risks on the IJB's Strategic Risk Register, however the main risk that it will help mitigate is "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"

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

This report helps to mitigate the risks as it commits to an annual review of the BAEF to ensure it is updated appropriately. Further, the information provided in the BAEF helps to mitigate the impact of a number of risks in the strategic risk register, by providing the necessary assurance and escalation processes.

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

Aberdeen City Health & Social Care Partnership

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Board Assurance and Escalation Framework

Approved XxXX. Next review January 2021.

Content

Part 1: Introduction

1.1 Background

The partner organisations of Aberdeen City Health and Social Care Partnership (ACHSCP), Aberdeen City Council and NHS Grampian (the "Parties"), are committed to successfully integrating health and social care services, to achieve the partnership's vision of:

"A caring partnership, working together with our communities to enable people to achieve healthier, fulfilling lives and wellbeing."

ACHSCP has established an Integration Joint Board (IJB) through the Public Bodies (Joint Working) (Scotland) Act 2014. The remit of the IJB is to prepare and implement a Strategic Plan in relation to the provision of health and social care services to adults in its area in accordance with sections 29-39 of the Public Bodies Act. The arrangements for governance of the IJB itself, including rules of membership, are set out in the Integration Scheme and Standing Orders.

While the Parties are responsible for implementing governance arrangements of services the IJB instructs them to deliver, and for the assurance of quality and safety of services commissioned from the third and independent sectors, the Parties and the IJB are accountable for ensuring appropriate clinical and professional governance arrangements for their duties under the Act. The IJB therefore needs to have clear structures and systems in place to assure itself that services are planned and delivered in line with the principles of good governance and in alignment with its strategic priorities.

The IJB must have in place a robust framework to support appropriate and transparent management and decision-making processes. This framework will enable the board to be assured of the quality of its services, the probity of its operations and of the effectiveness with which the board is alerted to risks to the achievement of its overall purpose and priorities.

1.2 Regulatory framework

The Aberdeen City Health and Social Care Integration Scheme describes the regulatory framework governing the IJB, its members and duties. In particular, the IJB is organised in line with the guidance set out in the Roles, Responsibilities and Membership of the Integration Joint Board - governments advice to supplement the @Public Bodies (Joint Working) (Integration Joint Board) (Scotland) Order 2014. The principles of and codes of conduct for corporate governance in Scotland are set out in @ "On Board: A Guide for Members of Public Bodies in Scotland", published by the Scottish Government in July 2006. Detailed arrangements for the board's operation are set out in @ "Roles, Responsibilities and Membership of the Integration Joint Board" Guidance and advice to supplement the Public Bodies (Joint Working) (Integration Joint Board) (Scotland) Order 2014. The IJB also has its own @ standing orders .

The IJB will make recommendations, or give directions where appropriate (i.e. where funding for employment is required) to the decision-making arms of Aberdeen City Council and NHS Grampian as required.

1.3 Purpose of the framework

This governance framework describes the means by which the board secures assurance on its activities. It sets out the governance structure, systems and performance and outcome indicators through which the IJB receives assurance. It also describes the process for the escalation of concerns or risks which could threaten delivery of the IJB's priorities, including risks to the quality and safety of services to service users.

It is underpinned by the principles of good governance[1] [2] [3] and by awareness that ACHSCP is committed to being a leading edge organisation in the business of transforming health and social care.

This commitment requires governance systems which will encourage and enable innovation, community engagement and participation, and joint working. Systems for assurance and escalation of concerns are based on an understanding of the nature of

[1] Good Governance Institute (GGI) and Healthcare Quality Improvement Partnership (HQIP), *Good Governance Handbook,* January 2015,. http://www.good-governance.org.uk/good-governance-handbook-publication/

[2] The Scottish Government, Risk Management – public sector guidance, 2009. http://www.gov.scot/Topics/Government/Finance/spfm/risk

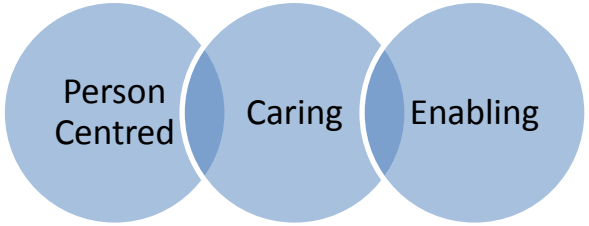
[3] Chartered Institute of Public Finance and Accountancy (CIPFA) and the International Federation of Accountants® (IFAC®). *International Framework: Good Governance in the Public Sector*, (2014) - http://www.cipfa.org/policy-and-guidance/standards/international-framework-good-governance-in-the-public-sector

risk to an organisation's goals, and to the appetite for risk-taking. The development of a mature understanding of risk is thus fundamental to the development of governance systems. The innovative nature of Health and Social Care Integration Schemes also requires governance systems which support complex arrangements, such as hosting of services on behalf of other IJBs, planning only of services delivered by other entities, accountability for assurance without delivery responsibility, and other models of care delivery and planning. This framework has been constructed in the light of these complexities and the likelihood that it may be important to amend and revise the systems as our understanding of the integration environment develops.

The structures and systems described are those in place from January 2019. In order to ensure that the framework can best support the IJB in its ambitions going forward, it will be reviewed annually.

1.4 An integrated approach to governance for health and social care

In working towards the vision stated above, the IJB is committed to ensuring that delegated services are:



The integration principles identified by The Scottish Government [4] also underpin decision-making within the IJB.

In 2013, the principles of good governance for both healthcare quality and for quality social care in Scotland were described.[5] These stressed the importance of:

- Embedding continuous improvement
- Providing robust assurance of high quality, effective and safe clinical and care services

[4] Integration Planning and Delivery Principles, The Scottish Government. http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Principles

[5] Governance for Quality Healthcare, The Scottish Government, 2013. http://www.gov.scot/Topics/Health/Policy/Quality-Strategy/GovernanceQualityHealthcareAgreement

- The identification and management of risks to and failure in services and systems
- Involvement of service users/carers and the wider public in the development of services
- Ensuring appropriate staff support and training
- Ensuring clear accountability

The rest of this document and its appendices sets out the structures and systems currently in place to support both assurance of compliance and of transformation of services within the scope of ACHSCP business. This framework can be represented graphically as follows in Table 1:

Table 1: Assurance and Compliance Framework

<table>
<tr><th></th><th>ASSURANCE of COMPLIANCE</th><th>ASSURANCE of IMPROVEMENT, INNOVATION and TRANSFORMATION</th></tr>
<tr><td>FOCUS</td><td>Compliance with standards and regulation, communication and escalation of concerns and risks</td><td>Improving services, measuring and sustaining improvement
Challenging work patterns, innovation, redesign and transformation</td></tr>
<tr><td>KEY COMPONENTS</td><td colspan="2">People and Groups: partners; roles; committee structures
Plans and Activities: engagement plan; risk management policy and system; audit system
Feedback and Reporting processes: concerns and escalation process</td></tr>
<tr><td rowspan="4"></td><td colspan="2">Board Level</td></tr>
<tr><td colspan="2">Corporate Level</td></tr>
<tr><td colspan="2">Service Level</td></tr>
<tr><td colspan="2">Individual Level</td></tr>
<tr><td>OUTCOMES</td><td>IJB measures of success for stakeholders and assurances from internal and external sources</td><td>IJB measures of success for stakeholders and assurances from internal and external sources</td></tr>
</table>

Part 2: The Framework

2.1 Strategic priorities

From the nine strategic outcomes identified nationally as desired outcomes form integration, the ACHSCP has, in its revised Strategic Plan[6] (due to be approved at the IJB in March 2019), articulated five broad strategic aims, which form the basis of its governance framework.

Prevention	•We will work with our partners to achieve positive individual outcomes and lessen the need for formal support.
Resilience	•Supporting people and organisations so they can cope with, and where possible, overcome, the health and wellbeing challenges they might face.
Personalisation	•Ensuring that the right care is provided in the right place and at the right time when people are in need.
Communities	•Working with our communities, recognising the valuable role that people have in supporting themselves to stay well and supporting each other when care is needed.
Connections	• Develop meaningful community connections and relationships with people to promote better inclusion, health and wellbeing, and to combat social Isolation.

These priorities underpin:

- Decision-making criteria for service development, planning and delivery; resource allocation etc.
- The Board Assurance Framework of key strategic risks
- Strategic risk register
- Risk registers across all departments and areas of operation
- Individual performance and appraisals
- Evaluation of achievement against objectives

[6] Aberdeen City Health and Social Care Partnership Strategic Plan 2016-19.

2.2 Risk Management Policy

a) Risk appetite

Risk appetite can be defined as:

The amount of risk that an organisation is prepared to accept, tolerate, or be exposed to at any point in time'.
(HM Treasury - 'Orange Book' 2006)

The ACHSCP recognises that achievement of its priorities may involve balancing different types of risk and that there may be a complex relationship between different risks and opportunities. The IJB has debated its appetite for risk in pursuit of the goals of integration so that its decision-making process protects against unacceptable risk and enables those opportunities which will benefit the communities it serves.

b) Risk Appetite Statement

The IJB has consequently agreed a statement of its risk appetite. The IJB will review and agree the risk appetite statement on an annual basis.

This statement is intended to be helpful to the board in decision-making and to enable members to consider the risks to organisational goals of not taking decisions as well as of taking them. As a newly established organisation, the ACHSCP's appetite for risk will change over time, reflecting a longer-term aspiration to develop innovation in local service provision. The IJB regularly debates its appetite for risks and opportunities in the pursuit of its objectives and will ensure that the statement on risk appetite reflects these discussions.

The full risk appetite statement is outlined below:
Aberdeen City Health and Social Care Integration Joint Board (the IJB) recognises that it is both operating in, and directly shaping, a collaborative health and social care economy where safety, quality and sustainability of services are of mutual benefit to local citizens, to stakeholders and to organisational stakeholders. It also recognises that its appetite for risk will change over time,

reflecting a longer-term aspiration to develop innovation in local service provision based on evidence of benefits and on a culture of continuing, planned engagement with the public and other stakeholders, including those involved in service delivery. As a result, the IJB is working towards a mature risk appetite over time.

It recognises that achievement of its priorities will involve balancing different types of risk and that there will be a complex relationship between different risks and opportunities. The risk appetite approach is intended to be helpful to the board in decision-making and to enable members to consider the risks to organisational goals of *not* taking decisions as well as of taking them. The board has identified several broad dimensions of risk which will affect the achievement of its strategic priorities. The IJB will set a level of appetite ranging from "none" up to "significant" for these different dimensions. Higher levels of all risk types may be accepted if specific and effective controls are demonstrably in place and there are clear advantages for integration objectives. The dimensions of risk and corresponding risk appetite are:

Dimension of Risk	**Corresponding Risk Appetite**
Financial risk	Low to moderate. It will have zero tolerance of instances of fraud.
Regulatory compliance risk	It will accept no or minimal risk in relation to breaches of regulatory and statutory compliance.
Risks to quality and innovation outcomes	Low to moderate (quality and innovation outcomes which predict clearly identifiable benefits and can be managed within statutory safeguards)
Risk of harm to clients and staff	Similarly, it will accept no or minimal risks of harm to service users or to staff. By minimal risks, the IJB means it will only accept minimal risk to services users or staff when the comparative risk of doing nothing is higher than the risk of intervention
Reputational risk	It will accept moderate to high risks to reputation where the decision being proposed has significant benefits for the organisation's strategic priorities
Risks relating to commissioned and hosted services	The IJB recognises the complexity of planning and delivery of commissioned and hosted services. The IJB has no or minimal tolerance for risks relating to patient safety and service quality. It has moderate to high tolerance for risks relating to service redesign or improvement where as much risk as possible has been mitigated.

The IJB has an appetite to take decisions which may expose the organisation to additional scrutiny and interest where there is evidence of confidence by key stakeholders, especially the public, that difficult decisions are being made for the right reasons. This is most likely to be evident in relation to innovation where there is a perceived need to challenge relationships, standards and

working practices and/or where the IJB considers there are identifiable, longer-term benefits of greater integration of systems and technology.

This risk appetite statement will be reviewed regularly, at least as often as the IJB's strategic plan is reviewed and more often when required.

c) Risk Management Framework

The Risk Appetite statement, risk management system, strategic and operational risk registers together form the risk management framework.

The framework sets out the arrangements for the management and reporting of risks to IJB strategic priorities, across services, corporate departments and IJB partners. In line with the principles set out in the Australia/New Zealand Risk Management Standard 4360 [7], it describes how risk is contextualised, identified, analysed for likelihood and impact, prioritised, and managed. This process is framed by the requirement for consultation and communication, and for monitoring and review.

Identified risks are measured according to the IJB risk assessment methodology described below and recorded onto risk registers. The detailed methodology for assessment of risk appears at Appendix 6. They are escalated according to the flowchart shown at Appendix 7.

d) Risk Assessment methodology

Risks are measured against two variables: the likelihood (or probability) of any particular risk occurring and the consequence or severity (impact) of that risk should it occur.

For example, there may be a risk of fire in a particular office building. If it happens, this would cause harm or damage to people, property, resources and reputation.

[7] Standards New Zealand, AS/NZS ISO 31000:2009 Risk Management – Principles and guidelines is a joint Australia/New Zealand adoption of ISO 31000:2009

The ***likelihood*** of this occurring will be affected by the strength of fire safety precautions (prevention). The ***consequence*** or ***severity*** of the incident if it does occur will be affected by contingency management (containment, firefighting, evacuation procedures, emergency help, communications etc. by fire safety response and by effective Business Continuity Planning (BCP) to ensure that essential services continue to be delivered, even if at a reduced level for a period). BCP serves to reduce consequence of risk events mostly in major structural or physical risks such as fire, flood, terrorism or natural disaster.

It is important to note that in most areas of risk identified and managed by ACHSCP, the aim is to managed down the likelihood of a risk event and that in most cases, the consequence or severity of a risk event will remain the same throughout the lifetime of the risk. For example, if there is a shortage of key clinical specialists one month, the consequence for service users could be a poorer health or wellbeing outcome. If vacancies are filled in a subsequent month, the likelihood of that consequence is reduced but if the risk event nevertheless occurs, the consequence for patients or clients may still be 'major' depending on the nature of the service involved.

Risk measurement tables are widely used by organisations and set out levels of both likelihood and consequence, in order to reach an overall risk assessment score. It is rare in the type of services the IJB is concerned with that this is a scientific process but it provides a practical way of comparing different types of risk issues and helping organisations to prioritise between issues so that they can be managed and the risk reduced. This measurement system is also used to decide when to escalate issues that cannot be managed locally or that are of such significance that the members of the senior team or the IJB need to be aware of them.

A key point to remember when assessing a risk for the first time is what controls are currently in place to prevent a risk event. The ACHSCP risk assessment procedure requires the identification of an **initial,** or **gross,** level of risk. This is the risk assessment where it is assumed no controls are in place. This is useful in order to determine and absolute severity of a risk but in practice, the second assessment, or current risk level, is particularly important in risk management terms. This identifies the level of risk taking into account any controls (and gaps in controls) which currently exist. The third level of risk assessment comprises the stage aspired to where the level of risk may be tolerated within the terms of the Risk Appetite, once all effective actions have been completed and the controls are at optimal strength. This is the **target** level of risk.

The IJB's risk measurement table is shown below:

DESCRIPTOR	Rare	Unlikely	Possible	Likely	Almost Certain
Probability	Can't believe this event would happen - will only happen in exceptional circumstances.	Not expected to happen, but definite potential exists - unlikely to occur.	May occur occasionally, has happened before on occasions - reasonable chance of occuring.	Strong possibility that this could occure - likely to occur.	This is expected to occur frequently / in most circumstances - more likely to occur than not.

Risk Matrix

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

The outputs from risk assessment are as follows:

IJB board level: The Board Strategic Risk Register (SRR)

The fundamental purpose of the SRR is to provide the organisation's Governing Body - i.e. the IJB - with assurance that it is able to deliver the organisation's ***strategic objectives and goals.*** This involves setting out those issues or risks which may threaten delivery of objectives and assure the IJB that they are being managed effectively and that opportunity to achieve goals can be taken: it is the lens through which the IJB examines the assurances it requires to discharge its duties. The IJB uses this document to monitor its progress, demonstrate its attention to key accountability issues, ensure that it debates the right issue, and that it takes remedial actions to reduce risk to integration. Importantly, it identifies the assurances and assurance routes against each risk and the associated mitigating actions.

The IJB's SRR format is shown here with a real example of the kind of issue included in the document (Appendix 1). While many of the issues may be termed strategic, the key thing to remember is that these are issues which may affect the ability to deliver on strategy. It is quite possible that significant operational issues will also be incorporated, therefore. The Leadership Team consider risks classified as 'very high' for inclusion in the SRR (see Appendix 7 – risk escalation process). The Leadership Team reviews the SRR in light of their experiences and insight into key issues, including commissioning risk, and recommends the updated version to the Audit & Performance Systems Committee (APSC) for approval and review by the IJB.

The issues identified are measured according to the IJB risk appetite and risk assessment methodology.

The risks are identified by:

- Discussions at Leadership Team
- Review of Performance data and dashboards
- Reports from Project Management Board on review of Performance Management Office (PMO) dashboards
- Review of the Operational Risk Register (see below) including 'deep dives' on areas of operational risk aligned to strategic risk
- Review of Chief Officer reports and reports from IJB sub committees

The Leadership Team agrees issues for inclusion on (and removal from) the SRR, and submits to the IJB or RAPC quarterly for formal review

Risk, Audit & Performance Committee reviews the SRR for the effectiveness of the process annually.

Corporate Level: Operational Risk Register

While the SRR is a *top-down* record of risks to objectives, the Operational Risk Register (ORR) is a *bottom-up* operational document which reflects the top risks that are escalated through the IJB's delegated services and gives detail on how they are being managed.

It may well contain risks that have a strategic angle, as well as those which are operational in nature, and will definitely contain risks that affect strategic objectives.

Risks from service risk registers and locality risk registers (once developed) are escalated to the ORR according to their risk assessment scores. New risks and risks proposed for escalation, will be discussed at the Clinical and Care Risk Meetings.

The IJB has a standardised risk register format which is used for the ORR and all other risk registers. It is shown below with a real risk included as an example.

The Operational Risk Register comprises high scoring risks or those which cannot be managed locally from a range of sources. This document is routinely reviewed by both IJB sub committees to ensure:

- the right risks are being reported and escalated
- actions are being taken to mitigate risk and improve the strength of controls
- these actions have been effective in reducing the risk level
- the IJB is aware of high-level risks affecting services and of those where actions are not being taken in a timely manner or have not been successful in reducing the risk

The issues identified are measured according to the risk assessment methodology. They are recorded using the following format:

Table 2: Risk Recording Format

ID	Strategic Priority	Description of Risk	Context/Impact	Date Last Assessed	Controls	Gaps in controls	Likelihood	Consequences	Risk Assessment	Assurances	Risk Owner/Handler	Comments

The risks are identified, using the risk assessment matrix for high scoring risks, from:

- Review of Performance Management Office (PMO) dashboards
- Operational department risk registers
- Service and locality risk registers and review of reports from service governance groups
- Review of reports from IJB sub committees
- IJB Occupational Health and Safety committee reports

The Chief Officer owns the Operational Risk Register, and the Clinical and Care Governance Group moderate risks escalated to ensure consistency and appropriateness of issues identified for inclusion and removal. New or escalated risks are reported to the Clinical and Care Governance Committee so that the Committee are aware of the evolving profile of operational risks.

The Leadership Team reviews the Operational Risk Register and it will be reported to the Clinical and Care Governance Committee in its entirety, bi-annually demonstrating the changes in the risk profile of the IJB.

The risk register is shared with the NHS Grampian and Aberdeen City Council through the report consultation process.

Service and locality level: Risk registers and reports from governance groups

Service and locality risk registers will use the same format as the ORR and are compiled at local level and discussed at local management and governance meetings.

Where risks cannot be satisfactorily managed locally, or where they are above scores as set out in the escalation flowchart, they will be escalated for possible entry onto the ORR. New risks and those identified for escalation will be considered at the weekly Clinical and Care Risk Meetings and recommendations made for the attention of the Clinical and Care Governance Group. It is critical to emphasise that the risk management system cannot rely on escalation through the risk register process alone. Senior management, through the operational group management structure, has a key role in helping to manage and find solutions to risk issues at all levels of the organisation.

Arrangements have developed over the first years of operations across services, taking into account existing systems. Operational risks managed at the service and department level are monitored by the Chief Officer and Leadership Team. The Clinical and Care Governance Group (see Appendix 3) has a key role in identifying risk across services which may affect the safety and quality of services to users. The Group also has responsibility for reminding risk owners to ensure operational risks are reviewed regularly and for reporting new and escalated risks to the Group. The aims in developing risk communication between services and the IJB will be

to achieve consistency in reporting the nature and scale of risks and to clarify how these are reported, escalated and actions monitored. The risk escalation flowchart at Appendix 7 shows the basis for this process.

2.3 Roles and Responsibilities for governance

a) Committee structure

This section describes the key committees and groups in relation to the IJB governance framework.

The board has established two sub-committees, as follows: **Risk, Audit and Performance**, and **Clinical and Care Governance**. These sub committees have powers conferred upon them by the IJB.

In relation to governance and assurance, the **Risk, Audit and Performance Committee (RAPC)** performs the key role of reviewing and reporting on the effectiveness of the governance structures in place and on the quality of the assurances the Board receives. It has a moderation role in relation to the consistency of risk assessment. It also has oversight of information governance issues.

The **Clinical and Care Governance Committee (CCGC)** provides assurance to the IJB in relation to the quality and safety of services planned and/or delivered by the IJB. Its key role is to ensure that there are effective structures, processes and systems of control for the achievement of the IJB's priorities, where these relate to regulatory compliance, service user experience, safety and the quality of service outcomes. To support this role, the CCGC is informed by the clinical and care governance arrangements in place across NHS Grampian and Aberdeen City Council (see Appendix 4 - Clinical and care governance diagram).

It also assures the IJB that services respond to requirements arising from regulation, accreditation and other inspections' recommendations. The Committee will consider and approve high value clinical and care risks, consider the adequacy of mitigation, the assurance provided for that mitigation and refer residual high risks to the Board. It has a key role in assuring the board that learning from governance systems across services, including learning arising from incidents, complaints, identified risks and Duty of Candour (DOC) investigations, is shared and embedded as widely as possible. The Committee will receive the full Operational Risk Register twice per year.

The IJB's **Leadership Team** is an executive group with oversight of the implementation of IJB decisions. It oversees risk registers, financial and operational delivery, the innovation and transformation programmes and assures the Risk, Audit and Performance

Committee of transformation progress. The group also assures the Board on progress towards the achievement of its strategic priorities through the Performance Management Framework.

There are existing **governance arrangements within the providers of services delegated to the IJB**. Arrangements to standardise reporting systems through the IJB's governance structures are being progressed and will be reported in due course.

A diagram illustrating the structure appears at Appendix 2. A summary of the purpose, membership and reporting arrangements for these groups appears at Appendix 3.

b) Individual responsibilities

1. Board and corporate level:

The Chief Officer provides a single point of accountability for integrated health and social care services.

The Board and all its members must as a corporate body ensure good governance through the structures and systems described in this document. To ensure that the IJB is well-led and that all members are supported in this responsibility, a board development programme will be constructed to transfer knowledge and skills. To provide assurance that the Board has the capability and competence required, an annual self-assessment and periodic (minimum 3 yearly) independent assessment will be undertaken.

2. Professional level:

There are existing clinical and professional leadership structures in place to support clinical and care governance. These are:

- Lead Nurse
- Chief Social Work Officer
- Lead Allied Health Professional (AHP)
- Primary Care Clinical Leads (GPs)
- Public Health Lead
- Clinical Director (GP)

3. Locality level:

The Board Assurance and Escalation Framework is aligned with the locality structure. This will require that there is a direct line of sight to the appropriate clinical and professional lead roles and must take into account the location of services: some are locality based and others not. The development plan is that each of the six delivery points will have a single leader responsible for the good clinical and care governance of services within their remit.

2.4 Reporting of information to provide assurance and escalate concerns (internal & external)

The framework shown in Table 1 in section 1.4 can be populated as shown in Table 3 below. Leads and Service Managers will work with their partners in local services to develop systems for reporting from their various governance forums through to the IJB, as indicated in Table 3 below. In addressing the nature of assurance, it is important to note that the IJB, the RAPC and the CCGC operate assurance mechanisms to review *process* as well as *performance*, and in this regard the work of the RAPC is the key governance mechanism for auditing *process*. The Committee-level Good Governance Matrices and effectiveness' audits also inform assurance around process.

Table 3: Reporting of information to provide assurance and escalate concerns

FOCUS	**Assurance of compliance, performance, improvement and transformation**						
	Individuals	**Plans / activities**	**Groups / Partners**	**Reporting and feedback processes**			
				Compliance with standards	**Risk escalation and review**	**Performance monitoring**	**Improvement and Transformation reporting**
Board level	Chair Chief Officer Board members Chairs / CEOs of the Partners	Strategic plan Strategic Risk Assurance Register Operational Risk register Performance framework Audit plan	Board Leadership Team Risk, Audit and Performance Committee Clinical and Care Governance Committee	Review of BAEF Review of risk scoring Review of Performance dashboard Transformation Performance Report Audit reports to Board Exception and action plan review Bi-annual review of integration scheme Bi-annual review of strategic plan			

		Standing Orders Integration Scheme	Other IJBs Scrutiny / governance arms of Parties	
Corporate level	Chief Officer Chief Finance Officer Leadership Team Members	Strategic and Operational risk registers Performance dashboard Business planning Budget monitoring Joint Complaints Procedure	Leadership Team Senior Management Teams Strategic Planning Group Clinical and Care Governance Group Executive Programme Board Portfolio Programme Boards	Financial monitoring Strategic and Operational risk register review Risk moderation and review
Service level	Clinical leads and Professional leads Service managers	Engagement, Participation and Empowerment Strategy Clinical and care governance policies Risk registers and assessments	Community partners Service governance forums 'Deep Dive' activity	Risk register system Governance reports Real time feedback Response to complaints Learning from Duty of Candour events Service level dashboards
Individual level	Staff members Service users Carers	Engagement, Participation and Empowerment Strategy Complaints policy Safeguarding alerts Risk assessment	Staff forums IJB engagement activity Locality Empowerment Groups	Objective setting and review Supervision and line management Staff surveys Feedback mechanisms (see assurance source section) Community engagement feedback

		Incident reporting		

Table 4: Reporting of information to provide assurance and escalate concerns with partner organisations

FOCUS	**Assurance of compliance, performance, improvement and transformation**						
	Individuals	**Activities**	**Groups / Partners**	**Reporting and feedback processes**			
				Compliance with standards	**Risk escalation and review**	**Performance monitoring**	**Improvement and Transformation reporting**
NHSG Board	NHSG Board Chair ACHSCP Chief Officer	Regular Report	NHS Board Leadership Team	Oversight of IJB activity & minutes			
ACC Full Council	ACC Chief Executive	Regular Report	ACC Full Council ACC Chief Executive Leadership Team	Oversight of IJB activity & minutes Information on financial governance, risk management, clinical & care governance etc			
Pan-Grampian IJBs	Chief Officer, Aberdeen City Chief Officer, Aberdeenshire Chief Officer Moray Chair Aberdeen City, Chair Aberdeenshire IJB Chair Moray IJB	Regular meetings	North East Partnership Steering Group	Established regionally			

ACC & NHSG CEs	CE NHSG CE ACC CO ACHSCP	Quarterly Performance Review Meetings Bi-monthly 2-1 meetings	ACC NHSG ACHSCP	Performance Finance Risk Governance Directions Transformation Programme

2.5 Sources of assurance

a) Quality of services

Current providers have a range of clinical and care governance arrangements in place. Through these, the IJB has access to assurances which support the delivery of high-quality care and ensure good governance. These assurances include:

- Quality Strategies
- Policies on raising concerns
- HR Policies
- Performance Frameworks
- Safeguarding Policy (Vulnerable Adults)
- Incident reporting and investigation policies and procedures
- Information Governance policies and processes
- Board member visits to service areas ('Deep Dive' activity)
- Staff Surveys
- Joint Staff Forum
- Staff Induction Programmes
- Leadership Programmes
- Performance and Appraisal Development Process
- Compliance reports – health and social care
- Learning lessons systems

b) Engagement

The IJB regards the engagement of its partners and stakeholders in the planning and delivery of services as essential to achieving the goals of integration. The nature and level of engagement varies from group to group and the range of stakeholder with whom the IJB engages is broad, including:

- Service users
- Carers and families
- Staff
- Commissioners
- Other providers in the acute and primary care health and social care sectors
- The independent and voluntary sector
- Housing, education providers, North East Partnership (IJBs)

Engagement will include consultation; communication of information; involvement in decision-making around planning and transforming services; feedback on services and other issues of concern or interest.

ACHSCP endorsed and adopted the Community Planning Aberdeen 'Engagement, Participation and Empowerment Strategy' in order to support engagement across these groups, and to provide a source of assurance that appropriate activities have been identified and implemented. It includes consideration of how to engage with hard to reach communities.

Newsletters	Groups		Other
• Partnership Matters Newsletter • Health Village newsletter • NHSG Team Brief • Scottish Care newsletter/ e-bulletin	• Care at Home Providers Group Forum • Individual Independent providers • Care and Support Providers Aberdeen • Individual Third sector providers	• Sheltered Housing Network • Joint Strategy groups • GP Cluster Management Groups • Locality Empowerment Groups • Local Community Councils	• 'Connect' – ACHSCP intranet • ACHSCP Website: https://www.aberdeencityhscp.scot/

• SHMU community newsletters • ACVO e-bulletin • VSA Carers News	• Housing providers / associations • NHS Grampian Public Forum • City Voice • Civic Forum	• LOIP Outcome Improvement Groups • Mental Health and Learning Disability forums • Joint Staff Forum • Learning Partnerships	

c) Other internal and external sources of assurance

In addition to the assurances emanating from the IJB's clinical and care governance framework, and its engagement with partners and stakeholders, there are numerous internal and external sources which relate to the delegated services. These include:

- Internal Audit
- External Audit
- External inspection agencies (Care Inspectorate and Healthcare Improvement Scotland)
- Health and Safety Executive
- Mental Welfare Commission
- Externally commissioned independent investigations e.g. Ombudsman and homicide investigations
- Clinical Audit
- Scottish Council for Voluntary Organisations (SCVO)
- Royal College reviews
- Accreditation
- Information Services Division (ISD) Scotland
- Benchmarking with other health and social care providers
- Involvement in and learning from case reviews
- Voluntary Health Scotland
- Crown Office / Procurator Fiscal Reports
- The IJB will also commission external reviews of specific services where the need for additional independent assessments and assurance are identified.

Appendices

1 Strategic Risk Register format

2 Committee diagram

3 Transformation Programme Structure and Senior Management Structure

4 Role of the Committees

5 Clinical and care governance diagram

6 Risk assessment tables

7 Risk escalation process

8 Ownership and Version Control for the Board Assurance and Escalation Framework

Appendix 1 – Strategic risk register format

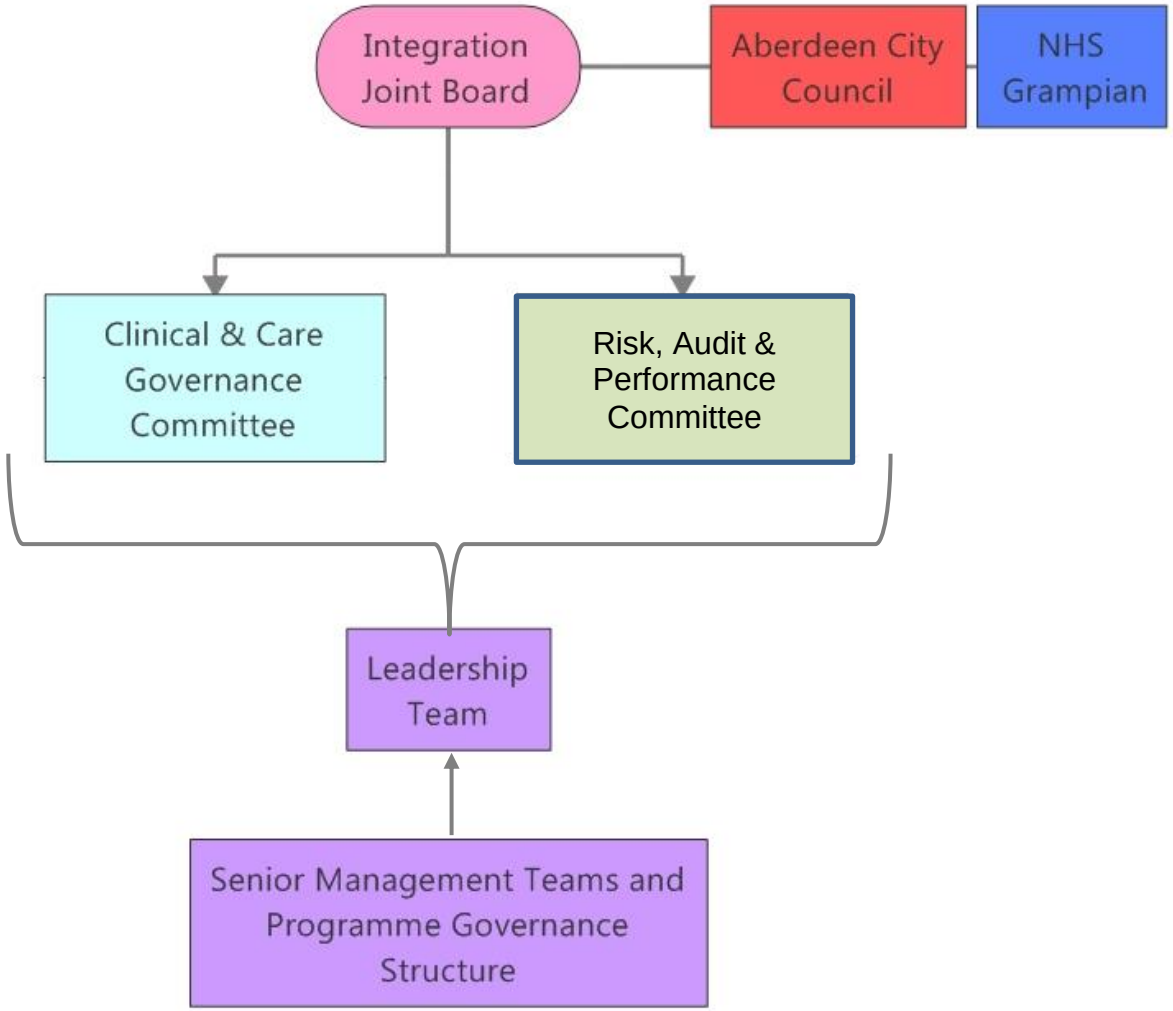
<table>
<tr><th colspan="3">- 1 -</th></tr>
<tr><td colspan="3">Description of Risk:</td></tr>
<tr><td colspan="2">Strategic Priority:</td><td>Lead Director:</td></tr>
<tr><td>Risk Rating: low/medium/high/very high

Medium</td><td rowspan="2">Rationale for Risk Rating:

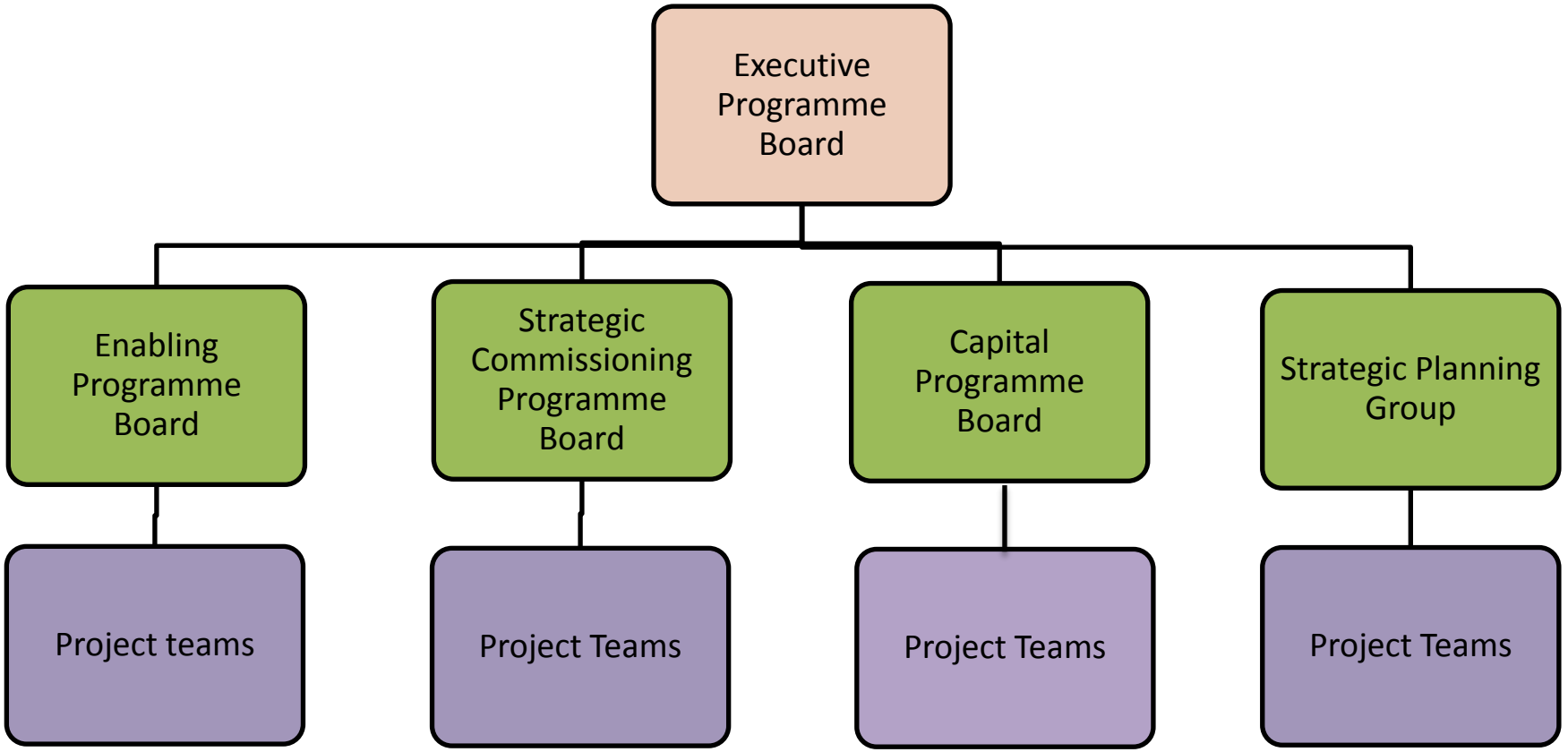
Rationale for Risk Appetite:</td><td rowspan="2"></td></tr>
<tr><td>Risk Movement: increase/decrease/no change

NO CHANGE</td></tr>
<tr><td colspan="2">Controls:</td><td>Mitigating Actions:</td></tr>
<tr><td colspan="2">Assurances:</td><td>Gaps in assurance:</td></tr>
<tr><td colspan="2">Current performance:</td><td>Comments:</td></tr>
<tr><td colspan="2"></td><td></td></tr>
</table>

Appendix 2 - Board Committee diagram



Appendix 3 – Transformation Programme Structure



Appendix 4 – Roles of the Governance Groups

Principal function/s	Membership	Reports to	Reports received / reviewed
Leadership Team			
Robust and effective management processes are required to ensure management oversight of: • Care and Clinical Governance • Risk Management and oversight of Service and Corporate Risk Registers • Financial governance and performance oversight • Service performance • Staff governance • Health and Safety • Executive oversight of change programmes • Ensuring IJB's strategic plan is delivered • Good decision making and approval of business cases	The core membership is as follows: • Chief Officer – chair • Chief Finance Officer – financial reporting • Clinical Director (GP) – Clinical Governance reporting • Lead, Strategy and Performance • Business Management Lead • Transformation Lead • Communications Lead • People and Organisation Lead • AHP Lead • Lead Nurse • Social Work Lead • Rehabilitation Lead • Mental Health & LD Lead • Commissioning Lead • Primary Care Lead • Primary Care Lead	IJB	The following will report as required to the Leadership Team : • Leadership team members • Service Managers • Transformation Programme Managers • Chief Officers – Moray and Aberdeenshire in relation to performance of 'hosted services' • Designated service health and safety leads • Partnership representatives / trade union representatives • Service Improvement and Quality • Chief Social Work Officer • Health Intelligence • Business Managers
Strategic Planning Group			

Principal function/s	Membership	Reports to	Reports received / reviewed
The role of the Strategic Planning Group is overseeing the development of the strategic commissioning plan and in continuing to review progress, measured against the statutory outcomes for health and wellbeing, and associated indicators. The strategic commissioning plan should be revised as necessary (and at least every three years), with the involvement of the Strategic Planning Group.	Prescribed groups of persons to be represented in strategic planning group: • health professionals; • users of health care; • carers of users of health care; • commercial providers of health care; • non-commercial providers of health care; • social care professionals; • users of social care; • carers of users of social care; • commercial providers of social care; • non-commercial providers of social care; • non-commercial providers of social housing; and third sector bodies carrying out activities related to health care or social care.	Executive Programme Board	Locality Empowerment Groups Annual Performance Report Strategic Plan
Risk Audit and Performance Committee			
To review and report on the relevance and rigour of the governance structures in place and the assurances the Board receives. These will include a risk management system and a performance management system underpinned by an Assurance Framework.	The Committee will be chaired by a non-office bearing voting member of the IJB and will rotate between NHS and ACC. The Committee will consist of not less than 4 members of the IJB, excluding Professional Advisors. The Committee will include at least two voting members, one from Health and one from the Council. The Board Chair, Chief Officer, Chief Finance Officer, Chief Internal Auditor and other Professional Advisors and senior officers as required as a matter of course, external audit or other persons shall attend meetings at the invitation of the Committee. The Chief Internal Auditor should normally attend meetings and the external auditor will attend at least one meeting per annum.	IJB	Annual audit plan
Clinical & Care Governance Committee			

Principal function/s	Membership	Reports to	Reports received / reviewed
To provide assurance to the IJB on the systems for delivery of safe, effective, person-centred care in line with the IJB's statutory duty for the quality of health and care services.	The Committee shall be established by the IJB and will be chaired by a voting member of the IJB. The Committee shall comprise of: • 4 voting members of the IJB • Chief Officer • Chief Social Work Officer • Chair of the Clinical and Care Governance Group / Clinical Director (GP) • Chair of the Joint Staff Forum • Professional Lead – Nurse/AHP • Public Representative • Third sector Sector representatives	IJB	CCG Group report Feedback/Incidents Reporting Escalations from CCG Group
Clinical & Care Governance Group			
To oversee and provide a coordinated approach to clinical and care governance issues and risks within the Aberdeen City Health and Social Care Partnership.	• Clinical Director (GP) (Chair) • Lead Social Work Manager • Lead Nurse • Public Health Lead • Patient/Public Representative • Lead Allied Health Professional • GP Representative • Dental Clinical Lead or Dental Service Representative • Lead Optometrist • Representative from Sexual Health Service • General Practice Patient Safety Lead • Woodend Hospital and Link@ Woodend Representative • Representative from Commissioned Service • Partnership Representative	Leadership Team Clinical and Care Governance Committee NHSG Clinical Quality & Safety Group ACC Public Protection Committee	Reports from services: AHP Dentistry Optometry Pharmacy Nursing General Practice Social Work/Care Woodend Hospital and Links @ Woodend Biannual Reports Falls Pharmacy/medication Patient Safety in Primary Care New and escalated risks

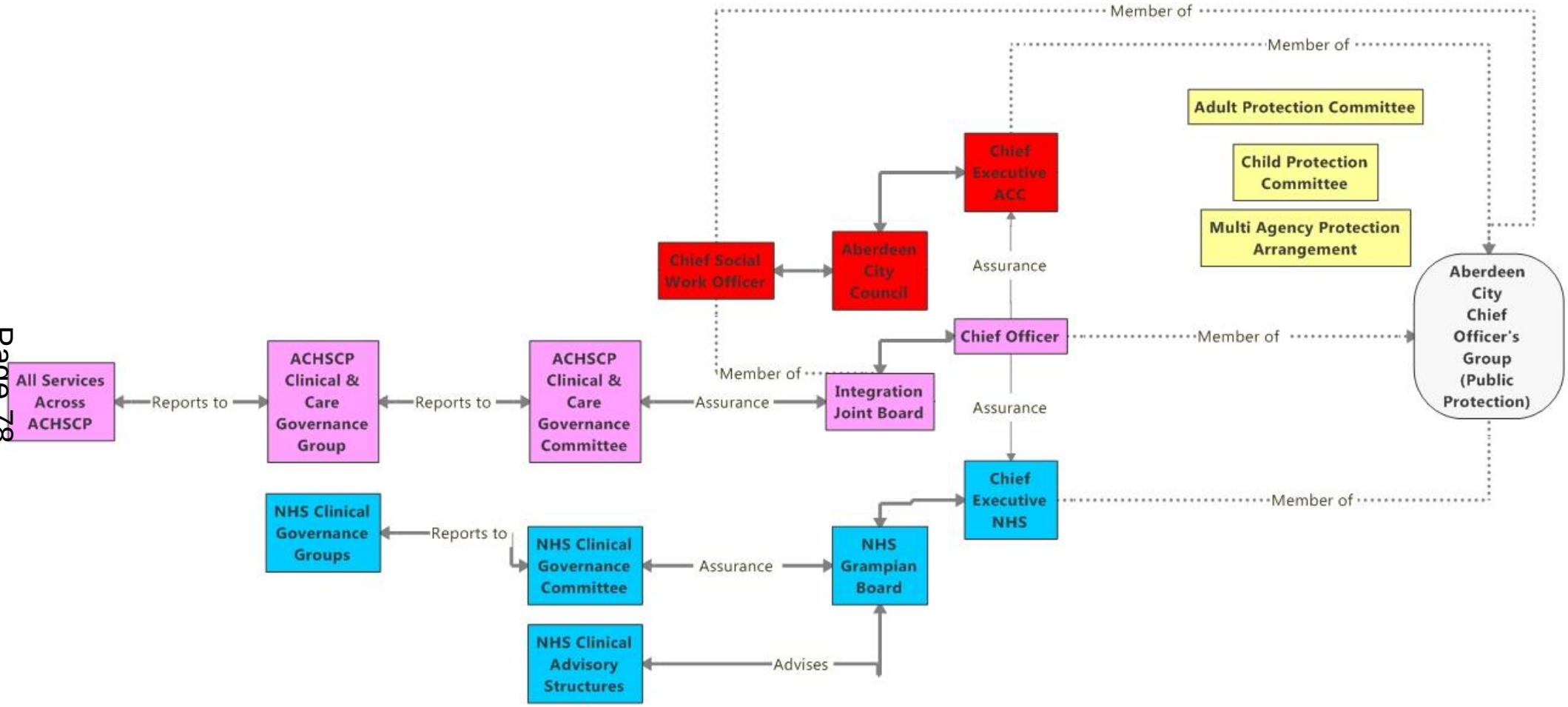
Principal function/s	Membership	Reports to	Reports received / reviewed
	• Representative from Community Mental Health and Learning Disability Services • Representative from Acute Sector • Public Partner		
Locality Empowerment Groups			
To deliver the locality planning requirements of the Public Bodies (Joint Working) (Scotland) Act 2014, in respect of the Aberdeen City Health and Social Care Partnership. The Locality Empowerment Groups play a key role in ensuring the delivery of the Aberdeen City Health and Social Care Strategic Plan, including contributing to the delivery of its associated strategic outcomes. The role of the Locality Empowerment Groups include developing and ensuring appropriate connections and partnerships across the Locality to help to improve the health and wellbeing of the locality population and reduce the health inequalities that we know impact poorly on people's lives. The locality leadership group will influence, and be influenced by, the city's Strategic Planning Group and ultimately the Integration Joint Board.	Community Members Public Health Coordinator	Strategic Planning Group	Locality Plans Health Improvement Fund report

Principal function/s	Membership	Reports to	Reports received / reviewed
The locality leadership group will also influence and be influenced by the Aberdeen City Community Planning Partnership.			
Executive Programme Board			
• Provide direction to programme board and working groups • Identify prioritised projects • Approve Business Cases • Ensure programme progress including ensuring that progress is supported to continue at pace • Approve significant changes to programmes	• Chief Officer • Chief Finance Officer • Clinical Lead • Lead Transformation Manager • Other Leadership Team Members (rotating)	Seek IJB approval to incur expenditure for projects where required under standing orders (full life costs) Report on progress and performance to IJB	Papers from Enabling / Strategic Commissioning / Capital Programme Boards & Strategic Planning Group All planned decisions All IJB papers
Programme Boards (Enabling, Strategic Commissioning, Capital)			
• Support and enable progress at pace across transformation portfolio • Review and approve Project Proposal Documents • Consider "deep dives" into working group programmes to be assured of progress	• Selected Leadership Team Members (Chair and VC) • Operational Managers • Transformation Programme Managers • Independent Sector • Third Sector • ACC Communities and Housing	Executive Programme Board	Workstreams and project groups Business Case Programme Management documentation

Principal function/s	Membership	Reports to	Reports received / reviewed
Ensure delivery of anticipated benefits and where these are no longer deliverable, redirect projects/ programmes accordingly	• Acute Sector Finance		

Appendix 5 – Clinical and care governance diagram

The diagram on the following page provides an overview of the clinical & care governance processes within ACHSCP. The processes draw upon the existing clinical & care governance within Aberdeen City Council and the NHS. Clinical & care governance matters relating to the ACHSCP are considered by its Clinical & Care Governance Group. The Clinical & Care Governance group has representation from all services across ACHSCP and report to the ACHSCP Leadership Team, Clinical & Care Governance Committee and provide assurance to ACC and NHS clinical and safety structures.


Member of
Member of
Adult Protection Committee
Child Protection Committee
Multi Agency Protection Arrangement
Chief Executive ACC
Chief Social Work Officer
Aberdeen City Council
Assurance
Aberdeen City Chief Officer's Group (Public Protection)
Chief Officer
Member of
All Services Across ACHSCP
Reports to
ACHSCP Clinical & Care Governance Group
Reports to
ACHSCP Clinical & Care Governance Committee
Member of
Assurance
Integration Joint Board
Assurance
Chief Executive NHS
Member of
NHS Clinical Governance Groups
Reports to
NHS Clinical Governance Committee
Assurance
NHS Grampian Board
NHS Clinical Advisory Structures
Advises

Barely noticeable reduction in

NHS Scotland Core Risk Assessment Matrices

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	pendix 6 - scope, quality or schedule.	Minor reduction in scope, quality or schedule.	Reduction in scope or quality of project; project objectives or schedule.	Significnt 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 s minor injury not requiring first aid	Minor injury or illness, first aid treatment required.	Agency reportable, e.g. Police (violent and aggressive acts). Significnt 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 complaintd	Justifie written complaint peripheral to clinical care.	Below excess claim. Justifie complaint involving lack of appropriate care.	Claim above excess level. Multiple justifie complaints	Multiple claims or single major claim. Complex justifie 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 a 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 finncial loss (£<1k).	Minor organisational/ personal finncial loss (£1-10k).	Significnt organisational / personal finncial loss (£10-100k).	Major organisational/personal finncial loss (£100k-1m).	Severe organisational/ personal finncial 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. Significnt effect on staff morale and public perception of the organisation.	National media/adverse publicity, less than 3 days. Public confidnce 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 2 - Likelihood Definitions

Descriptor	Rare	Unlikely	Possible	Likely	Almost Certain
Probability	• Can't believe this event would happen • Will only happen in exceptional circumstances.	• Not expected to happen, but definite potential exists • Unlikely to occur.	• May occur occasionally • Has happened before on occasions • Reasonable chance of occurring.	• Strong possibility that this could occur • Likely to occur.	This is expected to occur frequently/in most circumstances more likely to occur than not.

Version March 2013

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

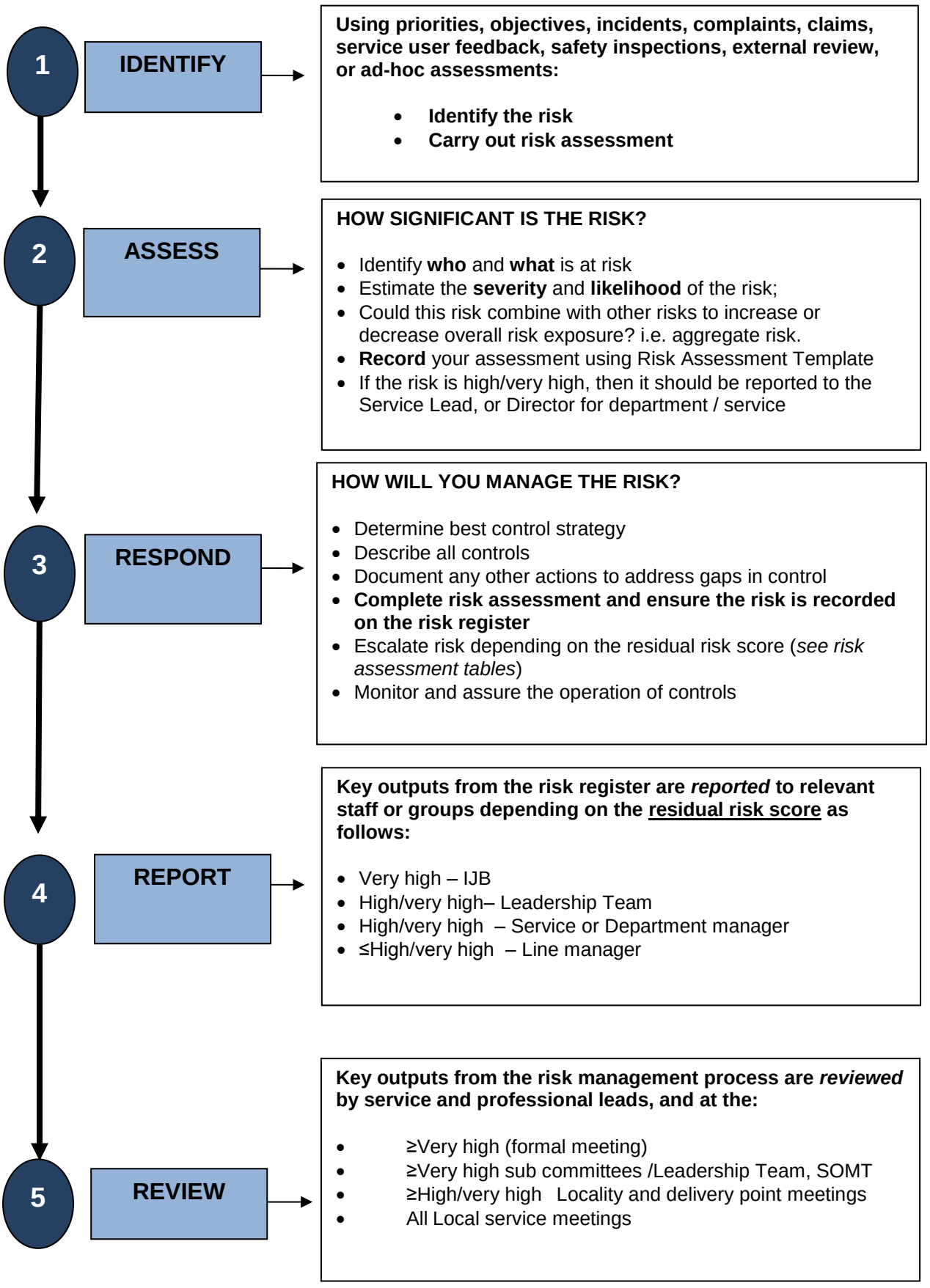
References: AS/NZS 4360:2004 'Making It Work' (2004)

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 significnt 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 confir 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, finncial loss or exposure, major breakdown in information system or information integrity, significnt 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 effective. 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, finncial loss or exposure, major breakdown in information system or information integrity, significnt incidents(s) of regulatory non-compliance, potential risk of injury to staff and public.

Appendix 7 – Risk escalation process



Appendix 8: Ownership & Version Control

Ownership:

The BAEF Framework is owned by the Leadership Team and is regularly reviewed by the team.

Version Control

1. Version Control/Document Revision History (begun 24.11.2017)			
Version	Reason	By	Date
1.	Revisions to the BAEF requested by the Audit & Performance Committee at its meeting on the 21st of November 2017	Sarah Gibbon, Executive Assistant	24.11.2017
2.	Additional revisions to BAEF pending submission to IJB	Sarah Gibbon, Executive Assistant	22.01.2018
3.	Acceptance of changes	Sarah Gibbon, Executive Assistant	31.01.2018
4.	Annual Review	Sarah Gibbon Executive Assistant	18.01.2019
5.	Annual Review	Neil Buck Support Manager	22.04.2020

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Aberdeen City Health & Social Care Partnership
A caring partnership

RISK, AUDIT & PERFORMANCE

Date of Meeting	26.08.2020
Report Title	Review of Duties & Year End Report
Report Number	HSCP.20.030
Lead Officer	Alex Stephen, Chief Finance Officer
Report Author Details	Name: Alex Stephen Job Title: Chief Finance Officer Email Address: AleStephen@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	a. Risk, Audit & Performance Duties Report

1. Purpose of the Report

1.1. This report presents the Risk, Audit & Performance (RAP) Committee with a review of reporting for 2019-20 and an intended schedule of reporting for 2020-21 to ensure that the Committee is fulfilling all the duties as set out in its terms of reference.

2. Recommendations

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

a) Note the content of the RAP Duties report as attached at Appendix A

b) Instruct the Chief Finance Officer to presents this report to the RAP on an annual basis at the start of each financial year.

RISK, AUDIT & PERFORMANCE

3. Summary of Key Information

3.1. The terms of reference indicate several duties which the RAP committee should ensure that it undertakes each financial year. These are listed in Appendix A, with a review of when these were met in 2019/20 and an indication as to when these duties will be met in 2020/21.

3.2. The Chief Finance Officer will maintain this document as a record of the RAP Committee's business and present it back to the Committee at the end of financial year 2020/21.

4. Implications for IJB

4.1. **Equalities –** there are no direct implications arising from this report.

4.2. **Fairer Scotland Duty –** there are no direct implications arising from this report.

4.3. **Financial –** there are no direct implications arising from this report.

4.4. **Workforce -** there are no direct implications arising from this report.

4.5. **Legal –** there are no direct implications arising from this report.

4.6. **Other** – NA

5. Links to ACHSCP Strategic Plan

5.1. Ensuring that the RAP Committee is functioning effectively and fulfilling its duties will help ensure that the IJB achieves the strategic aims and priorities as set out in the strategic plan.

6. Management of Risk

6.1. **Identified risk(s):** Good governance and ensuring that the IJB's committees are delivering on their duties are fundamental to the delivery of the strategic plan and therefore applicable to most of the risks within the strategic risk register.

RISK, AUDIT & PERFORMANCE

6.2. **Link to risk number on strategic or operational risk register:** This report links to Risk 5 on the Strategic Risk Register, “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 the known risks:** The Risk, Audit & Performance Duties Report, as attached at Appendix A, provides assurance that the RAP committee is reviewing standards and outcomes to help keep people safe.

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

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Risk, Audit & Performance Committee - Duties & Annual Plan

Review Date: July 2020 (submitted RAP 26th August 2020)

Purpose of the Document

This document provides an overview of the duties of the Risk, Audit and Performance Committee (RAPC) and indicates when the duty was fulfilled for the financial year 2019/20. It further provides a plan for fulfilment of the same duties for the financial year 2020/21. Please note that the Risk, Audit and Performance Committee was suspended on the 23rd March 2020 due to the Covid-19 pandemic, therefore the Integration Joint Board (IJB) Meetings which took place on the 12th May and 9th June 2020 have been included in this report.

Duties & When Considered

The Committee will 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.

Specifically, it will be responsible for the following duties:

Duty	2019/20					
	300419	280519	200819	291019	250220	Comments
Audit 1. Review and approve the annual audit plans (internal and external) on behalf of the IJB, receiving reports, overseeing and reviewing actions taken on audit recommendations and		**X**			**X**	Internal Audit Plan May, External Audit Plan February

Duty	2019/20					
	300419	280519	200819	291019	250220	Comments
escalating to the IJB as appropriate.						
2. Monitor the annual work programme of Internal Audit, including ensuring IJB oversight of the function and programme to ensure this is carried out strategically.		**X**		**X**	**X**	Internal audit reports and Internal audit annual report
3. 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.		**X**		**X**	**X**	Horizon-scanning activity to be undertaken prior to each RAP committee. Any relevant reports and recommendations will be taken to committee.
4. The Committee shall present the minute of its most recent meeting to the next meeting of the IJB for information only.	**X**	**X**	**X**	**X**	**X**	Ongoing
Performance						
5. Review and monitor the strategy for performance the performance of the Partnership towards achieving its policy objectives and priorities in relation to all functions of				**X**	**X**	Performance monitoring quarterly to RAPC/CCGC alternatively (RAPC considers Personalisation & Communities).

Duty	2019/20					
	300419	280519	200819	291019	250220	Comments
the IJB. This includes ensuring 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.						
6. Review transformation and service quality initiatives. Monitor the transformation programme considering main streaming, where appropriate.		**X**	**X**		**X**	Transformation programme performance monitoring reports. Includes deep dive presentation into specific areas.
7. Support the IJB in ensuring that the Board performance framework is working effectively, and that escalation of notice and action is consistent with the risk tolerance set by the Board.						Annual review of the Board Assurance & Escalation Framework (BAEF). Delayed to August 2020

Duty	2019/20					
	300419	280519	200819	291019	250220	Comments
8. Review the Annual Performance Report to assess progress toward implementation of the Strategic Plan.					**X**	Annual review of the performance monitoring framework & reporting.
9. Instruct Performance Reviews and related processes.						As and when required
10. Support the IJB in delivering and expecting cooperation in seeking assurance that hosted services run by partners are working.						On the 11th June the IJB approved a strategic planning framework for set aside services which included some of the larger hosted services. Following this meeting a detail review was undertaken on the hosted services performance etc in a workshop
Risk & Governance						
11. The risk tolerance of the Committee is established by the Board 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			**X**		**X**	Risk Register (Aug19), Reviewed risk appetite (following IJB workshop)

Duty	2019/20					
	300419	280519	200819	291019	250220	Comments
Terms of Reference and the Assurance Framework to ensure effective oversight and governance of the partnership's activities.						
12. Ensure the existence of and compliance with an appropriate risk management strategy including: Reviewing risk management arrangements; receiving biannual Strategic Risk Management updates and undertaking in-depth review of a set of risks and annually review the IJB's risk appetite document with the full Board.			**X**		**X**	Risk Register (Aug19), Reviewed risk appetite (following IJB workshop)
13. Approve the sources of assurance used in the Annual Governance Statement.	**X**					Review of annual governance statement; (special meeting 30.04.19) local code of governance; financial governance.
14. Review the overall Internal Control arrangements of the Board and make recommendations to the Board regarding signing of the Governance Statement, having received assurance		**X**				Went to the meeting in May

Duty	2019/20					
	300419	280519	200819	291019	250220	Comments
from all relevant Committees.						
Financial						
15. Consider and approve annual financial accounts and related matters	**X**	**X**				Unaudited in April, Audited in May
16. Receive regular financial monitoring reports		**X**	**X**		**X**	Financial Monitoring Reports (RAPC/IJB quarterly)
17. Act as a focus for value for money.						Reactive. Example of the living wage processes.
18. Approve budget virements.		**X**	**X**		**X**	Financial Monitoring Reports (RAPC/IJB quarterly)

Forward Planning:

The Committee will 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.

Specifically, it will be responsible for the following duties:

Duty	2020/21					
	120520 IJB	090620 IJB	260820	230920	031120	Comments
Audit 1. Review and approve the annual audit plans (internal and external) on behalf of the IJB, receiving reports, overseeing and reviewing actions taken on audit recommendations and escalating to the IJB as appropriate.			X			Internal Audit Plan August, External Audit Plan February 21
2. Monitor the annual work programme of Internal Audit, including ensuring IJB oversight of the function and programme to ensure this is carried out strategically.			X	X	X	Internal audit reports
3. 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						As and when report released

Duty	2020/21					
	120520 IJB	090620 IJB	260820	230920	031120	Comments
responded to in timely fashion.						
4. The Committee shall present the minute of its most recent meeting to the next meeting of the IJB for information only.			X	X	X	Ongoing
Performance						
5. Review and monitor the strategy for performance the performance of the Partnership towards achieving its policy objectives and priorities in relation to all functions of the IJB. This includes ensuring 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			X	X		Performance monitoring quarterly to RAPC/CCGC alternatively (RAPC considers Personalisation & Communities)

Duty	2020/21					
	120520 IJB	090620 IJB	260820	230920	031120	Comments
appropriately to the Committee and Board.						
6. Review transformation and service quality initiatives. Monitor the transformation programme considering main streaming, where appropriate.				X	X	Operation homefirst
7. Support the IJB in ensuring that the Board performance framework is working effectively, and that escalation of notice and action is consistent with the risk tolerance set by the Board.			X			Annual review of the Board Assurance & Escalation Framework (BAEF). Delayed to August 2020
8. Review the Annual Performance Report to assess progress toward implementation of the Strategic Plan.				X		Review of annual report.
9. Instruct Performance Reviews and related processes.						As and when required
10. Support the IJB in delivering and expecting cooperation in seeking assurance that hosted services run by partners are working.						Information required to replicate the work undertaken previously re hosted services.

Duty	2020/21					
	120520 IJB	090620 IJB	260820	230920	031120	Comments
Risk & Governance						
11. The risk tolerance of the Committee is established by the Board 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.			X		X	review risk level and BAEF
12. Ensure the existence of and compliance with an appropriate risk management strategy including: Reviewing risk management arrangements; receiving biannual Strategic Risk Management updates and undertaking in-depth review of a set of risks and		X				Risk Register

Duty	2020/21					
	120520 IJB	090620 IJB	260820	230920	031120	Comments
annually review the IJB's risk appetite document with the full Board.						
13. Approve the sources of assurance used in the Annual Governance Statement.	**X**					Review of annual governance statement; local code of governance; financial governance
14. 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.			**X**			Internal Audit Annual Report
Financial						
15. Consider and approve annual financial accounts and related matters	**X**	**X**			**X**	Unaudited in May, Audited in June, Financial Regulations
16. Receive regular financial monitoring reports		**X**			**X**	Financial Monitoring Reports (RAPC/IJB quarterly)
17. Act as a focus for value for money.						Reactive. Example of the living wage processes.
18. Approve budget virements.		**X**			**X**	Financial Monitoring Reports (RAPC/IJB quarterly)

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Aberdeen City Health & Social Care Partnership
A caring partnership

RISK, AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	26.08.2020
Report Title	Internal Audit Annual Report 2019/20
Report Number	HSCP20.028
Lead Officer	David Hughes, Chief Internal Auditor
Report Author Details	David Hughes Chief Internal Auditor david.hughes@aberdeenshire.gov.uk
Consultation Checklist Completed	Yes
Appendices	Appendix A – Progress with Planned Work. Appendix B – Internal Audit Annual Report for the year ended 31 March 2020. Appendix C – Progress with implementation of agreed recommendations.

1. Purpose of the Report

1.1. The purpose of this report is to provide the Committee with Internal Audit's Annual Report for 2019/20.

2. Recommendations

It is recommended that the Risk, Audit and Performance Committee:

2.1. Note the Internal Audit Annual Report 2019/20;

2.2. Note that the Chief Internal Auditor has confirmed the organisational independence of Internal Audit;

2.3. Note that there has been no limitation to the scope of Internal Audit work during 2019/20; and

2.4. Note the progress that management has made with implementing recommendations agreed in Internal Audit reports.

3. Summary of Key Information

3.1. It is one of the functions of the Integration Joint Board Risk, Audit and Performance Committee to review the activities of the Internal Audit function, including its annual work programme.

3.2. The Internal Audit plan for 2019/20 was agreed by the Committee on 28 May 2019. The plan consisted of one audit for the IJB with a further audit agreed by Aberdeen City Council's Audit, Risk and Scrutiny Committee relating to Adult Social Care in the Council, and others by NHS Grampian's Audit Committee in relation to audits for that body.

3.3. The resultant outputs are reported as follows:

- IJB Internal Audit reports reported to the IJB Risk, Audit and Performance Committee in the first instance and thereafter to the Aberdeen City and NHS Grampian Audit Committees.
- Aberdeen City Council Adult Social Care audits reported to Aberdeen City Council's Audit, Risk and Scrutiny Committee in the first instance and thereafter to the IJB Risk, Audit and Performance Committee.
- Audits in NHS Grampian to the NHS Grampian Audit Committee in the first instance and thereafter to the IJB Risk, Audit and Performance Committee for relevant audits.

3.4. Appendix A to this report details the position with audits contained in the 2019/20 plan and those carried forward from 2018/19.

3.5. It is considered that sufficient work was completed during the year, or was sufficiently advanced by the year-end, on which to base the conclusion drawn in the annual Internal Audit Report. This is supplemented by review of other relevant documentation, including Integration Joint Board and Risk, Audit and Performance Committee papers, and the assessment of risk undertaken (by both Internal and External Audit) in updating the Internal (and External) Audit plan(s).

3.6. Internal Audit's annual opinion is attached as Appendix B, and concludes that reasonable assurance can be placed upon the adequacy and effectiveness of the Board's framework of governance, risk management

and control in the year to 31 March 2020.

3.7. Aberdeen City Council's Audit, Risk and Scrutiny Committee will consider Internal Audit's annual report on the Council on 8 October 2020. It concludes that reasonable assurance can be placed on Aberdeen City Council's framework of governance, risk management and control in the year to 31 March 2020.

3.8. NHS Grampian's Audit Committee will consider their Internal Auditors annual report on 21 July 2020. An update will be provided to the Risk, Audit and Performance Committee should there be any issues that require to be reported.

3.9. The Public Sector Internal Audit Standards (PSIAS) require that the Chief Internal Auditor report to Senior Management and the Board on the outcome of Internal Audit's Quality Assurance and Improvement Plan (QAIP). The required review has been completed, and the results will be reported to Aberdeen City Council's Audit, Risk and Scrutiny Committee on 8 October 2020. In general, the conclusion was that Internal Audit generally complies with the requirements and no action is required to address any issues.

3.10. The Standards also require that Internal Audit confirms to the Board, at least annually, that it is organisationally independent. The organisational independence of Internal Audit is established through Financial Regulations (approved by the Board on 29 March 2016). Other factors which help ensure Internal Audit's independence are that: the Internal Audit plan is approved by the IJB Risk, Audit and Performance Committee; and Internal Audit reports its outputs to Committee in the name of the Chief Internal Auditor. The Chief Internal Auditor considers that Internal Audit is organisationally independent.

3.11. There is also a requirement to report any instances where the scope of Internal Audit's work has been limited. During 2019/20, there have been no such limitations.

3.12. Internal Audit Standards require that Internal Audit implement a system to monitor the implementation of agreed recommendations by management arising from its reports. Appendix C to this report shows the progress that IJB management has made with implementing such recommendations.

RISK, AUDIT AND PERFORMANCE COMMITTEE

4. Implications for IJB

4.1. **Equalities –** An equality impact assessment is not required because the reason for this report is for Committee to discuss, review and comment on the contents of the Internal Audit Annual Report for 2019/20 and there will be no differential impact, as a result of this report, on people with protected characteristics.

4.2. **Fairer Scotland Duty –** there are no direct implications arising from this report.

4.3. **Financial –** there are no direct implications arising from this report.

4.4. **Workforce -** there are no direct implications arising from this report.

4.5. **Legal** – there are no direct implications arising from this report.

4.6. Other - NA

5. Links to ACHSCP Strategic Plan

5.1. Internal Audit's role is to provide assurance regarding the adequacy and effectiveness of the Integration Joint Board's framework of governance, risk management and control. Each of these areas helps ensure that the IJB can deliver on all strategic priorities as identified in its strategic plan.

6. Management of Risk

6.1. **Identified risks(s):** The Internal Audit process considers risks involved in the areas subject to review. Any risk implications identified through the Internal Audit process are as detailed in the resultant report.

6.2. **Link to risks on strategic risk register:** The Internal Audit Plan is developed following consideration of the Aberdeen City Health and Social care Partnership Risk Register and through consultation with management.

6.3. **How might the content of this report impact or mitigate these risks:** Where risks are identified during the Internal Audit process, recommendations are made to management in order to mitigate these risks.

Risk, Audit and Performance Committee

APPENDIX A

Service	Audit Topic	Position
2018/19 Planned Audit Work Completed in 2019/20		
Integration Joint Board	IJB Directions	Complete July 2019 Reported to A&PS Committee 29.10.19
Aberdeen City Council Adult Social Work	Charging Policy	Complete June 2019 Reported to A&PS Committee 29.10.19

Risk, Audit and Performance Committee

Service	Audit Topic	Position
2019/20 Planned Audit Work		
Integration Joint Board	Risk Management	Complete January 2020 Reported to RA&P Committee 25.02.20
Aberdeen City Council Adult Social Work	Commissioned Services – Contract Monitoring	Complete June 2020. Due to be reported to the Aberdeen City Council Audit, Risk and Scrutiny Committee on 8 October 2020 and the Integration Joint Board Risk, Audit and Performance Committee thereafter.

Risk, Audit and Performance Committee

Appendix B

Internal Audit Annual Report for the year ended 31 March 2020

As Chief Internal Auditor of Aberdeen City Integration Joint Board, I am pleased to present my annual statement on the adequacy and effectiveness of the Board's framework of governance, risk management and control for the year ended 31 March 2020. The purpose of this statement is to assist the Chief Financial Officer in forming his opinion in relation to the Annual Governance Statement to be included in the Annual Accounts.

Opinion

It is my opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the Board's framework of governance, risk management and control in the year to 31 March 2020.

Whilst issues were identified in audits that have been completed, as reported to the Audit and Performance Systems Committee, areas of good practice, improvement, and procedural compliance were also identified.

Basis of Opinion

My evaluation of the control environment is informed by a number of sources:

- The audit work completed by Internal Audit during the year to 31 March 2020 in relation to the Integration Joint Board and relevant areas within Aberdeen City Council;
- Progress made with implementing agreed Internal Audit recommendations;
- The assessment of risk completed during the updating of the audit plan;
- Reports issued by the Board's external auditors;
- Internal Audit's knowledge of the Board's and Aberdeen City Council's framework of governance, risk management and performance monitoring arrangements.
- Consideration will be given to the contents of NHS Grampian's Internal Audit annual report when available.

Risk, Audit and Performance Committee

Respective responsibilities of management and internal auditors in relation to internal control

It is the responsibility of the Board's senior management to establish an appropriate and sound system of internal control and to monitor the continuing effectiveness of that system. It is the responsibility of the Chief Internal Auditor to provide an annual overall assessment on the adequacy and effectiveness of the Board's framework of governance, risk management and control.

Sound internal controls

The main objectives of the Board's internal control systems are to:

- ensure adherence to management policies and directives in order to achieve the organisation's objectives;
- safeguard assets;
- ensure the relevance, reliability and integrity of information, so ensuring as far as possible the completeness and accuracy of records; and
- ensure compliance with statutory requirements.

Any system of control can only ever provide reasonable and not absolute assurance that control weaknesses or irregularities do not exist or that there is no risk of material errors, losses, fraud, or breaches of laws or regulations. Accordingly, the Board is continually seeking to improve the effectiveness of its systems of internal control.

The Work of Internal Audit

Internal Audit is an independent appraisal function established by the Board for the review of the framework of governance, risk management and control as a service to the organisation. It objectively examines, evaluates and reports on the adequacy of internal control as a contribution to the proper, economic, efficient and effective use of resources.

The section undertakes an annual programme of work agreed with Chief Officers and the Risk, Audit and Performance Committee. The audit plan is based on a risk assessment process which is revised on an ongoing basis to reflect evolving risks and changes.

All Internal Audit reports identifying system weaknesses, non-compliance with expected controls, and / or assurance of satisfactory operation are brought to the

attention of management and include appropriate recommendations and agreed action plans. It is management's responsibility to ensure that proper consideration is given to Internal Audit reports and that appropriate action is taken on audit recommendations. The Internal Auditor is required to ensure that appropriate arrangements are made to determine whether action has been taken on internal audit recommendations or that management has understood and assumed the risk of not taking action.

David Hughes,
Chief Internal Auditor,
Aberdeen City Integration Joint Board
2 April 2020

Risk, Audit and Performance Committee

Appendix C

POSITION WITH AGREED RECOMMENDATIONS INCLUDED IN INTEGRATION JOINT BOARD

INTERNAL AUDIT REPORTS

AS AT 18 AUGUST 2020

Note: This is on an exception basis, where all recommendations in a report have been implemented, the report is not shown.

Risk, Audit and Performance Committee

KEY TO COLOURING USED

Recommendation Grading	Definition
Major	The absence of, or failure to comply with, an appropriate internal control which could result in, for example, a material financial loss, or loss of reputation. Financial Regulations have been consistently breached.
Significant	Addressing this issue will enhance internal controls. An element of control is missing or only partial in nature. The existence of the weakness identified has an impact on a system's adequacy and effectiveness. Financial Regulations have been breached.
Important	Although the element of internal control is satisfactory, a control weakness was identified, the existence of the weakness, taken independently or with other findings does not impair the overall system of internal control.

Period Recommendation Overdue
Recommendation overdue by more than 12 months
Recommendation overdue by between 6 to 12 months
Recommendation overdue by less than 6 months

Risk, Audit and Performance Committee

Report Number	Report Title	Date Issued	Number of Recommendations				
			Agreed in Report	Due for implementation by 30.06.20	Confirmed Implemented by Service	**Not implemented by original due date**	Grading of overdue recommendations
AC1724	**Health and Social Care Post Integration Review**	September 2017	11	11	10	**1**	1 Significant

The position with the overdue recommendation is as follows:

Chief Officer	Overdue Recommendation	Grading / Due Date	Position
Chief Finance Officer	The IJB should develop an asset management strategy (2.3.7)	Significant June 2018	The Service has advised that this had been delayed due to other capital planning priorities and would be complete by the end of December 2018. The action was further delayed, as the focus over the last year has been on moving forward the primary care projects per the deadlines. It was anticipated that the asset management strategy would be completed by December 2019. The Service now considers that its present asset strategy is spread through a number of documents, and it is looking to review this following COVID and associated changes in the health and social care system. This will be completed by October 2020

Risk, Audit and Performance Committee

Report Number	Report Title	Date Issued	Number of Recommendations				
			Agreed in Report	Due for implementation by 30.06.20	Confirmed Implemented by Service	**Not implemented by original due date**	Grading of overdue recommendations
AC1924	**IJB Directions**	July 2019	3	3	2	**1**	1 Significant

The position with the overdue recommendation is as follows:

Chief Officer	Overdue Recommendation	Grading / Due Date	Position
Chief Finance Officer	The Service should develop and implement regular consolidated Directions progress monitoring for the IJB (2.3.4)	Significant March 2020	This action was delayed due to Covid 19. The Service intends to submit proposals to the September 2020 Risk, Audit and Performance Committee.

Risk, Audit and Performance Committee

Report Number	Report Title	Date Issued	Number of Recommendations				
			Agreed in Report	Due for implementation by 30.06.20	Confirmed Implemented by Service	**Not implemented by original due date**	Grading of overdue recommendations
AC2011	**Risk Management**	January 2020	9	9	7	**2**	2 Important

The position with the overdue recommendation is as follows:

Chief Officer	Overdue Recommendation	Grading / Due Date	Position
Chief Finance Officer	The Service should review the requirement for a risk management policy separate to the Board Assurance and Escalation Framework (2.1.5)	Important April 2020	Implementation of this recommendation was extended to July 2020 to allow for approval of BAEF. This is on the agenda for the August 2020 Risk, Audit and Performance Committee
Chief Finance Officer	The Service should schedule risk identification exercises (2.2.4)	Important April 2020	Implementation of this recommendation was extended to July 2020 to allow for approval of BAEF. This is on the agenda for the August 2020 Risk, Audit and Performance Committee

Aberdeen City Health & Social Care Partnership
A caring partnership

RISK, AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	26th August 2020
Report Title	Strategic Plan Dashboard
Report Number	HSCP.20.029
Lead Officer	Alex Stephen, Chief Finance Officer
Report Author Details	Name: Alison MacLeod Job Title: Lead Strategy and Performance Manager Email Address: alimacleod@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Appendices	Appendix A Strategic Plan Dashboard July

1. Purpose of the Report

1.1. The purpose of this report is to update the committee on performance progress against the Strategic Plan, and further development of the Strategic Plan Dashboard.

2. Recommendations

2.1. It is recommended that the Risk, Audit and Performance Committee:

a) Notes the progress made against the Strategic Plan to date.
b) Notes the further development work on performance indicators particularly to demonstrate delivery on Operation Home First.

3. Summary of Key Information

3.1. The Annual Performance Report (APR) will be submitted to the September meeting of the IJB. Due to colleagues being diverted on to Covid-19 specific work, the usual due diligence undertaken on the national and MSG Indicators has been delayed. This means we are unable to report our performance against these in the usual way, comparing performance to previous years and to the Scottish average. We hope the figures will

be available later this year, at which point we will publish an Appendix to the Annual Report containing this data. Fortunately, we have information available from local sources including the Strategic Plan Dashboard and the results from the Local Survey carried out last year, so we are still in a good position to develop an APR to demonstrate our progress during the first year of the current Strategic plan.

3.2. There has been significant progress made on performance measures reported in the Dashboard, since we last demonstrated this in October 2019. A copy of the current Dashboard is provided at Appendix A. There are now 66 indicators, across our strategic aims that give us an overview on how we are progressing against our Strategic Plan and commentary is provided on key indicators in the following paragraphs. It should be noted however that there are a number of measures that we are still having difficulty obtaining the relevant data to report on. In addition, the response and recovery to Covid-19 has brought renewed focus to certain areas of service delivery as well as the development of real time data in certain areas. The team are currently reviewing these developments and will report on progress on this review to the November meeting of the Risk, Audit and Performance Committee.

Prevention

3.3. There are 30 indicators within the prevention aim. Performance suggests that since the last reporting period there are eight indicators where performance has improved and seven where performance has stayed the same.

3.4. Immunisation data suggests an increase in uptake for all vaccinations at 12 months however, the uptake rate at 24 months has decreased, on average by around 4%. Work is ongoing to review the partnership's approach to immunisations particularly in light of the new Covid-19 restrictions and national campaigns are being designed to encourage uptake.

3.5. There has been a 27% increase in drug related hospital admissions per 100,000 population since last year. Drug and alcohol related deaths, however, have decreased.

Resilience

3.6. There are 13 indicators within the resilience aim. Performance suggests that since the last reporting period there are three indicators that have

improved, seven that have stayed the same and three where performance has worsened.

3.7. There have been less hours of double up social care being delivered but the actual number of clients receiving double up care is slightly increasing every month.

3.8. Emergency Admissions have seen a significant drop throughout the height of the CoVid19 lockdown period, seeing the lowest figures in April 2020, the dashboard shows that it is beginning to increase again in May and June. Diverting people from admission to hospital or presenting at the Emergency Department is a focus of Operation Home First and we hope that we will see that increase levelling out over time as the Home First measures begin to impact.

Personalisation

3.9. There are 11 indicators within the Personalisation aim. Performance suggests that since the last reporting period, there have been three indicators that have improved, three that have stayed the same and five that have worsened.

3.10. Numbers of Adult Support and Protection (ASP) investigations have increased. The main referral reasons reported for these are domestic and physical violence. It is thought that lockdown has had a major impact on people's mental health which in turn has impacted on the level of physical and domestic abuse. Specific support is being developed for those experiencing mental health problems and awareness raising campaigns have been developed to signpost people to these and also to look out for the signs of domestic abuse ensuring people know how to help those suffering from this get help.

3.11. As a result of our initial response to Covid-19 where we were asked to create capacity within hospital settings, the number of Delayed Discharges in Aberdeen City have improved dramatically. In April, Aberdeen City was the third best performing partnership area in the Scotland for bed days lost to delayed discharges.

Connections

3.12. There are only two indicators currently reported within the Connections aim – the number of people supported by Community Link Practitioners

and the level of social isolation. Data indicates that both indicators have worsened since the last reporting period.

3.13. Social Isolation has seen a significant increase in the last quarter of 2019/20. This figure is taken from our Links Practitioner's primary referral reasons. To put this into context, 16% of respondents to our Local Survey suggested that they were lonely some or all of the time. A positive view of this is that, at least with the referral to the Link Workers, there is the opportunity to help in these situations. The Annual Performance Report contains Link Practitioner Case Studies, detailing the support they have provided and the difference they can make to individual's lives.

3.14. Links Practitioners have seen a reduction in client referrals over the last reporting period. This is linked to the decrease in those attending their GP during the Covid-19 pandemic. during the pandemic, the Link Practitioners have been supporting the emergency support helpline keeping in contact with shielded clients in Aberdeen.

Communities

3.15. There are 10 indicators within the Communities aim. Three indicators have improved, four have stayed the same and four have worsened.

3.16. The number of Adult Social Care complaints has increased slightly, although numbers are always relatively low (three to five). There are no significant themes, but it is thought that this could be linked to the effects of lockdown.

3.17. Social Care Unmet need has decreased over the COVID19 period. March saw unmet need hours at 1059, April at 751.8 and lowest in May at 591.5. Again, it is thought that this is a temporary decrease, more as a result of families picking up care during lockdown rather than referring to Social Work. It is anticipated that this will change as more and more restrictions ease and families get back to work and their normal routines.

Development

3.18. The partnership's Performance Management and Evaluation group have been working collaboratively with services and Public Health colleagues throughout the CoVID19 period and have developed operational dashboards around Public Protection and Social Care measures in response to emerging need. As we enter the Home First aspect of living with Covid-19, we will inevitably have new and alternative performance

measures that we may want to include within the Strategic Plan dashboard perhaps replacing others. These measures are currently being considered by the Home First Steering Group and the Performance Intelligence Network of NHS Grampian. Proposals on any revision to the Strategic Plan Dashboard will be reported to the November meeting of the Risk Audit and Performance Committee for consideration and agreement before being reported to IJB in December.

4. Implications for the Risk, Audit and Performance Committee

4.1. Equalities

Our Strategic Plan and Performance Dashboard relate to services delivered to all citizens in Aberdeen based. There are no equalities implications directly resulting from this report.

4.2. Fairer Scotland Duty

There are no Fairer Scotland Duty implications arising from the recommendations of this report.

4.3. Financial

The services that are the subject of this report are delivered using the existing budget of the IJB. There are no additional financial implications as a result of this report

4.4. Workforce

This report was produced using existing staff and relates to services delivered by partnership staff. There are no direct workforce implications as a result of this report.

4.5. Legal

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

5. Links to ACHSCP Strategic Plan

5.1. This report relates to performance against each of the strategic aims in the current IJB Strategic Plan.

RISK, AUDIT AND PERFORMANCE COMMITTEE

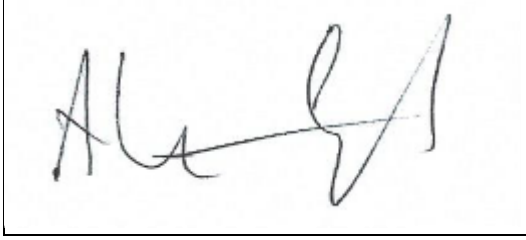
6. Management of Risk

6.1. Identified risks(s)

There is a risk that if we do not monitor our performance, we will be unaware of service delivery that requires improvement activity which will impact on outcomes for our service users and the reputation of the partnership.

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.

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

Aberdeen City Health and Social Care Partnership
Progress Against our Strategic Plan

Our Vision: "We are a caring partnership, working in and with our communities to enable people to achieve fulfilling, healthier live..

Our Strategic Aims

Prevention

Working with our partners to achieve positive health outcomes for people and address the preventable causes of ill-health in our population

Resilience

Working with our partners to support people so that they can cope with, and where possible, overcome the health and wellbeing challenges they may face.

Personalisation

Ensuring that the right care is provided in the right place and at the right time when people are in need. Ensuring that our systems are as simple and efficent as possible.

Connections

Develop meaningful community connections and relationships with people to promote better inclusion, health and wellbeing and reduce social isolation.

Communities

Working with our communities, recognising the valuable role that people have in supporting themselves to stay well and supporting each other when care is needed.

Pie Charts show the performance of measures under each Strategic aim. The reporting period for measures will vary dependant on the measure with some being updated monthly, quarterly, annually, bi-annually etc. Performance change for each measure is based on current performance compared to previous performance to account for variances in reporting periods. Reporting periods for each measure can be seen on the Prevention, Resilience, Personalisation, Connections and Communities individual spine charts and detailed dashboards.

Green: Percentage of measures where performance has improved since the last reporting period

Red: Percentage of measures where performance has deteriorated since the last reporting period

Amber: Percentage of measures where performance has stayed the same since the last reporting period

Grey: Percentage of measures where data is not yet available and measure is not populated

Prevention

PREVENTION

"Working with our partners to achieve positive health outcomes for people and address the preventable causes of ill health in our population"

Bars to the right of the red line show an improvement since the previous reporting period. Bars to the left of the red line show a deterioration in performance since the previous reporting period. Where no bar is visible there has been no change in performance since the previous reporting period.

Note that the reporting periods vary for each indicator, i.e monthly, quarterly, annually etc. however this chart will always compare the current reporting period to the previous reporting period.

Click on the chart for further information on each measure

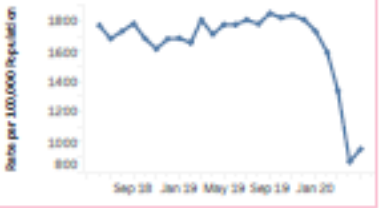
PREVENTION

Click Here to go to the Spine Chart

"Working with our partners to achieve positive health outcomes for people and address the preventable causes of ill-health in our population"

Indicators highlighted in PINK are updated monthly, BLUE are updated quarterly and GREY are updated annually or less frequently

A&E attendances per 100,000 population



Number of alcohol-specific hospital admissions per 100,000 population

Number of drug-related hospital admissions per 100,000 population

Number of alcohol-specific deaths per 100,000 population

Number of drug related deaths per 100,000 population

Percentage of men and women who are obese

Suicide rate per 100,000 population

Target to reduce rate per 100,000 population to 20 by 2021

Self reported smoking prevalence in adults 16+

Number of successful smoking quits at 12 Weeks in 40% most deprived areas

Immunisation uptake rate at 12 Months 6-in-1

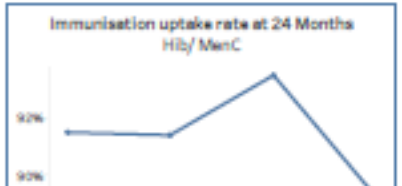
Immunisation uptake rate at 12 Months PCV

Immunisation uptake rate at 12 Months Rotavirus

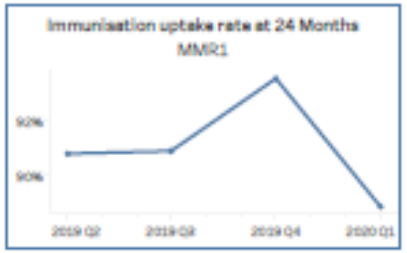
Immunisation uptake rate at 12 Months MenB

Immunisation uptake rate at 24 Months 6-in-1

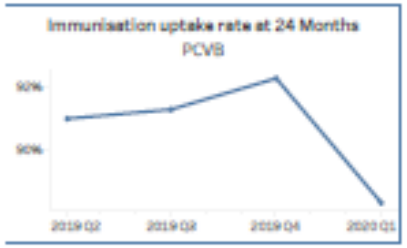
Immunisation uptake rate at 24 Months Hib/ MenC



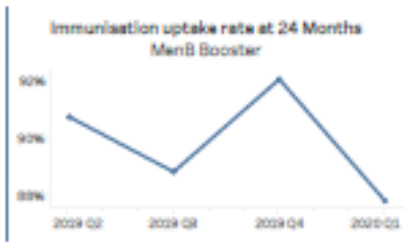
Immunisation uptake rate at 24 Months MMR1



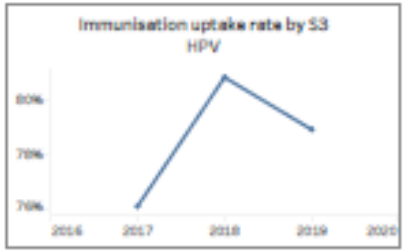
Immunisation uptake rate at 24 Months PCV8



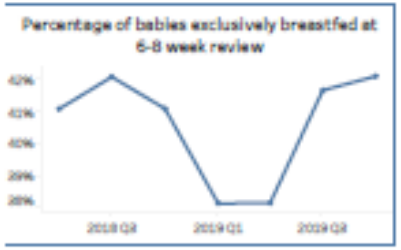
Immunisation uptake rate at 24 Months MenB Booster



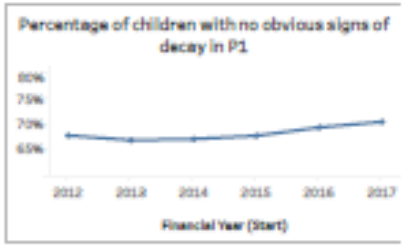
Immunisation uptake rate by S3 HPV



Percentage of babies exclusively breastfed at 6-8 week review

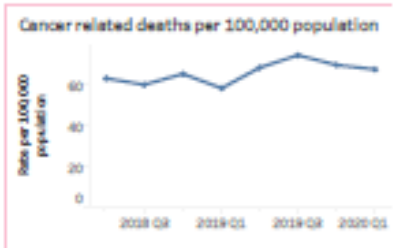


Percentage of children with no obvious signs of decay in P1

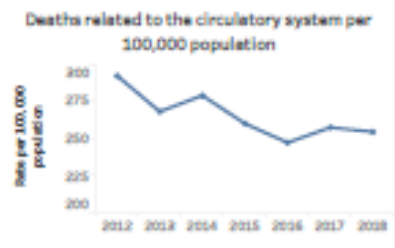


Percentage of children with no obvious signs of tooth decay in P7

Cancer related deaths per 100,000 population

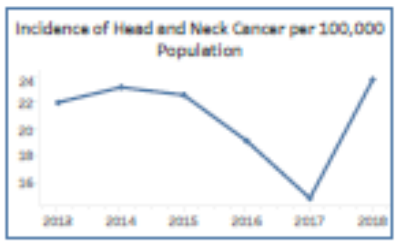


Deaths related to the circulatory system per 100,000 population

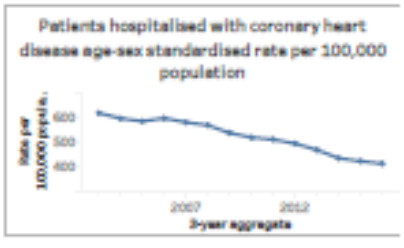


New cancer registrations per 100,000 population

Incidence of Head and Neck Cancer per 100,000 Population

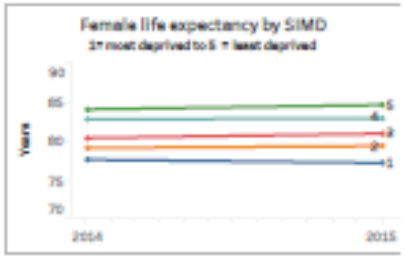


Patients hospitalised with coronary heart disease age-sex standardised rate per 100,000 population



Female life expectancy by SIMD

1= most deprived to 5 = least deprived



Male life expectancy by SIMD

1 = most deprived to 5 = least deprived

Prevalence rate of type 2 diabetes

NHS Grampian

RESILIENCE

"Working with our partners to support people so that they can cope with, and where possible, overcome the health and wellbeing challenges they may face"

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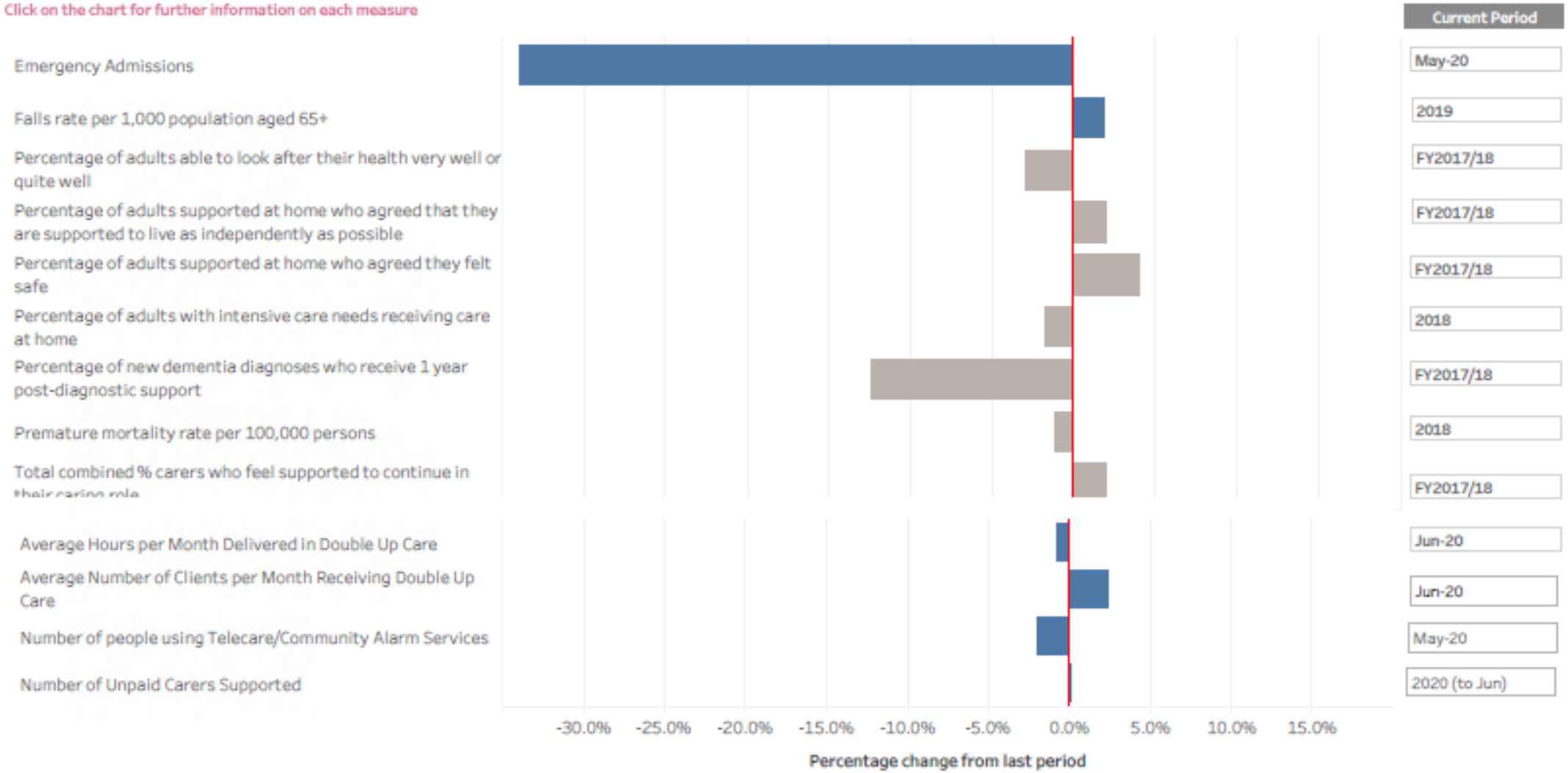
Click on the chart for further information on each measure



RESILIENCE

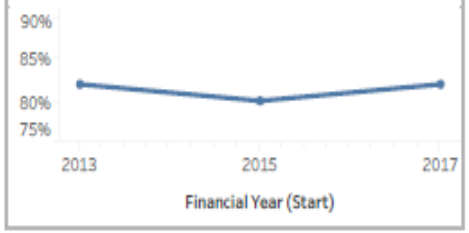
Click Here to go to th Spine Chart

"Working with our partners to support people so that they can cope with, and where possible, overcome the health and wellbeing challenges they may face"

Indicators highlighted in PINK are updated monthly, BLUE are updated quarterly and GREY are updated annually or less frequently

NI.1 - Percentage of adults able to look their health 'very well' or 'quite well'

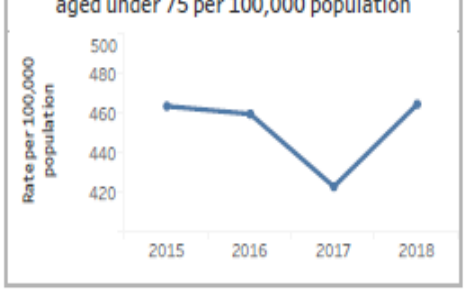
NI.2 - Percentage of adults supported at home who agree that they are supported to live as independently as possible



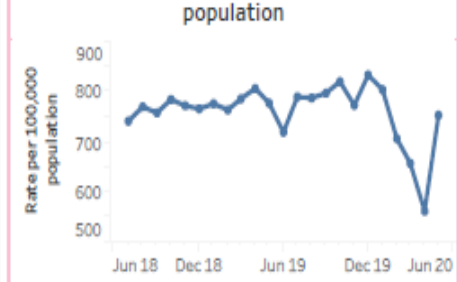
NI.8 - Total combined percentage of carers who feel supported to continue in their caring role

NI.9 - Percentage of adults supported at home who agree they feel safe

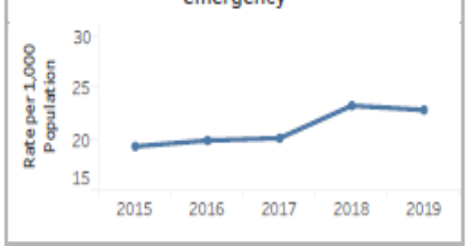
NI.11 - Premature mortality rate for people aged under 75 per 100,000 population



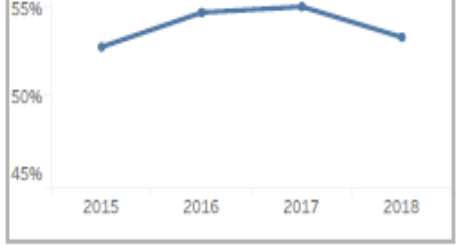
Emergency admissions per 100,000 population



NI.16 - Falls per 1,000 population aged 65+ who were admitted to hospital as an emergency

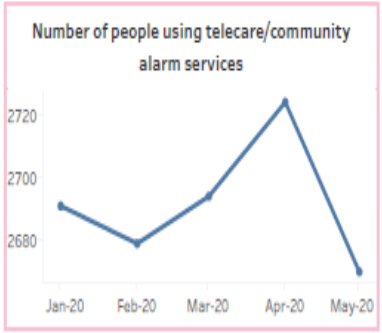


NI.18 - Percentage of adults with intensive care needs receiving care at home



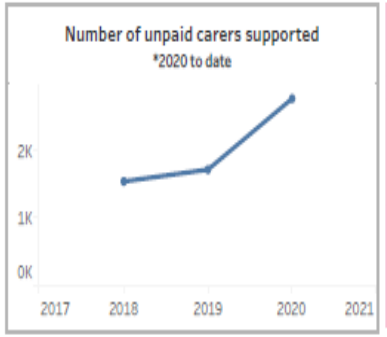
Dementia patients receiving 12 months post diagnostic support

Number of people using telecare/community alarm services

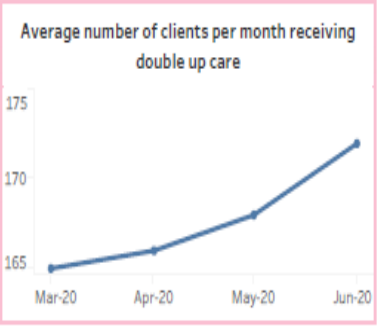


Number of unpaid carers supported

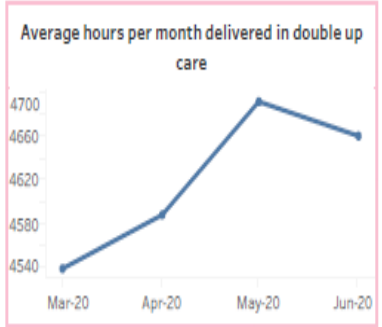
*2020 to date



Average number of clients per month receiving double up care



Average hours per month delivered in double up care



PERSONALISATION

"Ensuring that the right care is provided in the right place and at the right time when people are in need. Ensuring that our systems are as simple and efficent as possible"

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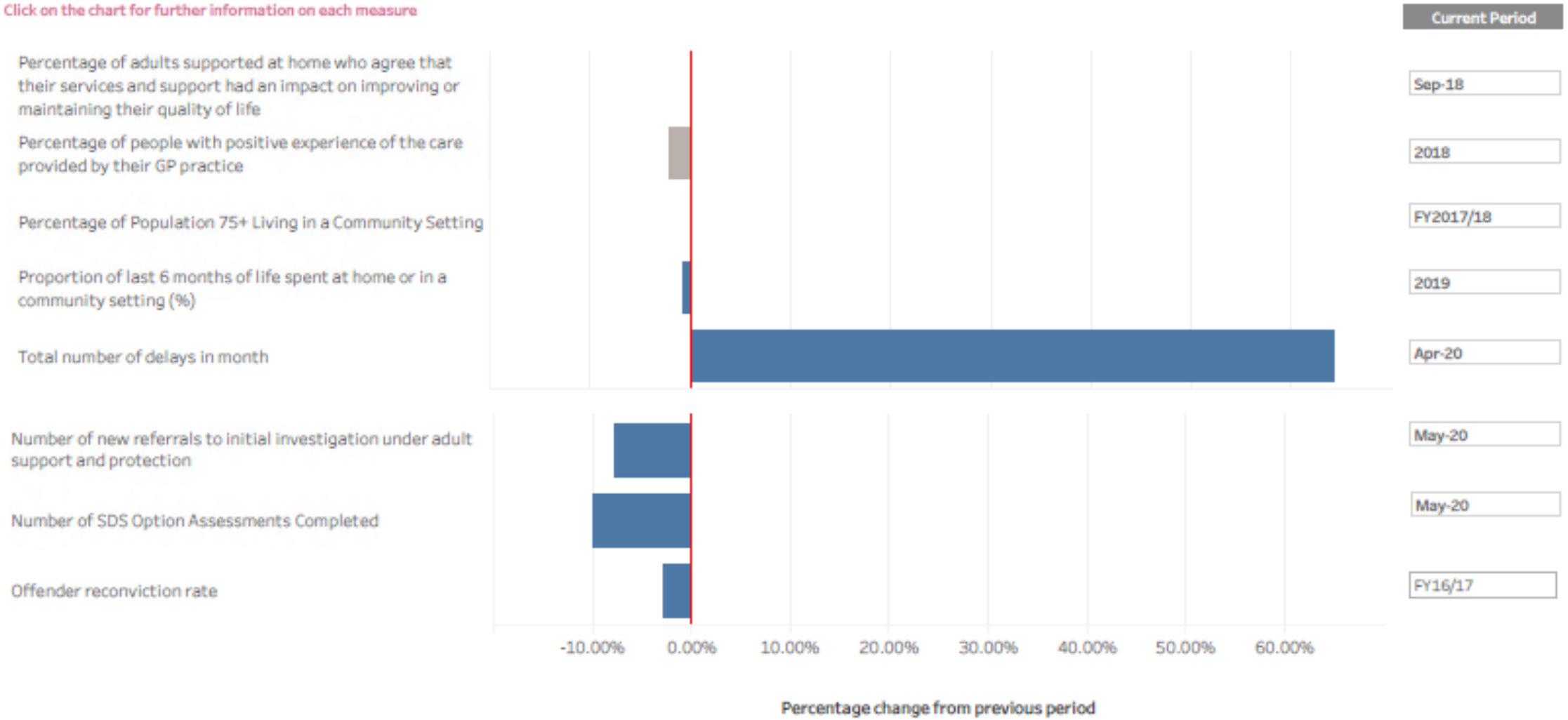
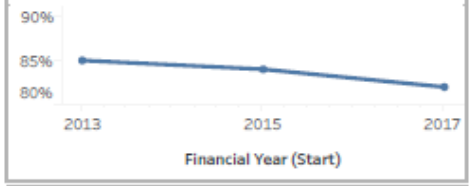


PERSONALISATION

"Ensuring that the right care is provided in the right place and at the right time when people are in need. Ensuring that our systems are as simple and efficent as possible"

Indicators highlighted in PINK are updated monthly, BLUE are updated quarterly and GREY are updated annually or less frequently

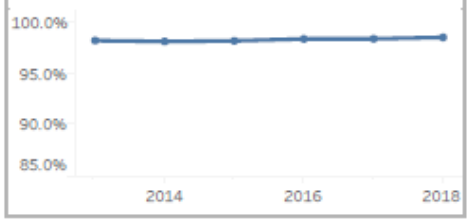
NI.6 - Percentage of people with a positive experience of care provided by their GP practice



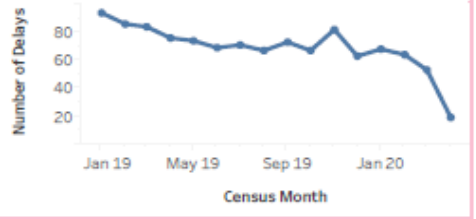
NI.7 - Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life

NI.15 - Proportion of the last 6 months of life spent at home or in a community setting

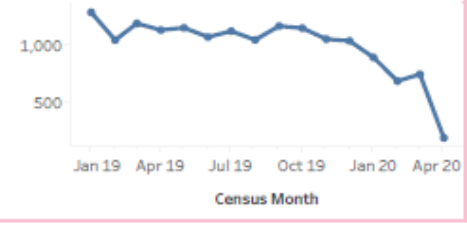
MSG.6 - Percentage of population aged 75+ living in a community setting



Number of Delayed Discharge Episodes in a Month



Number of Bed Days Occupied by Delayed Discharges

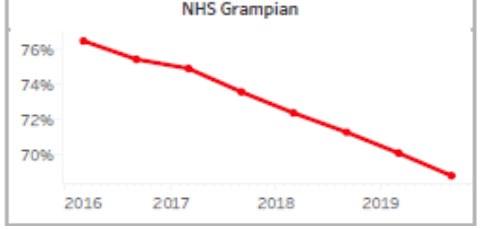


Number registered with an Aberdeen City GP Practice

Percentage of adults registered with an NHS dentist

Percentage visited a dentist within the last 2 years

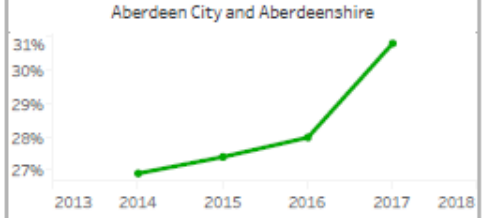
NHS Grampian



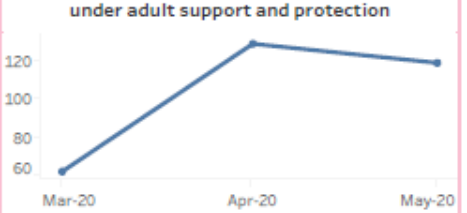
Number of SDS Option Assessments Completed

Offender re-conviction rate

Aberdeen City and Aberdeenshire



Number of new referrals to initial investigation under adult support and protection



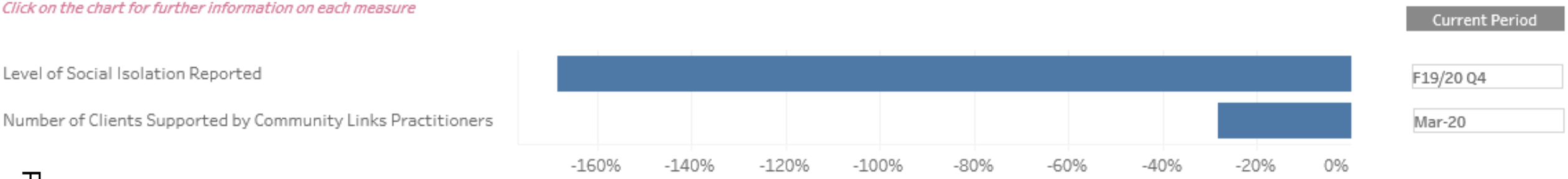
CONNECTIONS

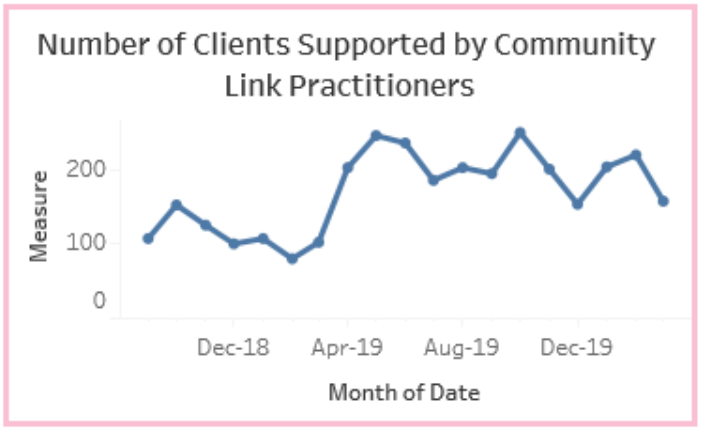
"Develop meaningful community connections and relationships with people to promote better inclusion, health and wellbeing and reduce social isolation"

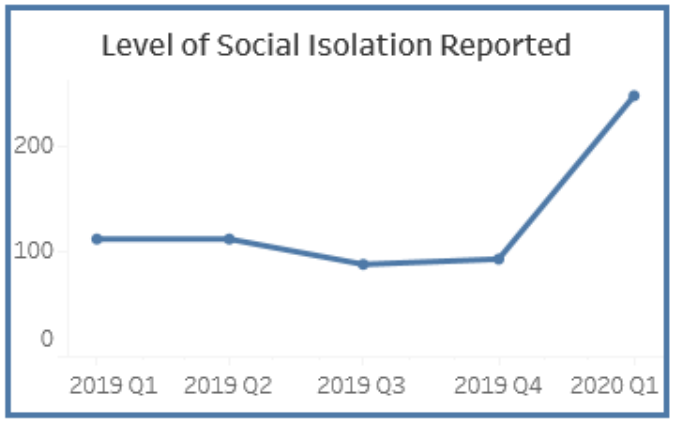
Bars to the right of the red line show an improvement since the previous reporting period. Bars to the left of the red line show a deterioration in performance since the previous reporting period. Where no bar is visible there has been no change in performance since the previous reporting period.

Note that the reporting periods vary for each indicator, i.e monthly, quarterly, annually etc. however this chart will always compare the current reporting period to the previous reporting period.

Click on the chart for further information on each measure







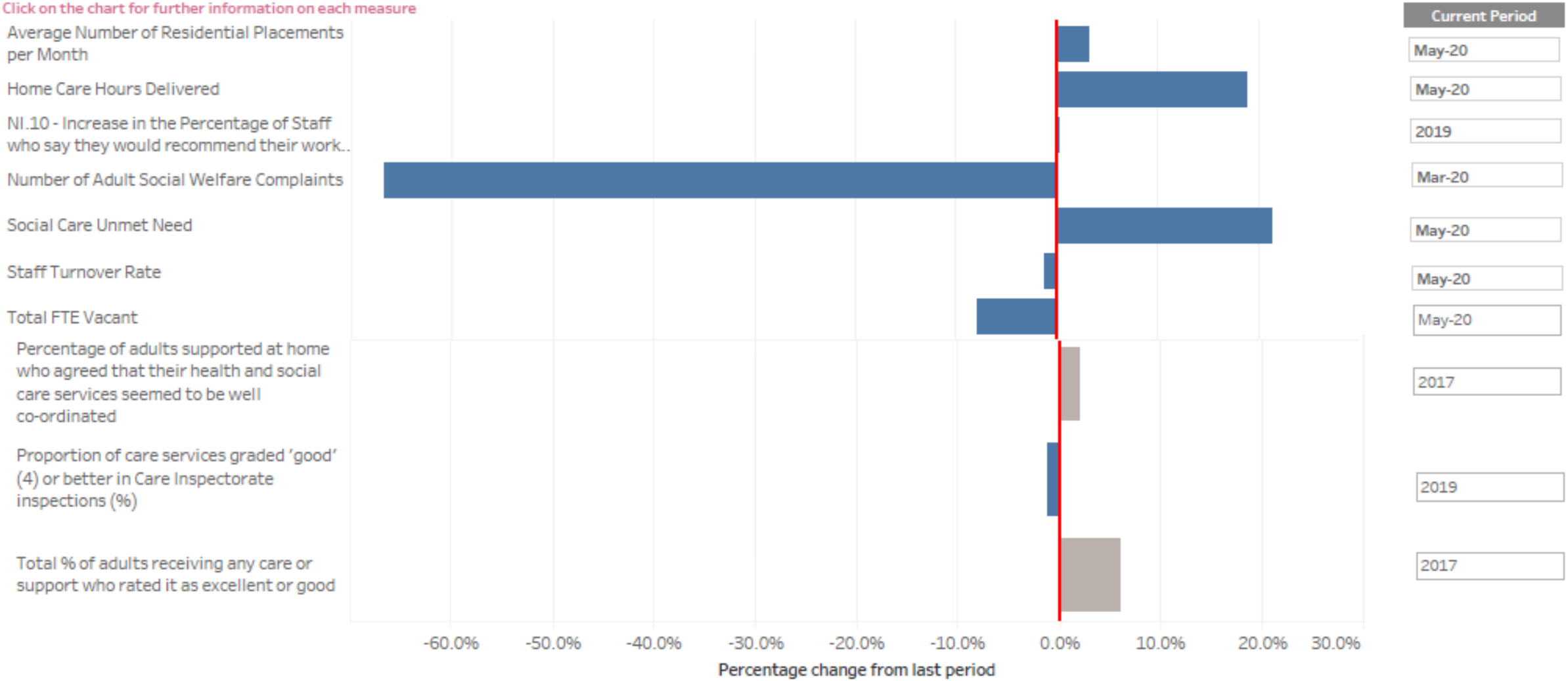
COMMUNITIES

"Working with our communities, recognising the valuable role that people have in supporting themselves to stay well and supporting each other when care is needed"

Bars to the right of the red line show an improvement since the previous reporting period. Bars to the left of the red line show a deterioration in performance since the previous reporting period. Where no bar is visible there has been no change in performance since the previous reporting period.

Note that the reporting periods vary for each indicator, i.e monthly, quarterly, annually etc. however this chart will always compare the current reporting period to the previous reporting period.

Click on the chart for further information on each measure



COMMUNITIES

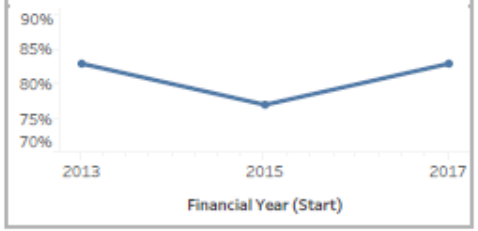
Click Here to go to the Spine Chart

"Working with our communities, recognising the valuable role that people have in supporting themselves to stay well and supporting each other when care is needed"

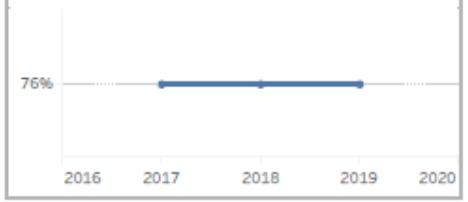
Indicators highlighted in PINK are updated monthly, BLUE are updated quarterly and GREY are updated annually or less frequently

NI.4 - Percentage of adults supported at home who say their health and social care services seemed to be well co-ordinated

NI.5 - Percentage of adults receiving any care or support who rated it as 'excellent' or 'good'

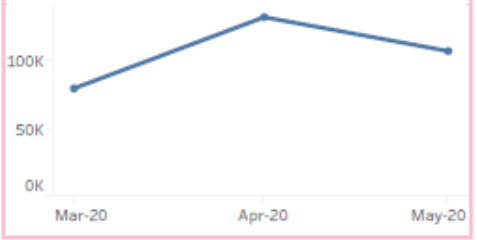


NI.10 - Percentage of staff who would say they would recommend their workplace as a good place to work



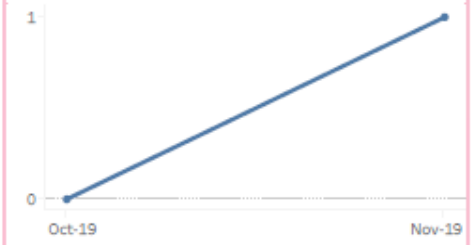
NI.17 - Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections

Home Care Hours Delivered



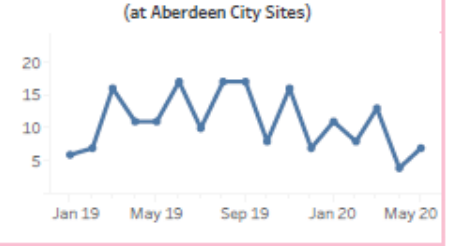
Social Care Unmet Need

Care service contractually non-compliant

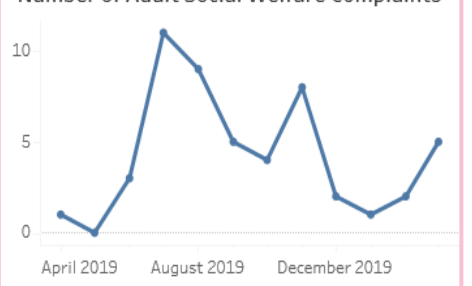


Average number of residential placements per month

Total Number of NHS Complaints (at Aberdeen City Sites)

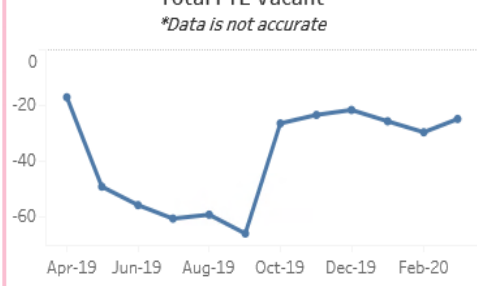


Number of Adult Social Welfare Complaints



Total FTE Vacant

**Data is not accurate*



City HSCP Staff Turnover Rate

**Data is not accurate*

Aberdeen City Health & Social Care Partnership
A caring partnership

RISK, AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	26th August 2020
Report Title	Commissioning Plan / Contracts Register
Report Number	HSCP20.025
Lead Officer	Alex Stephen
Report Author Details	*Name: Jean Stewart Coxon / Anne McKenzie* *Job Title: Strategic Procurement Manager / Lead Commissioner* *Email Address:* *JStewartCoxon@aberdeencity.gov.uk* *anne.mckenzie@nhs.net*
Consultation Checklist Completed	*Yes/No*
Appendices	*Appendix 1 Strategic Commissioning Activity Plan 2019 - 2022*

1. Purpose of the Report

1.1. The purpose of this report is to update the committee on progress made to date against our Strategic Commissioning plan and its congruence with the contracts register.

2. Recommendations

2.1. It is recommended that the Risk, Audit and Performance Committee:

a) Notes the progress made against the plan during the year 2020 - 2021

3. Summary of Key Information

3.1. In November 2019 both the Annual Procurement Plan and Strategic Commissioning Plan (2019 – 2022) were presented to the Aberdeen City Integration Joint Board, with the procurement plan and associated spend approved and a request made for an annual update against the Strategic Commissioning Plan activity.

RISK, AUDIT AND PERFORMANCE COMMITTEE

3.2. Following that meeting, and in line with the Chief Officers programme of transformation, a Strategic Commissioning Board was established, with associated terms of reference.

3.3. Part of the purpose of this Board was to ensure good governance related to commissioning decisions, with escalation to both Executive Programme Board and Integration Joint Board as appropriate.

3.4. The initial focus of this Board was to ensure that the strategic Commissioning plan and Procurement plan were fully aligned, and necessary timeframes put in place to ensure adequate time for teams to fully review contracts due for renewal, and as a consequence, make recommendations for future procurement activity.

3.5. The Board also had the task of ensuring that the principles of strategic commissioning, outlined within our strategic plan and strategic commissioning approach had been adhered to during any review.

3.6. In March 2020, all activity had to be reviewed due to COVID-19. This included a change in our governance processes, and consequently in the activity of the Strategic Commissioning Programme Board.

3.7. Guidance was also issued by National Bodies advising Health and Social Care Partnerships against progressing with procurement activity during this difficult time.

3.8. In March, we were already actively procuring the contract for Care at Home and Supported Living. We responded to providers requests to delay the final submission date and also reduced the complexity of the tenders. The final submission date for the tenders was extended to the 30th June. Responses to the 3 locality lots for Care at Home and for including in the Supported Living framework have been evaluated and awarded, following a mandatory standstill period. The Care at Home contracts for each locality have been awarded to the preferred bidder. A verbal update with the details of the bidder will be provided to committee members at the meeting on the 26th August.

3.9. Other significant procurement processes and commissioning activity is as follows:

- Procurement of Carer Support services – implementation due 1st September 2020

- Commissioning of Day Care services – a report will be presented to the IJB in August, with final recommendations due later in 2020
- Grant funding for counselling services – a report was presented to the IJB on 11th August, and grant funding agreed until March 2021, with the prospect of a review of activity of these services and future stronger alignment to the whole system delivery of mental health services.
- Grant funding confirmed to both ACVO and Scottish Care (partners for integration)
- Direct award for NESS (North East Sensory Services) with further review planned between now and March 2021
- Residential services – there is a national contract for these services for older people. We have local contracts in place for residential services for other adults. Our plan for 2020 – 2021 is to further explore the current estate and identify through our market position statement what our future requirements for this estate will be
- Extension to contracts for Skills Development Services – these services are jointly commissioned between Aberdeen City and Aberdeenshire. We plan to review these contracts and perhaps the procurement model in 20201

3.10. There are several "support" services on the contracts register where current arrangements are due for renewal before the end of this financial year:

- Alzheimer Scotland – extended until March 2021
- Choose Life
- Alcohol and Drugs services
- Bereavement Scotland

Commissioners will work alongside the procurement team to ensure that the necessary contractual arrangements are in place for these services between now and the end of this year.

4. Implications for IJB

4.1. Equalities

There are no implications associated with this report

4.2. Fairer Scotland Duty

All providers are required to adhere to Fair Working Practice

4.3. Financial

The financial implications for all procurement activity are offered for approval to the Aberdeen City IJB members through the annual or supplementary workplans and associated business cases.

4.4. Workforce

There are no direct workforce implications arising from the recommendations of this report, however it should be noted that there is a time commitment for partnership staff involved in service reviews and working alongside the procurement team.

4.5. Legal

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

4.6. Other

5. Links to ACHSCP Strategic Plan

5.1. Our strategic commissioning approach requires us to adhere to the strategic commissioning principles laid out in our strategic plan. It also requires us to have an outcomes focussed approach, and these outcomes are aligned to those high level outcomes described within the plan.

6. Management of Risk

6.1. Identified risks(s)

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

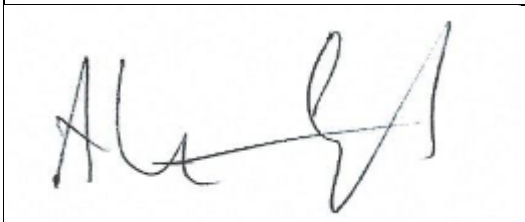
Commissioning activity links to strategic risk number 1 – market sustainability. Our procurement activity links to strategic risk number 2 – financial failure

RISK, AUDIT AND PERFORMANCE COMMITTEE

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

There is a requirement within the procurement reports submitted to the IJB to stipulate whether the level of expenditure is within existing budget.

Our strategic commissioning approach requires us to work collaboratively with providers and focussing on market stability as an outcome

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

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Appendix 1 - Aberdeen City HSCP Strategic Commissioning Activity Plan 2019 – 2022

		Year 2019 - 2020	Year 2020 - 2021	Year 2021-2022
			Define system wide impact of strategic commissioning of acute services	
STRATEGIC PLAN AIMS, COMMITMENTS AND PRIORITIES	Prevention	• Review of Commissioned Day Care services	• Commissioning of day activity • Commissioning according to mental health delivery plan, and strategic review of mental health services, including residential services	• Commissioning according to mental health delivery plan, and strategic review of mental health services, including residential services
	Resilience	• Decommissioning of Post Diagnostic support from provider • Re provision of Post Diagnostic Support – in house	• Commissioning of dementia support services • Review of training and skills development programme	• Commissioning according to strategic review of respiratory services.
	Personalisation	• Design of Care at Home and Supported Living Framework • Development of a training passport for carers • Strategic review of palliative care pathway	• Commissioning of Care at Home and Supported Living Framework • Strategic review of rehabilitation pathway • Commissioning - dementia delivery plan	• Year-end review of Care at Home and Supported Living Framework • Commissioning according to rehabilitation pathway delivery plan
	Connections	• Review of Carer Support Services	• Commissioning of Carer Support Services	
	Community	• Review of very sheltered housing • Provider services aligned to locality working	• Provider services aligned to locality working • Commissioning Older people's residential services • Enhanced community capacity through work with ACVO	• Enhanced relationships and improved outcomes through locality working • Enhanced community capacity through work with ACVO

		Year 2019 - 2020	Year 2020-2021	Year 2021-2022
MARKET FACILITATION	Market Intelligence	• Data gathering for the development of a market position statement	• Market position statement for the duration of the current strategic plan published	• Planning for the next iteration of the market position statement
	Market Structuring	• Collaborative approach to all contract development • Delivery of provider network as platform for strategic discussion • Briefing to Chief Executives of provider services on commissioning activity within the partnership • Strategic commissioning board established with provider representation	• Collaborative approach to all contract development • Delivery of provider network as platform for strategic discussion • Meeting with Chief Executives of provider services • Regular meetings of strategic commissioning board with continued provider representation	• Collaborative approach to all contract development • Delivery of provider network as platform for strategic discussion • Regular meetings of strategic commissioning board with continued provider representation
	Market Intervention	• Further commissioning of ACVO • Planning for a training passport for support workers • Risk session	• Further commissioning of Scottish Care • Tests of change and phase one delivery of the training passport • Supporting delivery of care at home and supported living through investment eg technology • Workshop to discuss recruitment	• Phase 2 delivery of the training passport • Supporting delivery of care at home and supported living through investment