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Aberdeen City Health & Social Care Partnership
A caring partnership

To: Members of the Risk Audit and Performance Committee

Town House,
ABERDEEN 19 January 2021

RISK, AUDIT AND PERFORMANCE COMMITTEE

The Members of the **RISK, AUDIT AND PERFORMANCE COMMITTEE** are requested to meet in **Virtual - Remote Meeting on TUESDAY, 26 JANUARY 2021 at 10.00 am.**

FRASER BELL
CHIEF OFFICER - GOVERNANCE

BUSINESS

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 3 November 2020 (Pages 5 - 8)
- 4 Business Planner (Pages 9 - 10)

GOVERNANCE

- 5 Presentation on Operation Home First Performance Indicators

RISK

6 Strategic Risk Register - HSCP.21.0001 (Pages 11 - 42)

AUDIT

7 Internal Audit Plan - HSCP.21.003 (Pages 43 - 48)

8 Internal Audit Report AC2027: Social Care Commissioned Services – Contract Monitoring - HSCP.21.002 (Pages 49 - 52)

PERFORMANCE

9 Provider Service Risk - Update - HSCP.21.006 (Pages 53 - 60)

CONFIRMATION OF ASSURANCE

10 Confirmation of Assurance

RAPC MEETING DATES

Tuesday 27 April 2021

Tuesday 22 June 2021

Thursday 23 September 2021

Tuesday 21 December 2021

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.



Risk, Audit and Performance Committee

Minute of Meeting

**Tuesday, 3 November 2020
10.00 am Virtual - Remote Meeting**

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

Also in attendance; Jess Anderson (Team Leader, Legal) and Andrew Johnston (Senior Auditor)

Apologies: Councillor Gill Al-Samarai, Colin Harvey (interim Head Auditor)

DECLARATIONS OF INTEREST

1.
There were no declarations of interest.

DETERMINATION OF EXEMPT BUSINESS

2.
There was no exempt business.

MINUTE OF PREVIOUS MEETING OF 23 SEPTEMBER 2020

3.
The Committee had before it the draft minute of its last meeting.

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

BUSINESS PLANNER

4.
The Committee had before it the Business Planner.

Members heard from the Chief Finance Officer (CFO), ACHSCP, who confirmed the reports being presented to this meeting and future reporting intentions.

The CFO advised that it was intended to present a Finance Report to the next RAPC and the IJB albeit these meetings were only one day apart; sensing the scrutiny

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3 November 2020

element of RAPC would be beneficial to IJB. The CFO indicated this would be a late paper to both meetings due to the shifting nature of finances around the pandemic.

The Chair acknowledged the rationale around the report being presented to both IJB and RAPC and supported the late submission.

Members heard of an intended Inspection of Criminal Justice Services and sought confirmation that the Committee would be sighted on the outcomes.

The Committee resolved :-

- (i) to note the business planner; and
- (ii) to instruct the Chief Officer, ACHSCP, to submit a report following completion of the Inspection of Justice Services.

ASSET MANAGEMENT STRATEGIC STATEMENT - HSCP.20.055

5.

The Committee had before it the report from the Lead Strategy and Performance Manager, ACHSCP.

The report sought to complete the outstanding recommendation from the 2017 Internal Audit AC1724 on Post Integration Review.

Members heard that whilst the report had been delayed due to a combination of staff changes, strategic planning attentions and the continuing pandemic, the report was now available to close the requirements of the outstanding Audit Recommendation.

Members were advised that ACHSCP did not own any assets and as such a Strategic Statement had been developed to accompany the Strategic Plan. ACHSCP were more involved in the management of assets owned or leased by partner organisations and/or service providers.

The Lead Strategy and Performance Manager advised that management of the assets included use requirements including community benefit and asset transfer, whilst also considering infection control criteria.

The report recommended :-

that the Committee note the Aberdeen City Health and Social Care Partnership's Asset Management Strategic Statement and the fact that this represents completion of the final recommendation the 2017 Internal Audit AC1724 on Post Integration Review.

The Committee resolved :-

to approve the recommendation.

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ALCOHOL AND DRUG PARTNERSHIP FUNDING - HSCP.20.059

6.

The Committee had before it the report from the Chief Finance Officer, ACHSCP.

The report sought support for Alcohol and Drug Partnership (ADP) investment plans that have been developed as a result of budget slippage and the impact of emergent issues following COVID 19.

Members heard from the ADP Lead that the report had been instructed by the IJB on 8 September 2020 following presentation of the ADP Annual Report 2018/2019 when information on redistributed funding had been shared.

Members were advised that following legal direction, whilst some of the project funding already agreed could be modified by the Committee, some of the intended projects not previously agreed, would require to be reported to the IJB for consideration and approval.

The ADP Lead provided a summary of the intentions to ensure best means to reconcile existing funding whilst also seeking to maximise use of available funding arising from the changing demand and the continuing pandemic.

The report recommended :-

that the Committee approve the proposals and agree that the ADP progresses developments.

The Committee resolved :-

- (i) to approve the proposals and agree that the ADP progresses developments where appropriate.; and
- (ii) to note that some projects highlighted within the report required to be remitted to the IJB for consideration, approval and a subsequent Direction made to the relevant Constitution Authority where appropriate.

PERFORMANCE - OPERATION HOME FIRST - ABERDEEN CITY PRIORITY PROJECTS - HSCP.20.056

7.

The Committee had before it the report from the Chief Finance Officer, ACHSCP, which provided an update on the performance of the Aberdeen City Priority Projects relating to Operation Home First (OHF).

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The Lead Strategy and Performance Manager, ACHSCP, advised members that the significant effort of the Partnership was devoted to aligning OHF with the Strategic Plan.

Members were advised that the Leads from each of the respective Priority Projects were present to provide clarity on any matter.

A summary of the 10 key priorities as described within Appendix 1 of the report was presented to the Committee.

Members applied considerable scrutiny to each area and heard from the respective Leads, Chief Officer and Chief Finance Officer as appropriate.

The report recommended :-

that the Committee note the information provided in this report.

The Committee resolved :-

to approve the recommendation.

CONFIRMATION OF ASSURANCE**8.**

The Committee indicated that they had received assurance from the reports presented.

- **JOHN TOMLINSON, Chair**

	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
33	26 January 2021									
34	Standing Item	Strategic Risk Register	Bi-Annual - August and February	HSCP.21.001	Martin Allan	Business Manager	ACHSCP			
35	Standing Item	Financial Monitoring Report	Nov-19 (IJB), Feb (RAPC)		Alex Stephen	Chief Finance Officer	ACHSCP		R	Probably going to IJB on 27.01.2021
36	Annual	Internal Audit Plan	RAP to review and approve annual Audit Plan	HSCP.21.003	Colin Harvey	Interim Chief Internal Auditor	Governance			
37	Standing Item	Review of Code of Conduct	Per RAPC Terms of Reference		Jess Anderson	Legal	Governance		D	On 02.10.20 The IJB directed all to be reported to IJB after all Committees included in review process.
38	11.08.2020	Recovery - Operation Home First - Perf Indicators	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.		Calum Leask	Transformation Programme Manager	ACHSCP		D	This report has been delayed and will be reported on 27.04.2021
39	23.09.2020	Hosted Services	On 23.09.2020 RAPC: (ii) to note that information on Hosted Services will be brought to the Committee or IJB in due course.		Anne McKenzie	Lead Commissioner	ACHSCP		T	No update as yet and will transfer to next cycle
40	08.10.2020	Internal Audit Report AC2027: Social Care Commissioned Services – Contract Monitoring	To present the outcome from the planned audit of Contract Monitoring for Social Care Commissioned Services that was included in the 2019/20 Internal Audit Plan for Aberdeen City Council.	HSCP.21.002	Colin Harvey	Internal Audit	ACC			
41	19.10.2020	COVID-19, Social Care and Human Rights: Impact Monitoring Report	In summer 2020, the Scottish Human Rights Commission carried out monitoring research into the impact of the COVID-19 pandemic, and how it has been managed, on people's rights in the context of care at home and support in the community. This report shares the findings of that research.		Anne McKenzie	Lead Commissioner	ACHSCP		T	Not yet actioned, carry forward to next cycle
42	22.12.2020	Provider Service Risk - Update		HSCP.21.006	Jean Stewart-Coxon	Procurement Lead	ACC			
43	27 April 2021									
44	28.05.2019	RAPC Duties Report	RAPC 26.08.2020 reaffirmed (ii) to instruct the Chief Finance Officer to present this report to the RAPC on an annual basis at the start of each financial year.		Alex Stephen	Chief Finance Officer	ACHSCP			
45	27.01.19	Strategic Objectives			Martin Allan	Business Manager	ACHSCP			
46	Standing Item	Review of relevant Audit Scotland reports	Good practice to see national position		Alex Stephen	Chief Finance Officer	ACHSCP			



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Date of Meeting	26.01.21
Report Title	Strategic Risk Register
Report Number	HSCP 21.001
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.
- 2.2. It is further recommended that the Committee specifically comment on Risk 3 (Hosted Services) as detailed in the report.
- 2.3. Finally, it is recommended that the Committee note that Risk 10 (EU Exit) will remain on the Strategic Risk Register until a decision is made by the Integrated Joint Board (IJB) to remove it, as detailed in the report.

3. Summary of Key Information

Updates on Strategic Risk Register

- 3.1. Since the Strategic Risk Register was last considered by the Committee in September 2020 the IJB have held a workshop in October where they considered the Board's Risk Appetite Statement as well as the Strategic Risk Register.



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- 3.2. Since the Strategic Risk Register was last submitted to the Committee, work has been undertaken on the template. This has included the introduction of a risk rating matrix for each of the strategic risks.
- 3.3. At the IJB's workshop on the 20th of October the revised template was considered. The Members of the IJB made suggested amendments and additions regarding the strategic risks and these have been made in the version attached to this report. Minor changes have been made to the template as well.
- 3.4. The Members at the Workshop felt that in relation to Risk 3, there was a risk in relation to the financial oversight of Hosted Services and that performance across the services was mixed. It was suggested that the impact should be moved from moderate to major and that this should be discussed further at the Risk, Audit and Performance Committee.
- 3.5. Members of the Committee be aware that the end of the Transition Period for the UK leaving the EU expired on the 31st of December 2020, with the UK and the EU reaching a "deal" to allow the UK to leave. Although the transition date has now passed and therefore this is no longer classed as a risk as it is now an issue with the controls and mitigating actions being part of business as usual for services, the actual impact of the UK leaving the EU might take weeks or months to be felt. Therefore, it is proposed that EU Exit remain on the strategic risk register and that the IJB make the decision to remove it from the register when it has assurance that the issues have been controlled within business as usual. An update on the transition is included in the Chief Officer's report submitted to the IJB at their meeting on the 27th of January, 2021.

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.



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- 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 in its strategic plan, as it will monitor, control and mitigate the potential risks to achieving these. The Strategic Risks have been aligned to the Strategic Plan 2019-2022.

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
12.	October 2020
13.	November 2020
14.	January 2021

Introduction & Background

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

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

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

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

Appendices

- Risk Tolerances
- Risk Assessment Tables



Colour – Key

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

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	High
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	Medium
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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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. Scottish Government via Chief Dental Officer has highlighted an increased risk of reduction in General Dental Practitioners capacity as a result of patient deregistration activity seen in some regions

IMPACT

Almost Certain					
Likely					
Possible				✓	
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme

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.

Risk Movement: increase/decrease/no change

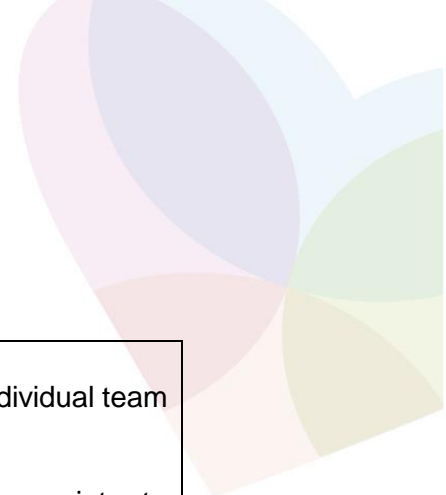
NO CHANGE 14.01.21

Controls:

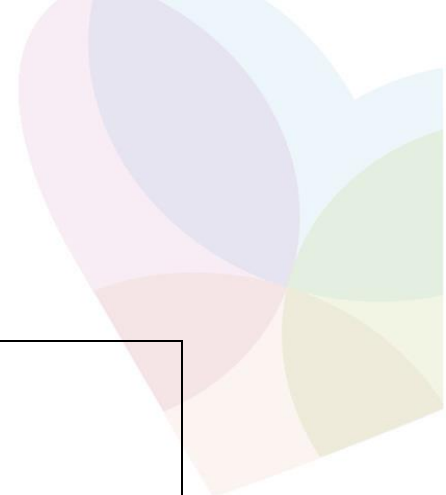
- Robust market and relationship management with the 3rd and independent sector and their representative groups, building a sense of shared risk, in an environment where people operate in a respectful and responsible fashion. In particular, with a sense of etiquette in the way in which businesses conduct 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

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
- Implementation of GMS contract
- Remodelling of 2C practices
- Interim financial support from Scottish Government for community optometrists and general dental practitioners.



<ul style="list-style-type: none"> • 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. • 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. • GP Sub Committee of Local Medical Council 	<ul style="list-style-type: none"> • 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 • Worked with care providers to develop key business contacts that providers can use over winter to help with their overall business continuity planning eg links to Flu vaccine details/NHS Inform/SEPA/Met office/Council Roads/Travel Providers. • 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
<p>Assurances:</p> <ul style="list-style-type: none"> • Market management and facilitation • Inspection reports from the Care Inspectorate • Contract monitoring process, including GP contract review visit outputs. • Daily report monitoring • Clinical oversight group – daily meetings • Good relationships with GP practices • Links to Dental Practice Advisor who works with independent dentists • Director of Dentistry co-ordinating Grampian contingency planning to <ul style="list-style-type: none"> • horizon scan for regional deregistration activity • proactively work with practices that wish to deregister patients • plan suitable contingency arrangements in the event patients are deregister • Links to the Eye Health Network and Clinical Leads for Optometry in Shire & Moray and the overall Grampian Clinical Lead • Roles of Clinical Director and Clinical Leads 	<p>Gaps in assurance:</p> <ul style="list-style-type: none"> • Market or provider failure can happen quickly despite good assurances being in place. For example, even with the best monitoring system, the closure of a practice can happen very quickly, with (in some cases) one partner retiring or becoming ill being the catalyst. • 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 • Public Dental Services staffing capacity to increase service provision in short term
<p>Current performance:</p> <ul style="list-style-type: none"> • 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 	<p>Comments:</p> <ul style="list-style-type: none"> • National Care Home Contract uplift for 2016/17 was 6.4% and 2.8% 2017/18.. 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.



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. . Any further remobilisation of paused services may be halted due to rising numbers of COVID cases.

- Community optometrists and general dental practitioners were closed during lockdown but provided an emergency triage service for their own patients who have emergency or urgent need. Reopening is on a phased basis and community optometrists and general dental practitioners can now see routine patients, however they are prioritising those in most need. Due to Infection Prevention Control measures required, dental practitioners can provide Aerosol Generating Procedures for urgent care only and where any practice is unable to provide this, the Public Dental Service will do so on an emergency or urgent basis.
- Public Dental Service (PDS) plan to maintain unscheduled care support for unregistered dental patients (usually undertaken by GDP contractors)
- PDS developing plan to expand the above capacity should the number of unregistered / de-registered patients increase, including costings and need to recruit additional clinical staff
- PDS working with DoD and PCCT to identify potential 'early-warning' signs and trigger events for patient deregistration

- Continuing to progress the tender for Care at Home and Supported Living



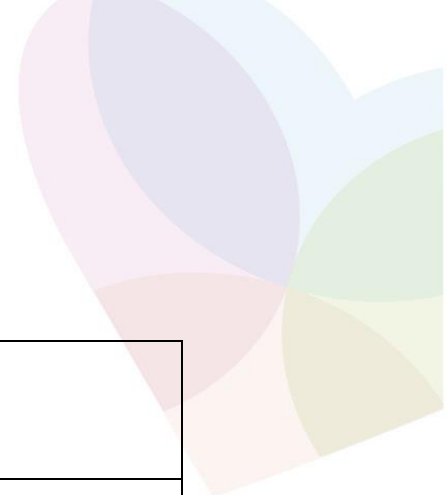
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Description of Risk: There is a risk of IJB financial failure and projecting an overspend, due to demand outstripping available budget, which would impact on the IJB's ability to deliver on its strategic plan (including statutory work).					
Strategic Priority: Prevention and Communities			Leadership Team Owner: Chief Finance Officer		
Risk Rating: low/medium/high/very high VERY HIGH					
IMPACT					
Almost Certain				✓	
Likely					
Possible					
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Risk Movement: increase/decrease/no change: No Change 14/01/2021					
Controls: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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. 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 and October with further information. 		

- 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 £2.7 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).



<ul style="list-style-type: none"> • Medium Term Financial Strategy review planned for 2021. 	
<p>Assurances:</p> <ul style="list-style-type: none"> • 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. 	<p>Gaps in assurance:</p> <ul style="list-style-type: none"> • The financial environment is challenging and requires regular monitoring. The scale of the challenge to make the IJB financially sustainable should not be underestimated. • Financial failure of hosted services may impact on ability to deliver strategic ambitions.
<p>Current performance:</p> <ul style="list-style-type: none"> • Year-end position for 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. 	<p>Comments:</p> <ul style="list-style-type: none"> • Regular and ongoing budget reporting and management scrutiny in place. • Budget monitoring procedure now well established. • Budget holders understand their responsibility in relation to financial management. • Scottish Government Medium Term H&SC Financial Framework – released and considered by Risk, Audit and Performance Committee.



- 3 -

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

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.

IMPACT

Rationale for Risk Appetite:

- The IJB has some tolerance of risk in relation to testing change.

Almost Certain					
Likely				✓	
Possible					
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme

Risk Movement: (increase/decrease/no change):

NO CHANGE 14.01.2021

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

Gaps in assurance:

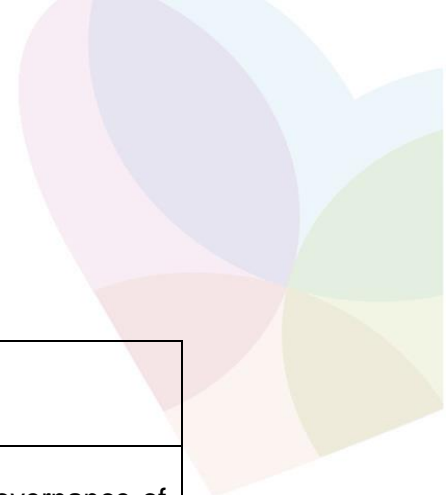
- There is a need to develop comprehensive governance framework for hosted services, including the roles of the IJB's sub-committees.



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<ul style="list-style-type: none">• Operation Homefirst-Closer joint working across the 3 Health and Social Care Partnerships and the Acute Sector.	
<p>Current performance:</p> <ul style="list-style-type: none">• The projected overspend on hosted services is a factor in the IJB's overspend position. This may in future impact on the outcomes expected by the hosted services.• 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.	<p>Comments:</p> <ul style="list-style-type: none">• It is noted that NHS Grampian are currently undertaking an internal audit on the governance of hosted services.





- 4 -

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

Strategic Priority: Prevention, Resilience and Communities.

Leadership Team Owner: Chief Officer

Risk Rating: low/medium/high/very high

Low

Rationale for Risk Rating:

- Considered Low 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.

IMPACT

Almost Certain					
Likely					
Possible					
Unlikely					
Rare			✓		
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme

Rationale for Risk Appetite:

There is a zero tolerance in relation to not meeting legal and statutory requirements.

Risk Movement: (increase/decrease/no change)

No Change 14.01.2021

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:

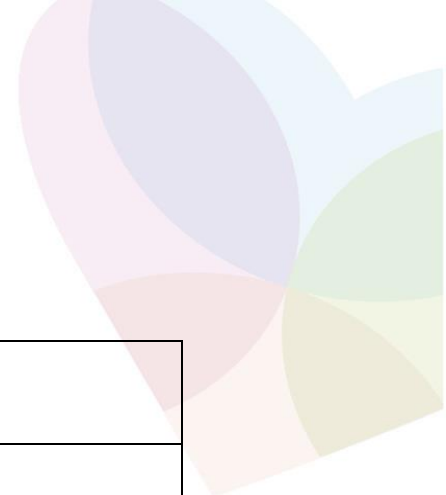
- Regular consultation & engagement between bodies.
- Regular and ongoing Chief Officer membership of Aberdeen City Council's Corporate Management Team and NHS Grampian's Senior Leadership Team
- Regular performance meetings between ACHSCP Chief Officer, Aberdeen City Council and NHS Grampian Chief Executives.
- Additional mitigating actions which could be undertaken include the audit programme and benchmarking 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



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Assurances: <ul style="list-style-type: none">Regular review of governance documents by IJB and where necessary Aberdeen City Council & NHS Grampian. A review of the Scheme of Governance commenced in June 2019 and will be reported to the IJB in November 2019.	Gaps in assurance: <ul style="list-style-type: none">None currently significant though note consideration relating to possible future Service Level Agreements.
Current performance: <ul style="list-style-type: none">Most of the major processes and arrangements between the partner organisations have been tested for over two years of operation and no major issues have been identified.A review of the Integration Scheme has been undertaken and the revised scheme has been approved by NHSG, Aberdeen City Council & Scottish Government. However this does not remove the risk as processes within the IJB and partner organisations will continue to evolve and improve.The Grampian LRP set up the Grampian Coronavirus Assistance Hub, a new website and phonenumber providing information to people all across Grampian on how to access social, practical and emotional support COVID-19.	Comments: <ul style="list-style-type: none">Nothing to update on the narrative for the risk.





- 5 -

Description of Risk: There is a risk that the IJB, and the services that it directs and has operational oversight of, fail to meet both performance standards/outcomes as set by national and regulatory bodies and those locally-determined performance standards as set by the board itself. This may result in harm or risk of harm to people.					
Strategic Priority: Prevention, Resilience, Personalisation, Connections and Communities.			Leadership Team Owner: Lead Strategy & Performance Manager		
Risk Rating: low/medium/high/very high MEDIUM					
IMPACT					
Almost Certain					
Likely					
Possible					
Unlikely			✓		
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Risk Movement: (increase/decrease/no change) NO CHANGE 14.01.2021					
Controls: <ul style="list-style-type: none"> Clinical and Care Governance Committee and Group Risk, Audit and Performance Committee Data and Evaluation 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: <ul style="list-style-type: none"> Fundamental review of key performance indicators reported Review of systems used to record, extract and report data Review of and where and how often performance information is reported on and how learning is fed back into processes and procedures. On-going work developing a culture of performance management and evaluation throughout the 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 resource to drive performance management process development Performance now a standing agenda item on Leadership Team meetings 		
Assurances: <ul style="list-style-type: none"> Joint meeting of IJB Chief Officer with two Partner Body Chief Executives. 			Gaps in assurance:		



<ul style="list-style-type: none"> • Agreement that full Dashboard will 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 NB: unable to do this yet in 2020 	<ul style="list-style-type: none"> • Formal performance reporting has not been as well developed as we had hoped. Focus/priorities have changed. Operation Home First and now Operation Snowdrop are driving a whole new suite of performance indicators and reporting requirements. • Both the LOIP and the Strategic Plan are due to be refreshed during 2021. It is likely the current set of key indicators will change. Performance indicators will be considered at the same time as we set new aims and objectives based on the learning over the last couple of years. • Work on understanding extent of operational performance reporting was stalled due to Covid 19 however this is currently being picked up again as part of the Operation Home First and Operation Snowdrop reporting referred to above. • Further work required on linkage to ACC, NHSG and CPA reporting.
<p>Current performance:</p> <ul style="list-style-type: none"> • Performance reports submitted to IJB, Risk, Audit and Performance and Clinical and Care Governance Committees. • Data and Evaluation Group terms of reference and membership revised, and weekly meetings are now scheduled and taking place. • Various Steering Groups for strategy implementation established, although meetings have paused during the response to Covid so performance is not being reviewed as regularly. • Performance data discussed at team meetings. • Close links with social care commissioning, procurement and contracts team have been established • IJB Dashboard has been shared widely. • Additional NHSG support from Medical, Nursing Director and Public Health re care homes via Grampian oversight group. 	<p>Comments:</p> <ul style="list-style-type: none"> • 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 for 2019/20, the ACHSCP Annual Performance Report was published as usual although due to the unavailability of full year data due to ISD and Health Intelligence colleagues being diverted onto Covid-19 specific work the appendices relating to national and MSG performance indicators have not yet been published.





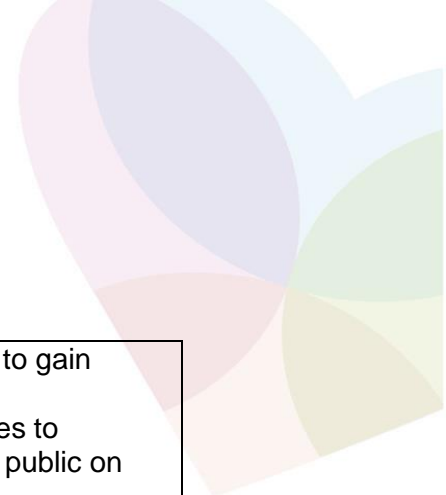
Description of Risk: There is a risk of reputational damage to the IJB and its partner organisations resulting from complexity of function, decision making, delegation and delivery of services across health and social care.					
Strategic Priority: All			Leadership Team Owner: Communications Lead		
Risk Rating: low/medium/high/very high HIGH					
IMPACT					
Almost Certain					
Likely					
Possible			✓		
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Risk Movement: (increase/decrease/no change) NO CHANGE 14.01.2021					
Controls: <ul style="list-style-type: none"> Leadership Team IJB and its Committees Operational management processes and reporting Board escalation process Standards Officer role Locality Governance Structure 			Mitigating Actions: <ul style="list-style-type: none"> Clarity of roles Staff and customer engagement – recent results from iMatter survey alongside a well-established Joint Staff Forum indicate high levels of staff engagement. Effective performance and risk management To ensure that ACHSCP have a clear communication & engagement strategy, and a clear policy for social media use, in order to mitigate the risk of reputational damage. Communications lead's membership of Leadership Team facilitates smooth flow of information from all sections of the organisation Robust relationships with all local media are maintained to ensure media coverage is well-informed and accurate and is challenged when inaccurate/imbalanced. Locality Empowerment Groups established in each of the three localities, ensuring effective two-way communication between the partnership, partner organisations and a wide range of community representatives in North, South and Central. Consultation and engagement exercises are also 		



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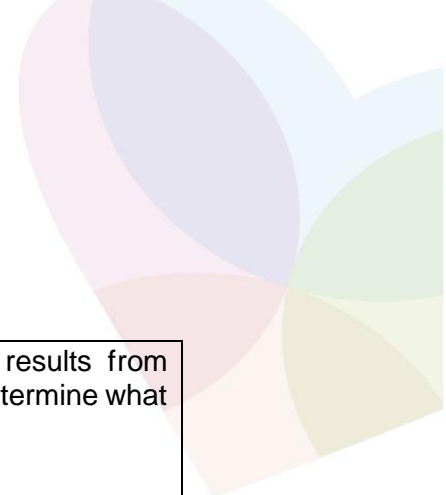
	<p>carried out with service users, staff and partners throughout service change processes to gain detailed feedback and act upon it.</p> <ul style="list-style-type: none"> Through the Locality Empowerment Groups help inform plans which will identify priorities to improve health and wellbeing for local communities, seeking the views and input of the public on these Groups.
<p>Assurances:</p> <ul style="list-style-type: none"> Role of the Chief Officer and Leadership Team Role of the Chief Finance Officer Performance relationship with NHS and ACC Chief Executives Communications plan / communications manager 	<p>Gaps in assurance: None known at this time</p>
<p>Current performance:</p> <ul style="list-style-type: none"> 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 	<p>Comments:</p> <ul style="list-style-type: none"> Communications strategy and action plan in place and being led by the HSCP's Communications Manager Communication and Engagement Group being strengthened by selection of 'Communications' Champions' across ACHSCP comprising of staff across the partnership to support us in ensuring key messages/internal news items are timely, appropriate and wide-reaching External and internal websites are regularly updated with fresh news/information; both sites continue to be developed and refined Locality Empowerment Groups 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: Lead for Strategy and Performance		
Risk Rating: low/medium/high/very high HIGH					
IMPACT					
Almost Certain					
Likely					
Possible			✓		
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Risk Movement: (increase/decrease/no change) NO CHANGE 14.01.2021					
Controls: <ul style="list-style-type: none"> 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 although not currently all meeting due to Covid-19. 			Mitigating Actions: <ul style="list-style-type: none"> 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 creation of huddle delivery models. 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: <ul style="list-style-type: none"> Risk, Audit and Performance Committee Reporting Robust Programme Management approach supported by an evaluation framework IJB oversight 			Gaps in assurance: <ul style="list-style-type: none"> There is a gap in terms of the impact of transformation on our budgets. Many of the benefits of our projects relate to early intervention and reducing hospital admissions, neither of which provide early cashable savings. 		



<ul style="list-style-type: none"> • 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 • 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. 	<ul style="list-style-type: none"> • 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.
<p>Current performance:</p> <ul style="list-style-type: none"> • 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. 	<p>Comments:</p> <p>Further re-prioritisation is taking place due to implementation of Operation Snowdrop and staff losses due to secondments and a resignation. Transformation Team have temporarily merged with Strategy and Performance Team due to secondment of Lead Transformation Manager. Work is ongoing to consider reorganising the team on a more permanent basis should that be necessary.</p>



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 MEDIUM					
IMPACT					
Almost Certain					
Likely					
Possible			✓		
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Risk Movement: (increase/decrease/no change) DECREASE 14.01.2021					
Controls:			Mitigating Actions:		
<ul style="list-style-type: none"> Locality Empowerment Groups Leadership Team Huddle Community Planning Aberdeen Aberdeen Together CPP Community Engagement Group 			<ul style="list-style-type: none"> In December 2020 both the IJB and the CPA approved the implementation of a more integrated approach to locality planning which combines the focus of ACHSCP and Community Planning. The approach is intended to reduce duplication of effort and simplify the landscape for community engagement, offering a clear, streamlined route which makes it easier, simpler and more appealing for people to engage. It is hoped this will enable stronger representation of community views in service and strategic planning which will in turn lead to person led delivery and improved outcomes. 		
Assurances:			Gaps in assurance		
<ul style="list-style-type: none"> Strategic Planning Group Executive Programme Board IJB/Risk, Audit and Performance Committee CPA Board 			<ul style="list-style-type: none"> Progress of developing and delivering locality plans. These will be developed by the Locality Empowerment Groups utilising the new integrated arrangements. The LOIP is due to be refreshed by June 2021 and the Strategic Plan by March 2022. Identifying the priorities for each locality will inform the Locality Plans and ultimately the LOIP and the Strategic Plan. 		
Current performance:			Comments:		
<ul style="list-style-type: none"> Locality Empowerment Groups commenced in March 2020. Engagement and involvement has been challenging as a result of physical distancing requirements due to Covid but has nonetheless been successful despite these circumstances with almost 180 people expressing an interest to be involved. 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 			<p>A number of projects continue to be developed to enhanced operational locality working. These include: the development of multi-disciplinary teams (e.g. hospital at home and enhanced community support); further development of the Neighbourhood Lead model; and the Operationalisation of Localities.</p>		



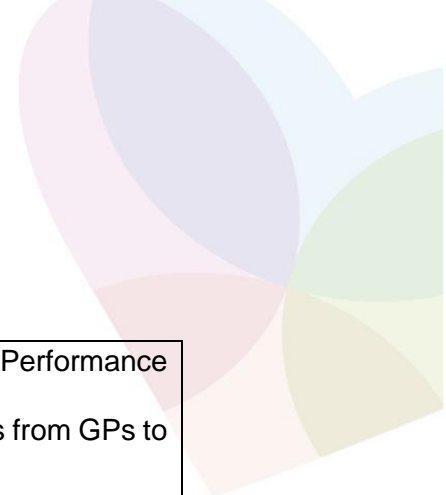
Description of Risk: There is a risk that if the System does not redesign services from traditional models in line with the current workforce marketplace in the City this will have an impact on the delivery of the IJB Strategic Plan.					
Strategic Priority: All			Leadership Team Owner: People & Organisation Lead		
Risk Rating: low/medium/high/very high VERY HIGH					
IMPACT					
Almost Certain					
Likely					✓
Possible					
Unlikely					
Rare					
LIKELIHOOD -	Negligible	Minor	Moderate	Major	Extreme
Risk Movement: (increase/decrease/no change) NO CHANGE 14.01.2021					
Controls: <ul style="list-style-type: none"> 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) 					
Assurances: ACHSCP Workforce Plan					
Mitigating Actions: <ul style="list-style-type: none"> ACHSCP Workforce Plan Rapid service redesign ongoing to deliver Operation Home First priorities 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. 					

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



	<ul style="list-style-type: none"> • 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
<p>Current performance:</p> <ul style="list-style-type: none"> • Workforce planned developed for health and social care staff. Information expected from Scottish Government during over the next few months which should help improve workforce planning across all partnerships. • 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. 	<p>Gaps in assurance</p> <ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • 	<p>Comments:</p> <ul style="list-style-type: none"> • 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 • 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.

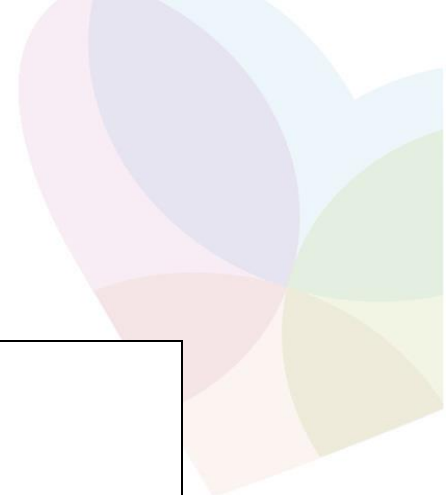


-10-

Description of Risk:					
<p>There is a risk that ACHSCP is not sufficiently prepared to deal with the impacts of Brexit on areas of our business, including affecting the available workforce and supply chain.</p> <p>Whilst the impact on health and social care services of leaving the EU is impossible to forecast, it is clear that a number of issues will need to be resolved. Key areas for health and social care organisations to consider include: staffing; medical supplies; accessing treatment; regulation (such as working time directive and procurement/competition law, for example); and cross border issues.</p>					
Strategic Priority: Resilience and Communities.			Executive Team Owner: Business Manager		
Risk Rating: low/medium/high/very high					
HIGH					
IMPACT					
Almost Certain					
Likely			✓		
Possible					
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Risk Movement: (increase/decrease/no change)					
NO CHANGE 14.01.2021					
Controls:			Mitigating Actions:		
<ul style="list-style-type: none"> NHSG have held a voluntary survey of EU nationals. ACC currently undertaking a survey of all staff to gather similar information. NHSG - An initial operational assessment has been undertaken. A BREXIT co-ordinating group established with executive leadership. Engagement with staff who may be impacted by withdrawal of UK from the EU. Co-ordination with professional leads across Scotland and at SG - procurement, medicines, staff and resilience ACC- A Brexit Steering Group has been established. The Partnership is a member of this Group. 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 established an Incident Management Team (IMT) ahead of daily reporting being re-established in 2019. The IMT will report through both the ACC and NHSG routes, as required. 			<ul style="list-style-type: none"> Mitigating actions have been developed on a national and local level through UK Government and Scottish Government guidance and the ACC and NHSG EU exit steering groups respectively. These actions are linked to the revised UK national Planning Assumptions (based on the reasonable worst case scenario-no deal). <p>The assumptions include:</p> <ul style="list-style-type: none"> Travel, Freight and Borders disruption Continuity of medical supply and medical products Adult Social Care staffing NHS staffing Demonstrations and Disorder Scottish Workforce Energy supply disruption Food supply disruption Access to benefits 		



	<ul style="list-style-type: none"> • As the Partnership does not directly employ staff, The Chief Officer will work closely with partners to ensure that as implications become clear the Partnership are able to best represent and meet the needs of all staff. • The Partnership's Business Continuity Planning process is established which will identify key services to prioritise in any contingency event. These Plans have been exercised over the last 7 months through the Partnership's response/recovery to Covid-19. • 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. • Worked with care providers to develop key business contacts that providers can use over winter to help with their overall business continuity planning eg links to Flu vaccine details/NHS Inform/SEPA/Met office/Council Roads/Travel Providers • 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.
<p>Assurances:</p> <ul style="list-style-type: none"> • Understanding that current legislation will remain in effect immediate post Brexit 	<p>Gaps in assurance:</p>
<p>Current performance: Aberdeen City Council have restarted their EU Exit Working Group. 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.</p> <p>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.</p> <p>The Group will also identify opportunities arising from an EU Exit and share these with the relevant Functions, Clusters and/or Partner Organisations.</p> <p>The Group has met in October, November and December 2020. The Group participants have populated a local risk and mitigation document for the Grampian Local Resilience Partnership, based on the UK National Planning Assumptions as mentioned in the mitigating actions. The Group have also updated the Council's Corporate Risk Register which is reported to the Corporate Management Team.</p> <p>In terms of NHSG, the Partnership is working closely with the Head of Procurement. A national Short Life Working Group has been established to oversee Brexit related activity and Heads of Procurement from each Health authority will receive fortnightly updates commencing from the end of October 2020.</p> <p>There is a high level of interrelated and concurrent joint national and local activity addressing contingency requirements for Living with Covid-19, ongoing PPE needs, and all round winter pressures etc.</p>	<p>Comments:</p>



Updates from the national procurement group, includes:

- U.K. Supply Chain contingency planning arrangements that were set up in 2019 are being re-mobilised. This includes a European hub and supply chain that will facilitate NHS Supplies bypassing English Channel Port bottlenecks and subsequent containerised deliveries into NHS Supply Chain Distribution centres.
- National stockholdings of items stocked by the National Distribution Centre are in the process of being re-built to a level of 6-8 weeks stock availability to cushion any potential delays in supply as a result of possible border controls.

The Scottish Government has recently outlined action that NHS Boards will be required to take, which includes:

- Supporting Health Board Procurement teams in working closely with National Procurement on stock resilience and supplier engagement.
- Health Board Chief Executives are expected to liaise closely with their local authority counterparts who are directly responsible for the delivery and provision of all social care.

In terms of resilience arrangements, the letter explains that the Scottish Government has established a Winter Planning and Response Group to work with Health Boards, Health and Social Care Partnerships (HSCPs) and other delivery partners to ensure a coordinated and effective response to all disruptions including those that may arise from the end of the EU Transition period. As part of the winter planning programme support has been provided to both boards and partnerships through a number of live online events to help them rigorously test their winter plans.

The Head of Procurement in NHSG and his Team will be reporting on progress to the NHSG's System Leadership Team as well as providing updates and information to the Partnership.

The letter has been shared with the ACC EU Exit Group for situational awareness.

The Head of Procurement attended a Scottish Government information session on the 10th of December and has shared the slides with the Partnership. The Session discussed the latest updates on the negotiations between the UK Government and the EU, the supply of medicine, food and PPE and future reporting arrangements. The Partnership will report to NHSG as required (once determined).

The end of the Transition Period for the UK leaving the EU expired on the 31st of December 2020, with the UK and the EU reaching a "deal" to allow the UK to leave. Although the transition date has now passed and therefore this is no longer classed as a risk as it is now an issue with the controls and mitigating actions being part of business as usual for services, the actual impact of the UK leaving the EU might take weeks or months to be felt. Therefore, it is proposed that EU Exit remain on the strategic risk register and that the IJB make the decision to remove it from the register when it has assurance that the issues have been controlled within business as usual.

Since the end of the Transition Period, Aberdeen City Council have been examining their EU Exit risks and have passed a risk that they held on their Corporate Risk Register to the IJB. "There is a risk that the availability of some medicine may be affected and for potential cost increases due to supply channel changes". As this is based on one of the National Planning Assumptions, the



mitigating actions and controls to minimise this risk are outlined in this overall summary of the EU Exit risk.

NHSG's Head of Procurement continues to attend national meetings of the EU Exit Steering Group and will pass on any issues arising at a national level.

Appendix 1 – Risk Tolerance

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



Very High

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

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

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

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



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

Table 1 - Impact/Consequence Definitions

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

Table 2 - Likelihood Definitions

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

Table 3 - Risk Matrix

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

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

Table 4 - NHSG Response to Risk

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

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

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RISK, AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	21.01.2021
Report Title	Internal Audit Plan 2021/22
Report Number	HSCP/21/003
Lead Officer	Colin Harvey, Chief Internal Auditor (Interim)
Report Author Details	Colin Harvey, Chief Internal Auditor (Interim) colin.harvey@aberdeenshire.gov.uk
Consultation Checklist Completed	Yes
Appendices	Appendix A – Internal Audit Plan 2021/22 Appendix B – Extract from Draft Aberdeen City Council Internal Audit Plan 2021/22

1. Purpose of the Report

- 1.1. The purpose of this report is to seek approval of the Internal Audit Plan for the Aberdeen City Integration Joint Board for 2021/22.

2. Recommendations

- 2.1. It is recommended that the Risk, Audit and Performance Committee approve the Internal Audit Plan for 2021/22.

3. Summary of Key Information

- 3.1. It is one of the duties of the Integration Joint Board Risk, Audit and Performance Committee to review and approve the annual Internal Audit plan on behalf of the Integration Joint Board and, thereafter, receive reports on that planned work.
- 3.2. The Internal Audit plan, as it relates to the Integration Joint Board, is attached at Appendix A. Assurance will also be taken from the wider work



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of Internal Audit within Aberdeen City Council, specific work relating to Adult Social Care Services in the Council, and from NHS Grampian Internal Audit reports, amongst other sources.

- 3.3. Outputs from the IJB Internal Audit plan will be shared with Aberdeen City Council's Audit, Risk and Scrutiny Committee once they have been considered by the IJB Risk, Audit and Performance Committee.
- 3.4. Aberdeen City Council's Audit, Risk and Scrutiny Committee will be asked to approve the 2021/22 Internal Audit Plan relating to Adult Social Care Services in the Council on 24 February, and the basis on which the overall plan is developed. A draft is attached as Appendix B to this report. If agreed by the Council's Audit, Risk and Scrutiny Committee, and when progressed, outputs from these reviews will be shared with the Aberdeen City IJB Risk, Audit and Performance Committee for information once they have been considered by Aberdeen City Council's Audit, Risk and Scrutiny Committee. Any revisions to the proposals will be notified to the IJB Risk, Audit and Performance Committee at its next meeting in April 2021.
- 3.5. Audits undertaken by NHS Grampian's Internal Auditors, PWC, will be reported to the NHS Grampian Audit Committee in the first instance. Where there is a direct relationship between the work undertaken and the IJB, the reports will be presented to the Aberdeen City IJB Risk, Audit and Performance Committee for information. The Internal Audit plan for NHS Grampian for 2021/22 will be circulated when it has been agreed.

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 Plan 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.



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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 has been 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 been made to management in order to mitigate these risks.



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APPENDIX A

ABERDEEN CITY INTEGRATION JOINT BOARD

INTERNAL AUDIT PLAN 2021/22

SUBJECT	SCOPE	OBJECTIVE	Indicative Quarter
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Transformational Programme	Health and Social Care Transformation	To provide assurance that the IJB is continuing to make progress with delivery of its transformation agenda.	Q4
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APPENDIX B

**ABERDEEN CITY COUNCIL DRAFT INTERNAL AUDIT PLAN 2021/22
 (Extract)**

SUBJECT	SCOPE	OBJECTIVE	Target AR&S Committee
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HEALTH & SOCIAL CARE PARTNERSHIP

Care Establishments	Care Establishments Financial Administration	To obtain assurance over financial administration including payroll, timesheets, purchasing.	Dec-21
Care Management	Care Management Recording and Transactions	To obtain assurance over coordination, recording and payment for care services.	May-22

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RISK, AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	26.01.2021
Report Title	Internal Audit Report AC2027: Social Care Commissioned Services – Contract Monitoring
Report Number	HSCP/21/002
Lead Officer	Colin Harvey, Chief Internal Auditor (Interim)
Report Author Details	Name: Colin Harvey Job Title: Chief Internal Auditor (Interim) Email Address: Colin.Harvey@aberdeenshire.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	None

1. Purpose of the Report

- 1.1. The purpose of this report is to present the outcome from the planned audit of Contract Monitoring for Social Care Commissioned Services that was included in the 2019/20 Internal Audit Plan for Aberdeen City Council.

2. Recommendations

- 2.1. It is recommended that the Risk, Audit and Performance Committee review, discuss and comment on the issues raised within this report.

3. Summary of Key Information

- 3.1. The following summary of the Internal Audit report was considered by the Council's Audit, Risk and Scrutiny Committee on 4 November 2020. After some discussion of the issues identified, the Committee noted the report and endorsed the recommendations for improvement.



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- 3.2. Aberdeen City Health & Social Care Partnership (the HSCP) procures care services from a variety of contracted Suppliers in order to meet the assessed needs of persons requiring support and assistance. The contracts register indicates contracts are in place for £86 million of social care services in 2020/21.
- 3.3. The objective of this audit was to provide assurance that contract monitoring arrangements relating to Social Care Commissioned Services are adequate. Contract monitoring is undertaken by Commercial & Procurement Shared Services (the Service).
- 3.4. The contract monitoring procedures were examined as part of a National Care Home Contract (NCHC) Internal Audit (report AC1920) in January 2019, in which recommendations were made, and have been subsequently reported to Committee as having been actioned. Whilst the procedures, associated template documents, and changes made as a result of the previous audit, are appropriate, it has been identified following review of individual contract monitoring reports as part of the current audit that further clarification with regards to some areas, could improve the procedures and their application. This includes scheduling to ensure all monitoring activity takes place at required frequencies, and ensuring records are complete and variations reviewed, adequately explained and challenged where appropriate.
- 3.5. The Service has noted that it was always the intention to carry out a review of the revised procedures after a full year of operation, to consider whether they had achieved the desired outcome, and where improvements might be made. It has not been possible to do this due to the Covid19 situation, which has meant that routine monitoring has been temporarily suspended, and all resources within the team are fully engaged in dealing with supplier sustainability issues and reconciliation of service provision, contract variations, and additional cost claims. All of the points raised in the audit will be considered as part of the review, completion of which is planned by the end of the financial year, depending on available resources pending transition to a 'new normal' post Covid19.
- 3.6. An instance was identified of a supplier being used where a signed contract was not in place. Whilst there may be implications for service provision,



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services should not be procured from suppliers for which there is no signed contract in place. The absence of a signed contract is an indicator that procurement may not have followed the correct route. If contract terms have not been agreed, there is a greater risk to service delivery, service users, and to the level of assurance the Service can obtain through contract monitoring – as it may be more difficult to enforce the contract. The HSCP is aware of this risk and the Service will continue to reinforce this point.

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 an Internal Audit report 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. Ensuring effective performance reporting and use of Key Performance Indicators will help the IJB 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:** There is a risk of financial failure, that demand outstrips budget and IJB cannot deliver on priorities, statutory work, and projects an overspend.



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



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Date of Meeting	26 January 2021
Report Title	Provider Service Risk - Update
Report Number	HSCP21.006
Lead Officer	Alex Stephen
Report Author Details	Jean Stewart-Coxon Strategic Procurement Manager (Social Care) jstewartcoxon@aberdeencity.gov.uk
Consultation Checklist Completed	Yes/No
Appendices	a. Provider Sustainability Payments

1. Purpose of the Report

- 1.1. This report gives an update on the risks relating to the sustainability of social care service providers linked to Covid19 and the processes in place to mitigate such risks.

2. Recommendations

- 2.1. It is recommended that the Risk, Audit and Performance Committee:
- a) Note the content of this report and the work that is being done to support service provider sustainability in the social care sector

3. Summary of Key Information

- 3.1. Covid19 has presented a recognised risk to the sustainability of social care service providers. The risk arises from increased costs and reduced income. Examples of increased costs include the price and availability of PPE, and increased staffing costs linked to staff having to be off sick or self-isolate and cover being arranged. Examples of reduced income include voids in care home where the care home has



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not been able to admit new residents, and the reluctance of some families to admit carers into the family home.

- 3.2.** The Scottish Government is supporting the sector with additional funding and a set of national principles been introduced for sustainability and remobilisation payments; this has been issued jointly by Health and Social Care Scotland and COSLA. The principles include a 'social care support fund' that enables care and support staff to be paid in full whilst absent from work for Covid related reasons.
- 3.3.** The social care team within Commercial and Procurement Shared Service (CPSS), working collaboratively with Aberdeen City and Aberdeenshire HSCPs have designed and implemented a process for service providers of critical services (ie care homes, care at home and supported living services) to submit claims for additional costs and reduced income. Claims must be accompanied by supporting evidence and once approved by the Chief Finance Officer, providers are paid promptly by finance staff.
- 3.4.** Arrangements are also in place to support providers of non-critical services (ie support services and training/skills development services), mostly by flexibility in expectation of strict compliance with contractual service specifications, and continuation of payment for planned care and support.
- 3.5.** The work is complex and resource intensive. Although we follow national guidance, the guidance is open to interpretation and is updated frequently, bringing about the need to amend the local guidance that we issue to service providers and the paperwork we expect them to complete.
- 3.6.** There are two significant challenges in relation to the work, one is in applying consistency to decision making in this changing landscape. Providers are now required to submit monthly claims and care needs to be taken to ensure that the guidance for any period is aligned to the claim for the same period. There are regular (two weekly) meetings held for members of the collaborative group, where discussions take



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place to support consistency of approach by Aberdeen City and Aberdeenshire for all types of services.

- 3.7.** The other significant challenge is in ensuring that suitable evidence is submitted to support the provider claims. Claims are initially received and scrutinised by contract managers, then added to a tracker and the supporting evidence uploaded to at Teams site. The claims and supporting evidence are then reviewed by finance colleagues and either approved or further discussions arranged with providers if there is a need to seek further clarity or evidence. Again, the collaborative meetings help to ensure a consistent approach in relation to the evidence requested and provided.
- 3.8.** On final approval, the agreed amount is transferred to a payment tracker that Finance colleagues have access to in order to initiate payments. Providers are encouraged to submit their monthly claims as promptly as possible, but there is sometimes a significant delay. We have considered issuing deadlines and holding firmly to them, but this is not thought to be appropriate.
- 3.9.** The social care team continues to support all providers of social care services in Aberdeen City through the processes set out above and will continue to do so as long as required in line with national guidance. The financial support is being re-claimed from Scottish Government by means of the mobilisation plan. No businesses in Aberdeen City have failed because of the risks linked to Covid19.
- 3.10.** Routine contract monitoring has been suspended for the duration of the Covid emergency, to allow providers to focus attention on delivering services. This has provided an opportunity for the CPSS social care team to review the way in which they monitor contracts and to design a process that will provide more meaningful information on the risks to service provision. The review is in progress; the aim is to test out the new process before the end of the current financial year and, if successful, to fully implement it in 2021/22.



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4. Implications for IJB

- 4.1. **Equalities** - There are no equalities implications arising from this report, which relates to service provider risk and has no differential impact on people with protected characteristics
- 4.2. **Fairer Scotland Duty** - There are no implications under the Fairer Scotland Duty
- 4.3. **Financial** - There are no direct financial implications arising from the recommendations of this report.
- 4.4. **Workforce** - There are no workforce implications arising from 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 links to Strategic Aim 3 Personalisation “Ensuring that the right care is provided in the right place and at the right time when people are in need”. It also links to Enabler 7.2, Principled Commissioning, and the commitment that all commissioned services enhance the quality of life for people and their carers.

6. Management of Risk

6.1. Identified risks(s)

There is a risk that the IJB does not get assurance and accountability for all of the money that it spends on services provided by external bodies.





RISK, AUDIT AND PERFORMANCE COMMITTEE

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

These proposals are linked to Risk 2 on the Strategic Risk Register “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).”

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

By maintaining formal contractual arrangements and robust processes to monitor contracts with external organisations the IJB has assurance not only that it is getting best value but also that this expenditure is aligned to their strategic priorities and is reviewed regularly.

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

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HSCP Area	Aberdeen City
Information Provided @	09/12/2020

PROVIDER SUMMARY	NCHC Care Homes	Other	Total
Total Number of Providers	25	30	55
Number in contact for support	25	30	55
Providers Supported to date	20	29	49

OUTSTANDING CLAIMS	NCHC Care Homes	Other	Total
Total Number of Claims	59	16	75
Value of Claims	903,811	91,354	995,165

SUPPORT PROVIDED	NCHC Care Homes £	Other Services £	TOTAL £	Comments
Occupancy Payments	305,789	119,488	425,277	<i>Provide info on period payments cover etc</i>
Staffing	461,557	818,200	1,279,757	
PPE, Infection Control	181,308	990,282	1,171,590	
Other	12,845	-37,210	-24,365	<i>negative is costs which were reduced by over SG support</i>
TOTAL	961,498	1,890,761	2,852,259	

Forecast to Year End

SUPPORT PROVIDED	NCHC Care Homes £	Other Services £	TOTAL £	Comments
Occupancy Payments	738,092	216,217	954,308	
Staffing	1,174,103	1,355,899	2,530,001	
PPE, Infection Control	494,297	1,609,299	2,103,596	
Other	43,052	-61,933	-18,881	
TOTAL	2,449,543	3,119,482	5,569,025	

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