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Aberdeen City Health & Social Care Partnership
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To: Members of the Risk, Audit and Performance Committee

Town House,
ABERDEEN 19 April 2022

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 APRIL 2022 at 10.00 am.**

FRASER BELL
CHIEF OFFICER – GOVERNANCE

BUSINESS

DECLARATION OF INTERESTS

1.1 Members are requested to intimate any declarations of interest

DETERMINATION OF EXEMPT BUSINESS

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

STANDING ITEMS

3.1 Minute of Previous Meeting of 1 March 2022 (Pages 5 - 10)

3.2 Business Planner (Pages 11 - 14)

3.3 Whistleblowing Updates - verbal update

GOVERNANCE

- 4.1 Review of Local Code of Governance - HSCP22.022 (Pages 15 - 28)
Appendix A – pages 19-27
- 4.2 Review of Financial Governance - HSCP22.023 (Pages 29 - 44)
Appendix A – pages 33-44
- 4.3 Annual Governance Statement - HSCP22.025 (Pages 45 - 62)
Appendix A – pages 49-61
Appendix B – page 62
- 4.4 Annual Review of RAPC - HSCP22.021 (Pages 63 - 80)
Appendix A – pages 67-80

AUDIT

- 5.1 Approval of Unaudited Accounts - HSCP22.024 - accounts to follow
(Pages 81 - 86)
- 6. Quarter 4 Monitoring Report - HSCP22.032 - to follow
 - 6.1 External Audit Plan 2022/23 -HSCP22.031 - to follow

PERFORMANCE

- 7.1 Sign posting to external services - HSCP22.030 (Pages 87 - 92)
- 7.2 Leadership Team Objectives - Performance Framework - HSCP22.029
(Pages 93 - 100)
Appendix A – page 97
Appendix B – page 99

EXEMPT / CONFIDENTIAL BUSINESS

- 8.1 ****

CONFIRMATION OF ASSURANCE

9.1 Confirmation of Assurance

COMMITTEE DATES

10.1 Date of Next Meeting - Thursday 23 June 2022 at 10am

Tuesday 9 August 2022

Tuesday 1 November 2022

Tuesday 28 February 2023

All at 10.00 a.m.



Aberdeen City Health & Social Care Partnership

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Should you require any further information about this agenda, please contact Emma Robertson, emmrobertson@aberdeencity.gov.uk

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Risk, Audit and Performance Committee

Minute of Meeting

Tuesday, 1 March 2022

10.00 am Virtual - Remote Meeting

ABERDEEN, 1 March 2022. Minute of Meeting of the RISK, AUDIT AND PERFORMANCE COMMITTEE. Present: John Tomlinson, Chair; and Luan Grugeon, Councillors Philip Bell and John Cooke; Martin Allan, Jamie Dale, Alison MacLeod, Sandy Reid and Alex Stephen.

Also in attendance: Stella Evans, John Forsyth, Debbie Grant, Michelle Grant, Wendy Henderson, Amy Richert, Val Vertigans, Michael Wilkie and Claire Wilson.

Apologies: Sandra MacLeod.

The agenda and reports associated with this minute can be found [here](#).

Please note that if any changes are made to this minute at the point of approval, these will be outlined in the subsequent minute and this document will not be retrospectively altered.

DECLARATIONS OF INTEREST

1. Members were requested to intimate any declarations of interest in respect of the items on the agenda.

There were no declarations of interest intimated.

WELCOME AND INTRODUCTIONS

2. The Chair welcomed everyone, and members also welcomed Jamie Dale, Chief Internal Auditor to his first meeting of the Committee.

MINUTE OF PREVIOUS MEETING OF 23 SEPTEMBER 2021 AND MATTERS ARISING

3. The Committee had before it the minute of its previous meeting of 23 September 2021, for approval.

The Chair requested an update on Article 10 (IJB Annual Performance Report 2020/2021 - HSCP.21.105) where officers had been asked to reflect on reporting on NI-14 and NI-18 which should be considered alongside the impact of the Rosewell House adjustment.

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The Strategy and Transformation Lead reported that with regard to Rosewell House, there were now a variety of performance indicators in place as part of the frailty pathway. These were monitored weekly by the Leadership Team through the Surge and Flow Dashboard and also on a daily basis via the NHSG Daily System Connect meetings. In respect of NI-14 – Re-admissions within 28 days – figures were monitored regularly and fluctuated depending on demand and pressure in the system, however had improved from 13.05% in June 2021 to 10.57% in Jan 2022. In terms of NI-18 - intensive care – it was reported that they were confident that needs were being assessed and care being delivered to meet those needs. It was noted there had been some difficulties in receiving up-to-date data from the Care First system but this was being monitored.

The Committee resolved:-

- (i) to note in terms of resolutions at Article 10 of the minute (IJB Annual Performance Report 2020/2021 - HSCP.21.105), that the Performance Report would be presented to the meeting of IJB on 30 August 2022 and thereafter to RAPC on 1 November 2022;
- (ii) to note in terms of Article 14 of the minute (MWC YP Monitoring Report 2019-20 - HSCP.21.108), that a further paper from the Service Manager (CAMHS) following the publication of the 2020-21 report - that provided an overview, highlighted any implications for services and provided assurance regarding progress in relation to any new recommendations - would be added to the Planner for the meeting of RAPC on 23 June 2022; and
- (iii) to otherwise approve the minute as a correct record.

BUSINESS PLANNER

4. The Committee had before it the Committee Business Planner.

Members heard from the Chief Finance Officer/Deputy Chief Officer who provided context around future reporting.

The Committee resolved:-

- (i) to agree to record Whistleblowing in the Planner even where there were no reports;
- (ii) to instruct the Chief Finance Officer to present the Audit Scotland briefing note to the next meeting;
- (iii) to instruct the Chief Finance Officer to agree with the external auditors the timetable for presenting the audited accounts to Committee; and
- (iv) to otherwise note the content of the Planner.

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STRATEGIC RISK REGISTER - HSCP.22.008

5. The Committee had before it a report on the Strategic Risk Register, the purpose of which was to provide Committee with an updated version of the IJB's Strategic Risk Register. The Business Manager spoke to the report and took questions from Members.

The Report recommended:-

that the Committee comment on the revised Strategic Risk Register as appended to the report, noting that a full review of the strategic risks would be undertaken once the new Strategic Plan was approved by the Integration Joint Board (IJB).

The Committee resolved:-

- (i) to note that the IJB would hold a workshop to begin reviews of the risk appetite statement and risk register once the Strategic Plan was in place;
- (ii) to agree that the Workforce Plan would be considered at the meeting of RAPC on 23 June 2022;
- (iii) to instruct the Strategy and Transformation Lead to circulate the full staffing report in respect of data on vacancies and absences;
- (iv) to instruct the Chief Finance Officer to provide further information regarding vacancies in Primary Care and Social Care to the meeting of RAPC on 23 June 2022;
- (v) to note that the hosted services SLAs would be considered at the meeting of RAPC on 23 June 2022; and
- (vi) to otherwise note the Strategic Risk Register.

INTERNAL AUDIT ANNUAL PLAN (IJB) - HSCP.22.003

6. The Committee had before it the Internal Audit Plan for Aberdeen City Integration Joint Board for 2022-25.

Jamie Dale, Chief Internal Auditor, spoke to the Plan and took questions from Members.

The Report recommended:-

that the Committee approve the Internal Audit Plan for 2022-25.

The Committee resolved:-

- (i) to instruct the Chief Officer Finance to arrange a workshop regarding Portfolio arrangements at a date following the local elections;
- (ii) to instruct the Chief Finance Officer to circulate the NHS Grampian Internal Audit Plan to members; and
- (iii) to otherwise approve the Internal Audit Annual Plan.

RISK, AUDIT AND PERFORMANCE COMMITTEE

1 March 2022

INTERNAL AUDIT REPORT: MENTAL HEALTH AND SUBSTANCE MISUSE HSCP.21.127

7. The Committee had before it Internal Audit Report AC2112: Mental Health and Substance Misuse, the purpose of which was to present the outcome from the planned audit of Mental Health and Substance Misuse that was included in the 2020/21 Internal Audit Plan for Aberdeen City Council.

Jamie Dale, Chief Internal Auditor, spoke to the report.

The Report recommended:-

that the Committee review, discuss and comment on the issues raised within the report.

The Committee resolved:-

- (i) to instruct the Chief Finance Officer to consider the processes involved in monitoring and demonstrating outcomes of Self Directed Support with regard to reporting to IJB; and
- (ii) to otherwise note the information provided in the report.

DIRECTIONS TRACKER - HSCP.22.006

8. The Committee had before it the Directions – 6 monthly report which presented an update on Directions instructed to Aberdeen City Council (ACC) and NHS Grampian (NHSG) since the previous report to the 23 September 2021 RAPC.

Alex Stephen, Chief Finance Officer, introduced Amy Richert - Senior Project Manager, who had recently joined the Partnership.

The Chief Finance Officer spoke to the report and pointed out a correction at 3.3 of the report that the Directions Tracker was no longer being presented at the Chief Officers' monthly performance meeting.

In response to questions regarding Maternity Vaccinations on line 8 and Link Working (Extension) on line 9 of page 61 of the report, the Chief Finance Officer advised that these could be closed off as Maternity Vaccinations had fed through to the vaccination immunisation blueprint and Link Working had been reported to IJB.

The Report recommended:-

that the Committee note the contents of the report.

The Committee resolved:-

- (i) to instruct officers to investigate the use of a traffic light system in order to clarify status of Directions; and

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- (ii) to otherwise note the information provided in the report.

ADULT PROTECTION COMMITTEE ANNUAL REPORT 2020/21

9. The Committee had before it the Adult Protection Committee Annual Report for 2020-21.

Claire Wilson – Lead for Social Work, introduced Val Vertigans - Lead Strategic Officer, Adult Public Protection, who was also in attendance to respond to questions on the report.

Ms Wilson spoke to the report which she explained showed performance for the period April 2020 - March 2021, detailed areas of achievement, good practice, priorities and progress. She also highlighted the new website ‘*Aberdeen Protects*’ which was the first of its kind in Scotland and was a platform for both professionals and members of public to find all public protection information together in one place.

The Report recommended:-

that the Committee note the information provided in the report.

The Committee resolved:-

- (i) to agree that the explanations provided gave the Committee assurance of the approach and progress being made by the Adult Protection Committee; and
- (ii) to otherwise agree the recommendation.

EQUALITY AND HUMAN RIGHTS 6 MONTHLY PERFORMANCE REPORT-HSCP.22.011

10. The Committee had before it the Equality and Human Rights 6 Monthly Performance Report and related appendices.

Alison Macleod - Strategy and Transformation Lead, AHSCP introduced Wendy Henderson from Partners for Integration, who was one of the partners she had been working alongside in production of the documents.

The Strategy and Transformation Lead explained that the report detailed the work done since the Equalities report had been approved at IJB on 25 May 2021.

The report recommended:-

that the Committee:

- (a) note the contents of this 6 monthly Equality and Human Rights report (at items 3.5, 3.8, 3.10, 3.17, 3.20, 3.21, 3.22 and 3.23 of the report); and

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- (b) note the next steps to be taken to further mainstream the duties across Partnership services (at item 3.25 of the report).

The Committee resolved:-

- (i) to note the information provided in the report;
- (ii) to note the next steps; and
- (iii) to note that future Equality Impact Assessment reports would be reported six-monthly to IJB and RAPC alternately.

LEADERSHIP TEAM OBJECTIVES - UPDATE - HSCP.22.012

11. The Committee had before it an update report on the Leadership Team Objectives Progress for 2021/22.

Alison MacLeod, Strategy and Transformation Lead, spoke to the report and took questions from Members.

The Report recommended:-

that the Committee note the progress update in relation to the delivery of the ACHSCP Leadership Team Objectives.

The Committee resolved:-

- (i) to instruct the Strategy and Transformation Lead to report back to Committee on Quarter 3 Carers' Support figures;
- (ii) to acknowledge the Leadership Team's work throughout the previous year;
- (iii) to consider its work on governance and due diligence with a view to holding a development session; and
- (iv) to otherwise note the information provided in the report.

VALEDICTORY

12. The Chair advised Members that this would be the last Risk, Audit and Performance Committee that Councillor Philip Bell would be attending, as he was not standing for re-election in the upcoming local elections in May 2022. The Chair paid tribute to Councillor Bell, acknowledging the scrutiny and assurance he had brought to the Committee and wished to recognise the contribution he had made during this time, wishing him all the best for the future.

- **JOHN TOMLINSON, Chair**

	A	B	C	D	E	F	G	H	I	J
1	RISK and AUDIT PERFORMANCE COMMITTEE BUSINESS PLANNER 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. The									
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
3	26 April 2022									
4	Standing Item	Internal Audit Reports	Assurance that services are operating effectively		Jamie Dale	Interim Chief Internal Auditor	Governance			22/02/22 Jamie Dale advised no reports to this meeting.
5	Standing Item	Review of relevant Audit Scotland reports	Good practice to see national position		Alex Stephen	Chief Finance Officer	ACHSCP			None to present.
6	Standing Item	Review of Local Code of Governance	To provide assurance on Governance Environment	HSCP22.022	Alex Stephen	Chief Finance Officer	ACHSCP			
7	Standing Item	Review of Financial Governance	To provide assurance on Governance Environment	HSCP22.023	Alex Stephen	Chief Finance Officer	ACHSCP			
8	Standing Item	Annual Governance Statement	To provide assurance on Governance Environment	HSCP22.025	Alex Stephen	Chief Finance Officer	ACHSCP			
9	27.01.22	Annual Review of RAPC		HSCP22.021	Alex Stephen / Amy Richert	Chief Finance Officer	ACHSCP			
10	Standing Item	Approval of unaudited Accounts	Per RAPC Terms of Reference	HSCP22.024	Alex Stephen	Chief Finance Officer	ACHSCP			To be circulated as a late paper.
11	Standing Item	Quarter 4 Financial Monitoring	Per RAPC Terms of Reference	HSCP22.032	Alex Stephen	Chief Finance Officer	ACHSCP			To be circulated as a late paper.
12	24.03.22	External Audit Plan 2022/23	Alex Stephen requested report from external auditors as per duties of RAPC committee	HSCP22.031	Michael Wilkie	KPMG	KPMG			To be circulated as a late paper.
13	Standing Item	Whistleblowing Updates	At IJB on 06.07.21: (ii)to instruct the Chief Officer to report on a quarterly basis on any whistleblowing incidents raised under the Standards to the Risk, Audit and Performance Committee and NHS Grampian Board;		Martin Allan	Business Manager	ACHSCP			No incidents. Verbal update to be provided.
14	22.06.2021	Justice Social Work Performance	On 22.06.21, from Justice Social Work Performance Management Framework - HSCP.21.053; (i)to approve the Justice Social Work Performance Management Framework as a first iteration of work in progress and agree to its implementation by the justice service; and (ii)to instruct the Chief Officer (ACHSCP) to use this framework as the basis for a report outlining the performance of the justice service and present this report to RAPC no later than the end of Q1 2022-2023 and then similarly on an annual basis thereafter.		Claire Wilson	Lead for Social Work	ACHSCP		D	Request to defer to June meeting - Performance data not available for April meeting but will be available for June.
15	Standing Item	Justice Social Work Annual Report	On 06.07.21 at IJB 08/07/2021 (ii)to instruct the Chief Officer, ACHSCP to present an annual update to the Risk, Audit and Performance Committee on the progress being made with the implementation of this delivery plan.		Claire Wilson	Lead for Social Work	ACHSCP		D	To amalgamate within Justice Social work performance report as per above entry and to defer to June meeting.
16	06.12.2021	Governance Standards for signposted organisations	Sign posting to external services	HSCP22.030	Alison Macleod	Lead Strategy and Performance Manager	ACHSCP			

	A	B	C	D	E	F	G	H	I	J
	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
2										
17	01.03.22	Leadership Team Objectives - Performance Framework	Performance framework and timeline for future performance information to RAPC.	HSCP22.029	Alison Macleod	Lead Strategy and Performance Manager	ACHSCP			
18	10.03.22	Audit Scotland Drug and Alcohol service briefing	Request for paper from Alex Stephen on 10/03/22 in response to national report.		Simon Rayner		ACHSCP		D	Request to defer to June RAPC to allow for further development of the report.
19	Standing Item	Annual / Biennial Report on Adult Social Care	At IJB on 25 May 2021 - agreed annual reporting . APC propose report annually to each committee	HSCP22.010	Claire Wilson	Lead Social Worker	ACHSCP		R	This report has already been presented to IJB and CCG. Suggested to remove from RAPC planner.
20	27.01.22	Audit Scotland Briefing on Social Care	Social Care Briefing Report January 2022 prepared by Audit Scotland	HSCP.22.009 As per note.	Alex Stephen/ Claire Wilson/ Anne McKenzie	Chief Finance Officer	ACHSCP		D	Email from Alex Stephen requesting addition to Planner, 07/02/2022 Alex Stephen requested that this is withheld from the preagenda pack following consultation feedback, listed as postponed.
21	23 June 2022									
22	Standing Item	Internal Audit Reports	Assurance that services are operating effectively		Jamie Dale	Chief Internal Auditor	Governance			22/02/22 - Jamie Dale advised reports will be; Annual Report & Audit recommendations follow up.
23	Standing Item	External Audit Strategy 2021/22			Michael Wilkie	KPMG	KPMG			Possibility of being considered at April 2022 RAPC
24	Standing Item	Review of relevant Audit Scotland reports	Good practice to see national position		Alex Stephen	Chief Finance Officer	ACHSCP			
25	Standing Item	Strategic Risk Register	Bi-Annual - last report December 2021		Martin Allan	Business Manager	ACHSCP			
26	Standing Item	OHF Report	Quarterly Reporting		Calum Leask	Lead Strategy and Performance Manager	ACHSCP		R	Approved within in report HSCP.21.075 at June RAPC recommendation ii) to note that learning outcomes from OHF reporting would feature within future reporting on Leadership Team Objectives and Strategic Planning.
27	Standing Item	Directions Tracker	On 23.09.2020, RAPC : (iii) to direct the Chief Finance Officer to report on the Directions Tracker every 6 months - see 21 December 2021		Alex Stephen	Chief Finance Officer	ACHSCP			

	A	B	C	D	E	F	G	H	I	J
	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
2										
28	Standing Item	Whistleblowing Updates	At IJB on 06.07.21: (ii)to instruct the Chief Officer to report on a quarterly basis on any whistleblowing incidents raised under the Standards to the Risk, Audit and Performance Committee and NHS Grampian Board;		Martin Allan	Business Manager	ACHSCP			
29	15.03.22	Audited Accounts			Alex Stephen	Chief Finance Officer	ACHSCP			
30	01.03.22	CAMHS Update report			Jane Fletcher					
31	01.03.22	Primary Care and Social Care Vacancies	Members agreed on 01/03/22 to to instruct the Chief Finance Officer to provide further information regarding vacancies in Primary Care and Social Care to the meeting of RAPC on 23 June 2022		Alex Stephen	Chief Finance Officer	ACHSCP			
32	01.03.22	Workforce Plan	RAPC members agreed that the Workforce Plan would be considered at the meeting of RAPC on 23 June 2022		Martin Allan	Business Manager	ACHSCP			
33	01.03.22	Hosted Services SLAs	RAPC members agreed 01/02/22 that hosted services SLAs would be considered at the meeting of RAPC on 23 June 2022		Alison Macleod	Strategy and Performance Manager	ACHSCP			
34	01.03.22	Self Directed Support	RAPC members agreed 01/02/22 that Self Directed Support would be considered at the meeting of RAPC on 23 June 2022		Claire Wilson	Lead for Social Work	ACHSCP			
35	23.09.21	PCIP - progress to date	Further update report (last reported at 23 September 21 RAPC - HSCP.21.105)	As per note.	Emma King / Sarah Gibbon		ACHSCP		D	Due to system and workload pressures this was deferred to 26 April 2022 committee, however a Workshop is now planned to cover 2C and Primary Care Update after RAPC on 23 June 2022.
36	9 August 2022									
37	Standing Item	Internal Audit Reports	Assurance that services are operating effectively		Jamie Dale	Chief Internal Auditor	Governance			
38	Standing Item	Review of relevant Audit Scotland reports	Good practice to see national position		Alex Stephen	Chief Finance Officer	ACHSCP			
39	Standing Item	Board Assurance and Escalation Framework (BAEF)	26.08.2020; The Committee resolved :- (iv) to note that the Framework will be reviewed by the Committee on an annual basis.		Martin Allan	Business Manager	ACHSCP			
40	Standing Item	Financial Regs Review	Annual Review		Alex Stephen	Chief Finance Officer	ACHSCP			
41	Standing Item	Whistleblowing Updates	At IJB on 06.07.21: (ii)to instruct the Chief Officer to report on a quarterly basis on any whistleblowing incidents raised under the Standards to the Risk, Audit and Performance Committee and NHS Grampian Board;		Martin Allan	Business Manager	ACHSCP			

	A	B	C	D	E	F	G	H	I	J
	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
2										
42	06.07.21	Locality Plans - HSCP.21.078	At IJB on 06.07.21: (iii)to instruct the Chief Officer, ACHSCP to report to the Risk, Audit and Performance Committee in 12 months with an update on locality planning including implementation of the locality plans.		Alison Macleod	Lead Strategy and Performance Manager	ACHSCP			
43	1 November 2022									
44	Standing Item	Internal Audit Reports	Assurance that services are operating effectively		Jamie Dale	Chief Internal Auditor	Governance			
45	Standing Item	Review of relevant Audit Scotland reports	Good practice to see national position		Alex Stephen	Chief Finance Officer	ACHSCP			
46	Standing Item	Strategic Risk Register	Bi-Annual - last report December 2021		Martin Allan	Business Manager	ACHSCP			
47	Standing Item	OHF Report	Quarterly Reporting		Calum Leask	Lead Strategy and Performance Manager	ACHSCP		R	Approved within in report HSCP.21.075 at June RAPC recommendation ii) to note that learning outcomes from OHF reporting would feature within future reporting on Leadership Team Objectives and Strategic Planning.
48	Standing Item	Directions Tracker	On 23.09.2020, RAPC : (iii) to direct the Chief Finance Officer to report on the Directions Tracker every 6 months - see 21 December 2021		Alex Stephen	Chief Finance Officer	ACHSCP			
49	Standing Item	Whistleblowing Updates	At IJB on 06.07.21: (ii)to instruct the Chief Officer to report on a quarterly basis on any whistleblowing incidents raised under the Standards to the Risk, Audit and Performance Committee and NHS Grampian Board;		Martin Allan	Business Manager	ACHSCP			
50	01.03.22	IJB Annual Performance Report 2020/21	Members noted at RAPC on 01/03/22 that the IJB Annual Performance Report 2020/2021 - HSCP.21.105, would be presented to the meeting of IJB on 30 August 2022 and thereafter to RAPC on 1 November 2022		Alison Macleod	Lead Strategy and Performance Manager	ACHSCP			
51	28 February 2023									
52	24.08.21	Navigator project evaluation	IJB 24.08.21 - NAVIGATOR REPORT - HSCP.21.086 - to instruct the Chief Officer, ACHSCP to present an evaluation and update report to the RAPC prior to conclusion of Year 2 funding. (First two years October 21 to October 23)		Simon Rayner	ADP Strategic Lead	ACHSCP			



RISK, AUDIT AND PERFORMANCE

Date of Meeting	26 April 2022
Report Title	Local Code of Corporate Governance
Report Number	HSCP.22.022
Lead Officer	Alex Stephen, Chief Finance Officer
Report Author Details	Alex Stephen Job Title: Chief Finance Officer alestephen@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	Appendix A - Sources of Assurance & Local Code of Governance

1. Purpose of the Report

- 1.1. To review the local code of corporate governance for the Integration Joint Board (IJB) previously agreed by Audit & Performance Systems Committee (APS) and allow the Risk, Audit and Performance Committee (RAPC) to comment on the sources of assurances used to measure the effectiveness of the governance principles contained in the CIPFA\SOLACE¹ *'Delivering Good Governance in Local Government: Framework'* document.

2. Recommendations

- 2.1. It is recommended that the Risk, Audit and Performance Committee:
- a. Approve the sources of assurance, as highlighted in Appendix A.

¹ CIPFA – Chartered Institute of Public Finance and Accounting
SOLACE – Society of Local Authority Chief Executives



RISK, AUDIT AND PERFORMANCE

3. Summary of Key Information

- 3.1. The IJB is responsible for ensuring that its business is conducted in accordance with the law appropriate to standards, safeguarding public funds and assets and making arrangements to ensure best value. To demonstrate this, an annual governance statement is produced and included within the annual accounts document. The IJB is required to review the effectiveness of the control environment annually and this also features in the annual governance statement.
- 3.2. In April 2016 CIPFA\SOLACE published a report titled 'Delivering Good Governance in Local Government: Framework'. The objective of the Framework is to help local government in taking responsibility for developing and shaping an informed approach to governance, aiming at achieving the highest standards in a measured and proportionate way.
- 3.3. Whilst the document is written in a local authority context, most of the principles are applicable to public bodies including the IJB, particularly as the legislation recognises the Aberdeen City Health and Social Care Partnership (ACHSCP) as a local government body, under Part VII of the Local Government (Scotland) Act 1973, and therefore subject to the local authority accounting code of practice. Aberdeen City Council (ACC) has also adopted a local code of corporate governance based on this framework and many of the assurances will be contained in the same documents.
- 3.4. At the APS Committee on 11 April 2017, now the RAPC, a local code of corporate governance was approved based on this Framework and this forms the basis of the annual governance statement.
- 3.5. A review has been undertaken of the sources of assurance and the changes are highlighted in italics in Appendix 1 of this report. Many of the assurances come from documents which belong to NHS Grampian (NHSG) and ACC. This is appropriate given the partnership model for IJBs where the decisions made by the IJB are required to be actioned using processes of the partner organisations.
- 3.6. An annual review will be required to be undertaken to assess IJB performance against these principles. This will identify any weaknesses and improvement actions required.



RISK, AUDIT AND PERFORMANCE

4. Implications for RAP

- 4.1. **Equalities** – There are no equalities implications arising from this report.
- 4.2. **Fairer Scotland Duty** – There are no Fairer Scotland Duties arising from this report.
- 4.3. **Financial** – There are no financial implications arising from this report.
- 4.4. **Workforce** – There are no workforce implications arising from this report.
- 4.5. **Legal** – There are no legal implications arising from this report.
- 4.6. **Other** – There are no other implications arising from this report.

5. Links to ACHSCP Strategic Plan

- 5.1. Good governance and internal controls are fundamental to ensuring the delivery of the strategic plan.



6. Management of Risk

- 6.1. **Identified risk(s):** Good governance and internal controls are fundamental to the delivery of the strategic plan and therefore applicable to most of the risks within the strategic risk register.
- 6.2. **Link to risk number on strategic or operational risk register:** Risk numbers 1-10 of the strategic risk register.



RISK, AUDIT AND PERFORMANCE

- 6.3. How might the content of this report impact or mitigate the known risks:** This report outlines the assurances for the effectiveness of the governance principles, as set out in the CIPFA/SOLACE document.

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



Sources of Assurance & Local Code of Governance March 2022

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GOVERNANCE PRINCIPLES		
Principle A	Sub-Principles	
Behaving with integrity, demonstrating strong commitment to ethical values and representing the rule of law.	<ul style="list-style-type: none"> Behaving with integrity. Demonstrating strong commitment to ethical values Respecting the rule of law. 	
Sources of Assurance		
IJB	ACC	NHSG
<ul style="list-style-type: none"> Code of conduct Financial regulations (<i>Revised 23 September 2021</i>) Integration scheme (<i>Revised 27 March 2018</i>) Standing orders (<i>Revised 23 March 2021</i>) IJB members and ACHSCP staff induction Board Assurance Framework (<i>Revised 23 September 2021</i>) 'imatters' / staff surveys Dignity at work survey 	<ul style="list-style-type: none"> Member/ Officer Relations Protocol Employee Code of Conduct Behavioural Framework and Organisational Capabilities Register of Interests Register of Gifts and Hospitality Scheme of Governance – Officer and Committee Delegations Scheme of Governance - Standing Orders for Council, Committee and Sub Committee meetings 	<ul style="list-style-type: none"> NHSG schedule of reserved decisions NHSG standing financial instructions iMatter and other Staff surveys NHS Scotland Staff Experience Review Employee conduct policy NHSG Board Members Code of Conduct EKSF processes/objective setting Standing orders NHSG Feedback Service NHSG induction process



- | | | |
|--|---|--|
| <ul style="list-style-type: none">• Complaints Handling Procedure (<i>Revised 23 February 2021</i>)• Role and responsibilities protocol for Chief Officer and Chief Finance Officer• Formal Directions Procedure• New IJB report format, including equality and Fairer Scotland implication sections• Whistleblowing Policy (<i>6 July 2021</i>) | <ul style="list-style-type: none">• Consultation and Legislation Trackers• Annual reviews of Committees' effectiveness• Corporate Policy Framework and Strategy Framework• Statutory Officers and Statutory Appointments• Complaints Handling Procedure• Elected Member Induction and Development including Code of Conduct• Information Governance Annual Report• Bond Governance | <ul style="list-style-type: none">• HR policies (including health promotion) |
|--|---|--|



Principle B		Sub-principles	
Ensuring openness and comprehensive stakeholder engagement.		<ul style="list-style-type: none"> • Openness. • Engaging comprehensively with institutional stakeholders. 	
Sources of Assurance			
IJB	ACC		NHSG
<ul style="list-style-type: none"> • IJB Strategic Plan (<i>revised 26 March 2019</i>) • Broad range of stakeholders on the IJB itself. • Representatives from 3rd and independent sectors in key working groups. • Joint communications and engagement group. • Complaints Handling (<i>Revised 23 February 2021</i>) • Procedure and freedom of information compliance (<i>Revised 8 September 2020 and 23 September 2021</i>) • 'imatters' team action plans • Communications protocol • Whistleblowing Policy (<i>6 July 2021</i>) • Public Engagement Policy (<i>24 August 2021</i>) 	<ul style="list-style-type: none"> • Council Delivery Plan • Local Outcome Improvement Plan • Locality Empowerment Groups • Community Planning Aberdeen Engagement, Participation and Empowerment • Strategy • Community Council Liaison and Support • Webcasting of Council and Committee meetings • Staff Governance Committee • Trade Union Engagement • ALEO Strategic Partnership • Leadership Forum • Integrated Impact Assessments • Parental Involvement and Engagement Plan • City-wide Pupil Forum • ACC Citizen Space Consultation Hub 		<ul style="list-style-type: none"> • NHSG Feedback Service • Freedom of information compliance • NHSG Remobilisation Plan and Delivery Plan • NHSG Engagement & Participation Committee



Principle C Defining outcomes in terms of sustainable economic, social and environmental benefits		Sub-principles <ul style="list-style-type: none"> Defining outcomes Sustainable economic, social and environmental benefits. 	
Sources of Assurance			
IJB		ACC	
<ul style="list-style-type: none"> Strategic plan (<i>revised 26 March 2019</i>) Performance framework which includes national & local indicators, aligned to strategic plan Local outcome improvement plans Locality plans Medium Term Financial Framework (<i>revised 10 March 2022</i>) Transformation Plan Climate change duties report Equalities Outcomes (25 May 2021) 		<ul style="list-style-type: none"> Council Delivery Plan Performance Management Framework Annual Procurement Performance Report Scotland Excel Annual Report Local Outcome Improvement Plan and Improvement Groups Commissioning Intentions and Annual Budget Setting ALEO Annual Reports Economic Policy Panel 	
		NHSG	
		<ul style="list-style-type: none"> NHSG Remobilisation Plan and Delivery Plan Board Assurance, framework & associated revised meeting structure 	



Principle D Determining the interventions necessary to optimise the achievement of intended outcomes.		Sub-principles <ul style="list-style-type: none"> • Determining interventions. • Planning interventions. • Optimising achievement of intended outcomes. 	
Sources of Assurance			
IJB	ACC		NHSG
<ul style="list-style-type: none"> • Effective and embedded risk management system • Effective and embedded budget monitoring and financial planning • Third party governance and assurance • Performance management framework • Health & safety arrangements • Information governance assurance framework • Business continuity plans • Civil contingencies group and plan 	<ul style="list-style-type: none"> • Effective and embedded risk management system • Effective and embedded budget monitoring and financial planning • Annual reviews of Committees' effectiveness • Performance Management Framework • Local Resilience Partnership • Business Continuity Planning and Testing • Local Outcome Improvement Plan and Improvement Groups • Population Needs Assessment 		<ul style="list-style-type: none"> • Effective and embedded risk management systems • Effective and embedded budget monitoring and financial planning • Performance management • NHSG Health & Safety Committee • NHSG caldicott guardian • NHSG annual accountability review



Principle E Developing the entity's capacity, including the capability of its leadership and the individuals within it		Sub-Principles <ul style="list-style-type: none"> • Developing the entity's capacity. • Developing the capability of the entity's leadership and other individuals. 	
Sources of Assurance			
IJB	ACC		NHSG
<ul style="list-style-type: none"> • Staff induction • Organisational Development Plan • <i>IJB Workforce plan (26 March 2019)</i> • Role and responsibilities protocol for Chief Officer and Chief Finance Officer • IJB Induction and development programmes 	<ul style="list-style-type: none"> • Behavioural Framework and Organisational Capabilities • Scheme of Governance – Officer and Committee Delegations • Corporate Policies Framework • Leadership Forum • Member / Officer Relations Protocol • Future of Work Action Groups 		<ul style="list-style-type: none"> • Staff induction • North East leadership schemes • NHS HR policies • Staff partnership representation • Engagement with Scottish Government Effective Leadership and Quality Improvement programmes



Principle F Managing risk and performance through robust internal control and strong public financial management.		Sub-principles <ul style="list-style-type: none"> • Managing risk. • Managing performance. • Managing data. • Strong public financial management. 	
Sources of Assurance			
IJB	ACC		NHSG
<ul style="list-style-type: none"> • Financial regulations <i>Revised 23 September 2021</i>) • Performance management framework • Effective and embedded budget monitoring and financial management • Risk appetite statement <i>(revised 15 December 2021)</i> • Internal and external audit plans • Third party governance and assurance • Integration scheme <i>(revised 27 March 2018)</i> • Annual review of Risk, Audit Performance committee effectiveness <i>(17 April 2021)</i> 	<ul style="list-style-type: none"> • Medium Term Financial Strategy • Financial Regulations • Following the Public Pound Guidance • Performance Management Framework • Effective and embedded budget monitoring and financial management • Risk Registers and Assurance Maps • Risk Appetite Statement • Risk Management Policy and Guidance • Bond Governance and Annual Credit Rating Assessment • Internal Audit Plan and Inspections Planner • External Audit Strategy • Horizon Scanning • Counter Fraud Training • Scheme of Governance – Officer and Committee Delegations • Procurement Regulations, Training and Development • Annual review of Audit, Risk and Scrutiny Committee effectiveness • Business Continuity Plans for Critical Functions 		<ul style="list-style-type: none"> • NHSG schedule of reserved decisions • NHSG standing financial instructions • Performance management framework • Effective and embedded budget monitoring and financial management • Risk registers • Internal and external audit plan • Information governance • NHSG Policy for Fraud Prevention



<ul style="list-style-type: none"> • Data protection compliance (<i>Officer established 22 May 2018</i>) • Business continuity plans for critical functions • Medium Term Financial Framework (<i>revised 10 March 2022</i>) 	<ul style="list-style-type: none"> • Assurance 365 Data 	<ul style="list-style-type: none"> • NHSG Risk Management Protocol and operating procedures
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Principle G Implementing good practices in transparency, reporting, and audit to deliver effective accountability.		Sub-principles <ul style="list-style-type: none"> • Implementing good practice in transparency. • Implementing good practices in reporting. • Assurance and effective accountability. 	
Sources of Assurance			
IJB	ACC		NHSG
<ul style="list-style-type: none"> • Committee reporting framework • Financial reporting – annual financial statements and accounts, annual budget • Financial plans reporting to committees • Internal and external audit plans • Third party governance • Medium Term Financial Framework (<i>revised 10 March 2022</i>) 	<ul style="list-style-type: none"> • Committee Reporting Framework • Financial Reporting – Annual Financial Statements and Accounts, Annual Budget • Medium and Long Term financial plans and quarterly reporting to Committees • Internal and external audit plans • Third Party Governance • Local Government Benchmarking Framework • Complaints Handling Procedure • Best Value/Value for Money • Annual Procurement Performance Report 		<ul style="list-style-type: none"> • Financial reporting – annual financial statements and accounts, annual budget • Internal and external audit plans



<ul style="list-style-type: none">• MSG Performance Indicators• Performance Management Framework• Complaints handling procedure (<i>Revised 23 February 2021</i>)• New IJB report format.• Whistleblowing Policy (<i>6 July 2021</i>)	<ul style="list-style-type: none">• Register of Interests• Register of Gifts and Hospitality• Project Management Protocols	
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RISK, AUDIT & PERFORMANCE COMMITTEE

Date of Meeting	26 April 2022
Report Title	Review of Financial Governance Arrangements
Report Number	HSCP.22.023
Lead Officer	Alex Stephen, Chief Finance Officer
Report Author Details	Alex Stephen, Chief Finance Officer alestephen@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	A. Review of Financial Governance Arrangements

1. Purpose of the Report

- 1.1. To provide the Risk, Audit and Performance Committee (RAPC) with the results of the review undertaken by the Aberdeen City Health and Social Care Partnership (ACHSCP) Leadership Team, as at Appendix A, against financial governance requirements contained in the Chartered Institute of Public Finance and Accountancy (CIPFA)'s statement on the '[Role of the Chief Financial Officer in Local Government \(2016\)](#)'.

2. Recommendations

- 2.1. It is recommended that the Risk, Audit & Performance Committee:
 Note the content of the report and the accompanying results of the Executive team review contained at Appendix A.

3. Summary of Key Information

- 3.1. During the audit of the Integration Joint Board's (IJB) 2015/16 annual accounts, Audit Scotland, the IJB's external auditors at that time, requested that during the first full year of operation a review be undertaken to ensure compliance with the financial governance requirements of the CIPFA Statement on the Role of the Chief Financial Officer in Local Government



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(2016). This request formed part of the 2015/16 annual governance statement which was contained in the annual accounts document.

- 3.2. The audit committee of the IJB has reviewed this annually since then, except for the last financial year due to the impact of the first wave of the pandemic. Contained in that review were some areas where further work was required or being progressed. In particular - and as highlighted last year - support for the Chief Finance Officer continues to regularly be assessed. While the relevant finance teams reporting to NHS Grampian and Aberdeen City Council are working well, further support is required given the increased workload as a result of the pandemic. The Chief Officer has agreed to provide additional financial support to the Chief Finance Officer. Appendix A contains the result of the first review, with any updates from this year's most recent Leadership Team review highlighted in italics.
- 3.3. Please note The Role of the Chief Financial Officer in Local Government document referenced in this report is largely for local government, some of the terminology and principles are not directly relevant in an IJB context.
- 3.4. The financial control environment of the IJB is complex, with several of the controls remaining with the partner organisations (NHS Grampian and Aberdeen City Council). A review has been undertaken and assurance has been provided against each of the principles. In relation to which further development work is required and in progress.

4. Implications for IJB

- 4.1. **Equalities** – there are no direct implications arising from this report.
- 4.2. **Fairer Scotland Duty** – there are no direct implications arising from this report.
- 4.3. **Financial** - Ensuring that the financial governance arrangements are robust, regularly reviewed and aligned (where appropriate) will help ensure that there is sufficient control over IJB finances, reducing the risk of overspend or misuse of public funding.
- 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** – there are no direct implications arising from this report.

5. Links to ACHSCP Strategic Plan



5.1. Good governance and internal controls are fundamental to ensuring the delivery of the strategic plan.

6. Management of Risk

6.1. **Identified risk(s):** Good governance and internal controls are fundamental to the delivery of the strategic plan and therefore applicable to most of the risks within the strategic risk register.

6.2. **Link to risk number on strategic or operational risk register:** Risk numbers 1-10 of the strategic risk register.

6.3. **How might the content of this report impact or mitigate the known risks:** This report provides assurance and evidence on the financial governance requirements as contained the CIPFA statement.

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

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FINANCIAL GOVERNANCE ARRANGEMENTS – March 2022

Principle 1: *The Chief Financial Officer in a local authority is a key member of the Leadership Team, helping it to develop and implement strategy and to resource and deliver the authority's strategic objectives sustainably and in the public interest.*

Statement	Evidenced by
Requirement: Set out a clear statement of the respective roles and responsibilities of the Leadership Team and its members individually.	
The IJB Leadership Team: <ul style="list-style-type: none"> • has a clear statement of its respective roles and responsibilities. 	<ul style="list-style-type: none"> • Job Descriptions of the IJB Leadership Team Members. • IJB Leadership Team Structure. • IJB Leadership Team Minutes.
Requirement: Ensure the CFO reports directly to Chief Executive and is a member of the leadership team with at least equal status to other members	
The IJB CFO: <ul style="list-style-type: none"> • is a member of the IJB Leadership Team and an advisor to the Integration Joint Board and the two leadership forums. • reports directly to the Chief Officer with a status at least equivalent to the other Leadership Team members. 	<ul style="list-style-type: none"> • IJB Leadership Team Structure. • IJB Leadership Team Minutes. • IJB minutes and reports.
Requirement: Determine a scheme of delegation and reserve powers, including a formal schedule of those matters specifically reserved for collective decisions by the Board and these should be reviewed.	
The IJB: <ul style="list-style-type: none"> • Is governed by its standing orders and the integration scheme. • Terms of Reference have been agreed and reviewed for both sub committees. NHS Grampian (NHSG) and Aberdeen City Council (ACC): <ul style="list-style-type: none"> • Both have lists of powers reserved for officers and authorisation limits. 	<ul style="list-style-type: none"> • IJB Standing Orders/Integration Scheme. <i>(revised 23 March 2021)</i> • Sub Committee Terms of Reference. <i>(revised 23 March 2021)</i> • ACC schemes of delegation and Committee Terms of Reference. • IJB minutes and agendas.

Statement	Evidenced by
	<ul style="list-style-type: none"> • IJB Chief Officer and Chief Finance Officer - roles and responsibilities protocol • IJB Formal Directions Procedure
Requirement: Ensure that the IJB's Governance arrangements allow the CFO to influence all material business decisions and has direct access to Chief Executive, other leadership team members, the audit committee and external audit	
<p>The IJB CFO:</p> <ul style="list-style-type: none"> • is a member of the Leadership Team and reports to the Chief Officer. • is responsible for the coordination of reports for the Risk Audit and Performance Committee. • is a non-voting member of the IJB. • is the IJB contact for external audit matters. 	<ul style="list-style-type: none"> • IJB Leadership Team Structure. • IJB Leadership Team Minutes. • RAPC Minutes. • IJB minutes and reports.
Requirement: Review the scope of the CFO's other management responsibilities to ensure financial matters are not compromised.	
<p>The IJB CFO:</p> <ul style="list-style-type: none"> • has management and leadership responsibility for services in Depute Chief Officer Role. • management responsibilities are led and managed by suitably qualified staff and the CFO does therefore not feel that these responsibilities compromise financial matters. 	<ul style="list-style-type: none"> • IJB Leadership Team Structure. • IJB Leadership Team Minutes and Agendas.
Requirement: Assess the financial skills required by the leadership team and commit to developing these skills to enable their roles to be carried out effectively.	
<p>The IJB CFO:</p> <p>is confident that the Leadership Team members have the financial capabilities to perform their jobs effectively.</p>	<ul style="list-style-type: none"> • IJB Leadership Team Minutes • Training records • Quarterly Performance Meetings

Statement	Evidenced by
<p>Requirement: Review partnership arrangements to ensure the authority always has access to financial advice in relation to its role in partnership</p>	
<p>The IJB:</p> <ul style="list-style-type: none"> • has partnership relationships formally identified through the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. • has its own Chief Finance Officer to provide independent financial advice. • has agreed a budget protocol which establishes how future budgets should be agreed. • has developed and continues to develop relationships with care providers. • has a membership heavily influenced by its partners. • has contract management arrangements for Bon Accord Care. <p>The IJB Chief Officer is a member of the NHS and ACC senior leadership teams.</p>	<ul style="list-style-type: none"> • Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. • IJB Leadership Team Structure. • Care provider forums. • IJB membership lists. • IJB Budget Protocol. • ACC corporate management team structure. • NHS Grampian Senior Leadership Team structure. • BAC quarterly contract management meetings agendas and minutes.

Principle 2: *The CFO in a local authority must be actively involved in, and able to bring influence to bear on, all material business decisions to ensure immediate and longer term implications, opportunities and risks are fully considered, and alignment with the authority’s overall financial strategy.*

Statement	Evidenced by:
Requirement: Establish a medium-term business and financial planning process to deliver the IJB’s strategic objectives.	
The IJB CFO: <ul style="list-style-type: none"> works collaboratively with senior officers to produce a balanced budget which allows the services in the strategic plan to be delivered. has led the development of IJB Medium Term Financial Framework. The IJB:agreed a budget protocol. held budget workshops with IJB members. 	<ul style="list-style-type: none"> IJB Medium Term Financial Framework (<i>revised 23 March 2021</i>) IJB Budget Protocol. Slides from IJB finance workshops. IJB budget timetable. Transformation plan and Leadership Team Objectives
Requirement: Ensure that these are subject to continuing review of the assumptions	
The IJB CFO: <ul style="list-style-type: none"> reviews the budget assumptions through the budget monitoring process. 	<ul style="list-style-type: none"> Regular budget monitoring reports to the IJB Medium Term Financial Framework (<i>revised 23 March 2021</i>)
Requirement: Ensure that professional advice on matters that have financial implications is available and recovered well in advance of decision making	
The IJB CFO: <ul style="list-style-type: none"> reviews all IJB reports and signs these off from a financial perspective before publication. 	<ul style="list-style-type: none"> IJB reports and minutes
Requirement Ensure that budget calculations are robust and reserves adequate.	
The IJB CFO: <ul style="list-style-type: none"> Developed and regularly reviews a reserves strategy which was approved by the IJB. reviewed the reserve levels during the financial strategy work and requested the IJB ring fence funding as a ‘risk reserve’. 	<ul style="list-style-type: none"> IJB reserve strategy. IJB minute approving reserve strategy. IJB Medium Term Financial Framework (<i>revised 23 March 2021</i>)
Requirement: Ensure those making decisions are provided with financial information which is relevant, timely and clear.	
The IJB CFO:	<ul style="list-style-type: none"> IJB reports and minutes.

Statement	Evidenced by:
<ul style="list-style-type: none"> reviews all IJB reports and signs these off from a financial perspective before publication. attends the IJB as a non-voting member and provides advice where and when appropriate. 	<ul style="list-style-type: none"> IJB Leadership Team Reports and Minutes.
<p>Requirement: Ensure that the authority meets its policy and service objectives and provided effective stewardship of public money and value for money in its use.</p>	
<p>The IJB:</p> <ul style="list-style-type: none"> has agreed a performance management framework which is regularly reviewed by the IJB and at the RAP Committee. approves spend and issues directions for procurement spend over £50,000. <p>NHSG and ACC:</p> <ul style="list-style-type: none"> have procurement and financial regulations which demonstrate best value. 	<ul style="list-style-type: none"> IJB reports and minutes. IJB integration scheme (<i>revised 23 March 2021</i>) IJB financial regulations (<i>revised 23 September 2021</i>) ACC Procurement regulations. ACC financial regulations. ACC delegated powers. NHSG schedule of reserved decisions. NHSG standing financial instructions. Formal Directions Procedures.
<p>Requirement: Ensure that authority maintains a prudential financial framework, keeps its commitment in balances with available resources, monitors income and expenditure levels and takes corrective action when necessary.</p>	
<p>The IJB CFO:</p> <ul style="list-style-type: none"> reviews the budget assumptions through the budget monitoring process. <p>The Leadership Team:</p> <ul style="list-style-type: none"> review budget monitoring and where possible develop plans to rectify adverse movements in the financial position. 	<ul style="list-style-type: none"> Regular budget monitoring reports to the IJB. Leadership Team – Agendas, Reports and Minutes.
<p>Requirement: Ensure the IJB understands the budgetary commitment of a contracted service including longer term financial implications.</p>	

Statement	Evidenced by:
<p>The IJB CFO:</p> <ul style="list-style-type: none"> prepared an IJB Medium-Term Financial Framework <p>The IJB:</p> <ul style="list-style-type: none"> is provided with the financial implications of decision in future years in its reports. 	<ul style="list-style-type: none"> Transformation Update reports. IJB reports – financial implications sections. IJB Medium Term Financial Framework (<i>revised 23 March 2021</i>).
<p>Requirement: Ensure advice is provided on reserve levels in line with good practice.</p>	
<p>The IJB CFO:</p> <ul style="list-style-type: none"> developed and regularly reviews a reserves strategy which was approved by the IJB. reviews the reserve levels during the financial strategy work and requested the IJB ring fence funding as a ‘risk reserve’. 	<ul style="list-style-type: none"> IJB reserve strategy. IJB minute approving reserve strategy. IJB Medium Term Financial Framework and covering report.
<p>Requirement: Ensure compliance with CIPFA’s prudential code for capital finance in local authorities and CIPFA’s Treasury Management in the Public Services Code of Practice.</p>	
<p>The IJB has no responsibility for treasury management.</p>	<p>NA</p>
<p>Requirement: Ensure that appropriate management accounting systems, functions and controls are in place so finances are kept under review.</p>	
<p>NHSG and ACC:</p> <ul style="list-style-type: none"> provide the management accounting systems, functions and controls for the IJB. these systems are reviewed regularly by internal audit. 	<ul style="list-style-type: none"> Internal Audit Reports of ACC, NHSG and IJB. Internal Auditor’s opinion on internal controls of ACC, NHSG and IJB.
<p>Requirement: Ensure the provision of clear, well presented, timely, complete and accurate information and reports to budget holders.</p>	
<p>NHSG and ACC:</p> <ul style="list-style-type: none"> Finance managers provide financial information and advice to budget holders on a regular basis. 	<ul style="list-style-type: none"> Budget monitoring reports and timetables for budget holders.

Statement		Evidenced by:
Requirement: Ensure that medium-term business and financial planning systems along with ongoing performance monitoring cover the services provided through partnerships and alternative delivery models.		
The IJB: <ul style="list-style-type: none"> • Receive full details and approve the budget for Bon Accord Care (BAC). • has considered a report on BAC’s Strategic Plan • will receive BAC’s Annual Report. 	<ul style="list-style-type: none"> • IJB reports and minutes. • BAC quarterly contract monitoring meeting agendas and minutes. 	
Requirement: Ensure that the prudential financial framework accurately reflects the commitments and potential future impact of contracted future services.		
The IJB has no responsibility for treasury management.	N/A	

Principle 3: *The CFO in a local authority must lead the promotion and delivery by the whole authority for good financial management so that public money is safeguarded at all times and used appropriately, economically, efficiently and effectively.*

Statement		Evidenced By
Requirement: Make the CFO responsible for ensuring appropriate advice is given on all financial matters, for keeping financial records and accounts, and maintaining an effective system of financial control.		
The IJB CFO: <ul style="list-style-type: none"> • has responsibility for these matter as indicated in the CFO job description. The IJB: <ul style="list-style-type: none"> • needs to place assurance on ACC and NHS Grampian for some elements of the financial control system, which in turn are regularly reviewed by their internal audit functions. 	<ul style="list-style-type: none"> • CFO Job description. • ACC and NHS Grampian - annual accounts. • Internal Audit’s –Annual report and Statement on the internal control system – ACC, NHS Grampian and IJB. 	
Requirement: Ensure that system and processes for financial administration, financial control and protection of the authority’s resources and assets are designed in conformity with appropriate ethical standards and monitor their continuing effectiveness in practice.		

Statement	Evidenced By
The IJB: <ul style="list-style-type: none"> needs to place assurance on ACC and NHS Grampian for some elements of the financial control system, which in turn are regularly reviewed by their internal audit functions. 	<ul style="list-style-type: none"> ACC and NHS Grampian - annual accounts. Internal Audit's –Annual report and Statement on the internal control system – ACC, NHS Grampian and IJB.
Requirement: Ensure that the authority puts in place effective internal financial controls. Ensuring that these controls are an integral part of the IJB's underlying framework of corporate governance and that they are reflected in its local code.	
The IJB: <ul style="list-style-type: none"> needs to place assurance on ACC and NHS Grampian for some elements of the financial control system, which in turn are regularly reviewed by their internal audit functions. through the RAP committee, have developed a local code of corporate governance, in line with guidance from CIPFA/SOLACE. 	<ul style="list-style-type: none"> ACC and NHS Grampian - annual accounts. Internal Audit's –Annual report and Statement on the internal control system – ACC, NHS Grampian and IJB. IJB local code of corporate governance.<i>(revised annually)</i>
Requirement: Address the IJB's arrangements for financial and internal control and for managing risk in annual governance reports.	
The IJB: <ul style="list-style-type: none"> has addressed these arrangements in the annual governance report and will continue to do so. 	<ul style="list-style-type: none"> The IJB accounts (annual governance statement).
Requirement: Publish annual accounts on a timely basis to communicate the authority's activities and achievements, its financial position and performance.	
The IJB: <ul style="list-style-type: none"> publishes its financial accounts on its website. provides members of the public the opportunity to inspect the accounts of the organisation in line with statutory process. 	<ul style="list-style-type: none"> Aberdeen City Health & Social Care Partnership website. Annual Accounts documents.
Requirement: Ensure an effective internal audit function is resourced and maintained.	
The IJB: <ul style="list-style-type: none"> has appointed an internal auditor. 	<ul style="list-style-type: none"> Risk, Audit & Performance Committee agendas and minutes.

Statement	Evidenced By
The RAP Committee <ul style="list-style-type: none"> has received the internal audit annual plan at the APS Committee. has reviewed internal audit reports. 	<ul style="list-style-type: none"> IJB agenda and minutes.
Requirement: Develop and maintain an effective committee.	
The IJB: <ul style="list-style-type: none"> has established an Audit Committee. 	<ul style="list-style-type: none"> RAP Committee agendas and minutes. RAP Committee terms of reference. A review on whether the terms of reference of this committee have been achieved is undertaken annually.
Requirement: Ensure that the IJB makes best use of resources and that taxpayers and/or service users receive value for money.	
The NHS Grampian and ACC: <ul style="list-style-type: none"> financial standing orders and procurement regulations which the IJB uses, which allows best value to be demonstrated. 	<ul style="list-style-type: none"> ACC Procurement regulations. ACC financial regulations. ACC delegated powers. NHSG schedule of reserved decisions. NHSG standing financial instructions.
Requirement: Embed financial consequences in person specifications and appraisals.	
The NHS Grampian, ACC and IJB: <ul style="list-style-type: none"> included financial responsibilities in job specifications where appropriate. 	<ul style="list-style-type: none"> Job Descriptions Finance is considered by CO and CFO in quarterly performance reviews.
Requirement: Assess the financial skills required by managers and commit to develop those skills to enable their roles to be carried out effectively.	

Statement	Evidenced By
<p>The IJB:</p> <ul style="list-style-type: none"> is currently relying on the financial skills, regulations and budget management training provided by ACC and NHS Grampian. 	<ul style="list-style-type: none"> ACC and NHS Grampian training records. The majority of the leadership team have substantial experience of budget management and this combined with support of the finance team means they have the financial skills to undertake their roles.
<p>Requirement: Ensure that councillors’ roles and responsibilities for monitoring performance/budget management are clear, that they have adequate access to financial skills, and are provided with appropriate financial training on an ongoing basis to help them discharge their responsibilities.</p>	
<p>The IJB:</p> <ul style="list-style-type: none"> financial workshops to discuss the budget. has a development plan. has inductions for new members. 	<ul style="list-style-type: none"> Slides and invitations for budget workshops. IJB development plan. CFO ‘open door’ policy for IJB member enquiries on any aspect of finance.
<p>Requirement: Ensure ongoing monitoring of assurance arrangements in respect of partnerships and alternative delivery models and that appropriate access to information is maintained.</p>	
<p>ACC:</p> <ul style="list-style-type: none"> has implemented a governance hub which seeks to review the arrangements of alternative delivery models such as Bon Accord Care. <p>The IJB:</p> <ul style="list-style-type: none"> has received the minutes of these meetings for information previously. 	<ul style="list-style-type: none"> Governance Hub agendas and minutes. IJB agendas and minutes.

Principle 4: *The CFO in a local authority must lead and direct a finance function that its resources to be fit for purpose.*

Statement	Evidenced By
Requirement: Provide the finance function with the resources, expertise and systems necessary to perform its role effectively	
<p>The IJB:</p> <ul style="list-style-type: none"> has established the role of CFO <p>ACC and NHS Grampian:</p> <ul style="list-style-type: none"> provide the finance functions for the IJB. 	<ul style="list-style-type: none"> IJB Leadership Team Structure. NHS Grampian and ACC Finance Structures. <p>Development Work:</p> <p><i>A review will be undertaken to establish if these arrangements are effective. Previously these arrangements have been effective and proportionate in the current environment, however, changes to the structure and demand means these arrangements need to be assessed regularly. It has been agreed with the Chief Officer to appoint a finance professional to report directly to the CFO.</i></p>
Requirement: Ensure there is a line of professional accountability to the CFO for finance staff throughout the authority.	
<p>The IJB:</p> <ul style="list-style-type: none"> has established the role of CFO <p>AC and NHS Grampian:</p> <ul style="list-style-type: none"> provide the finance functions for the IJB 	<ul style="list-style-type: none"> IJB Leadership Team Structure. NHS Grampian and ACC Finance Structures. <p>Development Work:</p> <p>When the review of effectiveness is undertaken consideration will also be given to professional accountability. <i>Professional accountability for the finance teams continues to be maintained by the partner bodies and this is found to be effective. However, regular meetings with the finance staff have helped ensure that any concerns are addressed and if necessary escalated.</i></p>

Principle 5: *The CFO in a local authority must be professionally qualified and suitably experienced.*

Statement	Evidenced by:
<p>Requirement: Appoint a professionally qualified CFO whose core responsibilities include those set out under the other principles in the statement and ensure that these are properly understood throughout the authority.</p>	
<p>The IJB</p> <ul style="list-style-type: none"> • has employed a professional accountant as CFO. • the CFO's job description sets out the core responsibilities which are similar to those outlines in the statement. 	<ul style="list-style-type: none"> • CFO's professional certificates. • CFO's job description.
<p>Requirement: Ensure that the CFO has the skills, knowledge, experience and resource to perform effectively in both the financial and non-financial areas of their role.</p>	
<p>The IJB:</p> <ul style="list-style-type: none"> • undertook a comprehensive recruitment process to employ the CFO to make sure that the CFO has the necessary skills and experience. <p>The IJB Chief Officer</p> <ul style="list-style-type: none"> • performs the annual appraisal of the CFO which includes a section on future training requirements. <p>The IJB CFO</p> <ul style="list-style-type: none"> • considers that sufficient resource is available to perform role effectively. 	<ul style="list-style-type: none"> • CFO recruitment process. • CFO annual appraisal.



Risk, Audit and Performance Committee

Date of Meeting	26 April 2022
Report Title	Annual Governance Statement
Report Number	HSCP.22.025
Lead Officer	Alex Stephen, Chief Finance Officer
Report Author Details	Alex Stephen, Chief Finance Officer alestephen@aberdeencity.gov.uk
Consultation Checklist	Yes
Directions Required	No
Appendices	Appendix A – Annual Governance Statement Appendix B – Statement from the Chief Internal Auditor

1. Purpose of the Report

- 1.1. To provide the Risk, Audit and Performance Committee (RAPC) with the opportunity to provide comment on and approve in principle the annual governance statement.
- 1.2. To agree that assurances on the governance framework can be provided to Aberdeen City Council and NHS Grampian.

2. Recommendations

It is recommended that Risk, Audit & Performance Committee:

- a) Comments on and approves the governance statement at Appendix A, and
- b) Notes the statement from the Chief Internal Auditor at Appendix B.

3. Summary of Key Information

- 3.1. The annual governance statement forms a key part of the annual accounts and provides readers of the accounts with assurance that the governance framework is fit for purpose.



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- 3.2. The framework in an Integration Joint Board (IJB) context is complex, as although the IJB has its own governance framework, assurance is required that the partners' governance frameworks are also fit for purpose, given that the operational responsibility is maintained by the partner organisations. The IJB will be consolidated into the group accounts of Aberdeen City Council and NHS Grampian as a joint venture, and they therefore require assurance that the IJB's governance framework is fit for purpose. Therefore, a failure or weakness in either of the IJB, ACC or NHSG's governance frameworks may require disclosure in the accounts of any of the partners depending on the severity.
- 3.3. This year, as in every year, the IJB continues to review, modify and improve its governance framework. The following documents were subject to an annual or periodic review and were updated:
- *The medium term financial framework approved by the IJB on 10 March 2022.*
 - *The IJB Records Management Plan was updated and approved on 23 September 2021.*
 - *The Risk Appetite Statement was approved 15 December 2021.*
 - *The Board Assurance and Escalation Framework was revised and approved 23 September 2021.*
 - *The financial regulations were reviewed and approved on 23 September 2021.*
 - *The progress against our equalities outcomes was reviewed and new outcomes agreed on 25 May 2021.*
 - *Public Engagement protocol agreed by the IJB 24 August 2021.*
 - *Equalities outcomes reviewed and updated by the IJB 25 May 2021.*
 - *A whistleblowing policy was approved by the IJB 6 July 2021.*
 - *The IJB undertook a series of workshops which were facilitated to aid future decision making.*
- 3.4. In relation to the coronavirus pandemic the Partnership reduced its service delivery and prioritised services to allow it to deal with the implications of the coronavirus and support a reduction in the spread of the virus by undertaking social distancing and reducing contact with service users. Governance arrangements have also been established in the Partnership where the status of service delivery is reported to a daily meeting of the Leadership Team, Staff Side\Unions and Bon Accord Care. At this meeting it is agreed what needs to be escalated and what can be agreed using the delegated authority of either the Chief Officer or Chief Finance Officer. These meetings



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are documented and supported by our control centre which was established to aid the flow of information.

- 3.5. A draft annual governance statement is attached in Appendix A of this report. The governance statement has been designed to provide assurance around compliance against the local code of corporate governance and the governance principles contained therein. Information has been provided by Aberdeen City Council and NHS Grampian for inclusion in the statement. The paragraph on the internal financial control arrangements has been agreed with the Chief Internal Auditor and further information is contained in Appendix B of this report.
- 3.6. The Leadership Team has identified improvements to further strengthen the governance environment, and these are identified in the governance statement and will be monitored throughout the financial year. Good progress was made in closing off the improvements made last financial year.

4. Implications for RAP

- 4.1. **Equalities** – There are no equalities implications arising from this report.
- 4.2. **Fairer Scotland Duty** – There are no Fairer Scotland Duties arising from this report.
- 4.3. **Financial** – There are no financial implications arising from this report.
- 4.4. **Workforce** – There are no workforce implications arising from this report.
- 4.5. **Legal** – There are no legal implications arising from this report.
- 4.6. **Other** – There are no other implications arising from this report.

5. Links to ACHSCP Strategic Plan

- 5.1. Good governance and internal controls are fundamental to ensuring the delivery of the strategic plan.



6. Management of Risk

- 6.1. **Identified risk(s):** Good governance and internal controls are fundamental to the delivery of the strategic plan and therefore applicable to most of the risks within the strategic risk register.



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- 6.2. **Link to risk number on strategic or operational risk register:** Risk numbers 1-10 of the strategic risk register
- 6.3. **How might the content of this report impact or mitigate the known risks:** The Annual Governance Statement provides information on the effectiveness of the IJB Governance Framework.

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



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Appendix A

Annual Governance Statement

Scope of Responsibility

The Integration Joint Board (“IJB”) is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards, safeguarding public funds and assets and making arrangements to secure best value in their use.

In discharging this responsibility, the Chief Officer has put in place arrangements for governance which include the system of internal control. This is designed to manage risk to a reasonable level but cannot eliminate the risk of failure to achieve policies, aims and objectives and can therefore only provide reasonable but not absolute assurance of effectiveness.

The IJB has a reliance on the Aberdeen City Council and NHS Grampian systems of internal control, which support compliance with both organisations’ policies and promote achievement of each organisation’s aims and objectives, as well as those of the IJB.

The result of this is a situation where assurances are required on the effectiveness of the governance arrangements from the three partners. This means that a significant failure in the internal control environment of one of the three partners may require to be disclosed in the accounts of all three partners and not just the IJB and the partner where the issue occurred.

The Governance Framework

In this complex environment of circular assurances, it is important that the IJB has its own local code of corporate governance and regularly reviews performance against the governance principles included within this code. The IJB has developed an Assurance Framework in conjunction with the Good Governance Institute which provides readers with an understanding of the governance framework and the assurances that can be obtained from it.

The IJB agreed on 11 April 2017 at the Audit & Performance Systems Committee to adopt a local code of corporate governance which was built around the principles identified in the CIPFA\SOLACE¹ Delivering Good Governance in Local Government Framework (2016 Edition). The local code of governance is reviewed annually and reported to the same audit committee where the annual governance statement is approved. This code provides a list of documents\activities from an IJB, NHS Grampian and Aberdeen City Council perspective which provide assurance on the governance framework.

¹ CIPFA - The Chartered Institute of Public Finance and Accountancy
SOLACE – The Society of Local Authority Chief Executives



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A review is also undertaken by the Chief Finance Officer evaluating the IJB's governance environment against the governance principles detailed in the CIPFA document titled the ['The role of the chief financial officer in local government'](#).

Whilst both these documents were specifically written for local government, the governance principles can be used by other public sector organisations. Also, the IJB is defined as a local government organisation per the Local Government (Scotland) Act 1973 and Aberdeen City Council has also adopted the governance principles from the delivering good governance document in its own local code of corporate governance.

Coronavirus Arrangements

In relation to the coronavirus pandemic the Partnership reduced its service delivery and prioritised services to allow it to deal with the implications of the coronavirus and support a reduction in the spread of the virus by undertaking social distancing and reducing contact with service users. Governance arrangements have also been established in the Partnership where the status of service delivery is assessed and this is reported to a daily meeting of the leadership team, staff side unions and Bon Accord Care. At this meeting it is agreed what needs to be escalated and what can be agreed using the delegated authority of either the Chief Officer or Chief Finance Officer. These meetings are documented and supported by our control centre which was established to aid the flow of information.

These arrangements have continued throughout the financial year, however, were particularly important during the early waves where decisions were required to be made quickly. The IJB has been operating throughout the pandemic, but with light agendas during the first wave and no sub committees. Since then, the IJB agendas have returned to normal levels and the two sub committees now meeting regularly, although it was decided to cancel an IJB and Risk, Audit & Performance Meeting in January to help provide staff with time to respond to the omicron variant.



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Seven Governance Principles of local governance framework.

Against each of the seven governance principles adopted by the IJB there are key documents, activities, policies and arrangements which help address these. For the IJB some of these documents belong to NHS Grampian and Aberdeen City Council given their operational delivery role and the fact that the staff have remained employed by the partner bodies.

The seven governance principles identified in the local code of corporate governance and recommended in the CIPFA/SOLACE Framework are identified below, along with narratives evidencing compliance with the principles.

Principle 1 – Behaving with integrity, demonstrating strong commitment to ethical values and representing the rule of law.

Integrity: The following values of the IJB are indicated in the Strategic Plan:

- caring
- person-centred
- enabling

These values form part of the decision-making process of the IJB and are evident in the actions and decisions made by the Board. The IJB has appointed a Standards Officer who is responsible, amongst other things, for the maintaining of Registers of Interests, Registers of Gifts and Hospitality and training on the Model Code of Conduct for Members of Devolved Public Bodies.

Ethical Values: The IJB has agreed in principle to adopt the Unison Ethical Care Charter and has provided funding to care providers to allow the Scottish Living Wage to be paid.

Rule of Law: A comprehensive consultation process has been developed with officers from Aberdeen City Council and NHS Grampian to ensure that decisions and reports comply with legislation. A member of the Council's Governance Team attends the IJB to ensure that decisions taken are in line with any legislative requirements. The IJB has appointed a Chief Finance Officer to ensure that the accounts and finances are in line with the statutory accounting environment. The IJB has standing orders and an integration scheme which provide information on where decisions can be made. Two sub committees have been created and each has its own terms of reference.



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Improvement activities undertaken during the year: A whistleblowing policy was approved by the IJB 6 July 2021.

Principle 2 – Ensuring openness and comprehensive stakeholder engagement.

Openness: Pre-COVID the IJB was a public board where members of the public and press could attend and agendas, reports and minutes were available publicly to review. Therefore, members of the public could assess whether they believe that decisions are being taken in the public interest. As a result of the COVID restrictions IJB meetings are currently held electronically and are recorded. The recordings are made available to the public shortly after the meeting. The Risk, Audit & Performance Committee is also a public meeting. The IJB has its own complaints handling procedure which complies with Scottish Public Services Ombudsman's guidance.

Stakeholder Engagement: The non-voting membership of the IJB is set out in the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. This comprises six professional members and a minimum of four stakeholder representatives for each of the following groups - staff, third sector bodies, service users and carers. The IJB agreed a budget protocol on the 7 March 2017 which sought to formalise stakeholder engagement with the partner organisations around the budget process. Care providers are very much thought of as a key part of the partnership and invited to the majority of the events the IJB hosts. The IJB has established the Aberdeen City Joint Staff Forum, which includes representation from the trade unions and the staff partnership, as a forum for workforce issues affecting social care and health staff. An engagement and consultation protocol with the trade unions was agreed at the IJB on 21 January 2020.

Improvement activities undertaken during the year: A Public Engagement protocol was agreed by the IJB 24 August 2021 and our equalities outcomes reviewed and updated by the IJB 25 May 2021.



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Principle 3 – Defining outcomes in terms of sustainable economic, social and environmental benefits.

Economic: The IJB has agreed a Medium-Term Financial Framework which is updated annually. The transformation programme and IJB report format specifically highlight the economic impact of the decisions being taken on current and future financial years. Work has been undertaken to establish the financial and operational benefits of the major transformation projects. The partnership has adopted the lean six sigma quality improvement methodology, has trained relevant staff and has undertaken and implemented several improvement projects using this methodology. The outcomes of some of these projects are directly informing, wider transformational activity across the partnership including the redesign of staffing teams aligned to localities and are part of our conditions for change programme. A strategic planning framework has been agreed and implemented for the large hospital services. A governance structure has been implemented to support this work including a cross system transformation board which include senior officers from the Council, NHSG and the IJBs.

Social: The IJB is expected to publish a revised Strategic Plan after its June meeting which identifies outcomes and the direction of travel over the next few years. The majority of outcomes are closely linked to how social care and health services will be delivered and improved over the life of the Strategic Plan.

Environmental: A public bodies climate change duties report is collated and submitted annually on behalf of the IJB.

Principle 4 - Determining the interventions necessary to optimise the achievement of intended outcomes.

Interventions: A transformation programme and leadership team objectives have been developed which will help support the delivery of the Strategic Plan. This programme is monitored on a regular basis and information on progress is received by the IJB and the Risk, Audit and Performance Committee for scrutiny and challenge. Decisions to procure services costing over £50,000 are taken by the IJB in so far as they relate to a Direction made to the NHS or Aberdeen City Council in respect of a delegated function and each report contains a section on risk. The Enabling Programme Board monitors any new projects ensuring that an option appraisal and project plans are developed in line with best practice. The benefits, both financial and non-financial, are highlighted and contained in the project plans.

Improvement activities undertaken during the year: The leadership team objectives fully aligned to the Strategic Plan seeks to mainstream existing projects, focusing on strategic performance indicators to measure impact and demonstrate meaningful change. A project management approach was undertaken in the delivery of the



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objectives. The draft plan requires greater focus on prevention, early intervention and addressing health inequalities which will have an impact on improving outcomes.

Principle 5 – Developing the entity’s capacity, including the capability of its leadership and the individuals within it.

Entity’s Capacity: A workforce plan has been developed for the IJB covering health and social care services. Capacity is further developed and scrutinised by having stakeholders out with those employed by the IJB, ACC or NHS Grampian around the IJB and many of its working groups. The career ready programme and modern apprenticeships have been established within services. Regular meetings have been held with the direct reports of the leadership team to promote the localities model and the leadership team objectives. A new leadership team structure has been implemented to allow Strategic Plan outcomes to be achieved.

Leadership: The IJB has set itself goals and has evaluated their performance against these goals. An organisational development plan has been developed and agreed which has a focus on leadership. A conference was held by the partnership during the year focussing on social care and health which was well attended.

Individuals: An induction programme has been established for the IJB which complements the induction programmes of NHS Grampian and Aberdeen City Council. Monthly newsletters are sent to all staff and an awards ceremony was held to celebrate achievements during the year. Staff surveys have been undertaken for Council staff and the ‘iMatter’ survey is undertaken annually. The outputs from these surveys are discussed by the IJB Leadership Team and any necessary improvement actions implemented.

Improvement activities undertaken during the year: During the year many of the development activities were cancelled or postponed although the team continued to learn and adapt in some very challenging situations. The IJB itself undertook a series on workshops with external support to help aid future decision making.

Future Developments: Establish a leadership programme which helps install the principles of cross system leadership throughout the Partnership.

Principle 6 - Managing risk and performance through robust internal control and strong public financial management.

Risk: Two risk registers have been developed. The first is an IJB Strategic Risk Register and this documents the risk that the IJB may face in delivery of the Strategic Plan. The second register covers operational risks and is a summary of



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the departmental operational risk registers. The Strategic Risk Register is updated frequently and reported to the Risk, Audit & Performance Committee and the IJB.

Performance: A performance management framework has been developed for the IJB and is reported frequently to the Risk, Audit & Performance Committee and the IJB. Performance is also monitored by bi-monthly city sector performance review meetings, where the Chief Executives and senior finance officers from NHS Grampian and Aberdeen City Council discuss performance and finance in a structured meeting with the Chief Officer and Chief Finance Officer. Performance management information is provided at a national NHS level and also contained within the statutory performance indicators reported by the Council. An annual performance report is required as defined in the legislation (Public Bodies (Joint Working) (Scotland) Act 2014) underpinning the creation of the IJB.

Internal Controls: The internal control environment is largely delivered by the partner organisations given their operational remit. However, internal controls are evidenced in the IJB integration scheme and financial regulations. A review of the IJB internal controls is undertaken annually by the Chief Internal Auditor and his opinion on the adequacy of the internal control environment is highlighted below.

Financial Management: The IJB has received quarterly reports on the financial position as indicated in the integration scheme. All IJB reports contain a financial implications section advising the IJB on the budget implications of agreeing the recommendations of the report.

Improvement activities undertaken during the year: The strategic risk register and risk appetite statement were reviewed by the IJB in a workshop and subsequently formally approved on 15 December 2021.

Principle 7 – Implementing good practices in transparency, reporting, and audit to deliver effective accountability.

Transparency: Recordings of the IJB meetings were made available to the public after the meeting was held due to COVID restrictions and the agendas, reports and minutes are available for the public to inspect. The Risk, Audit & Performance committee is also a public meeting. The IJB has developed a publication scheme as required under the Freedom of Information (Scotland) Act 2002.

Reporting: The annual accounts management commentary section will have a focus on both financial and service performance over the last financial year. A review has been undertaken of the role of the North East Partnership which has strengthened governance arrangements for hosted and large hospital services.

Audit: The 2019/20 accounts received an unqualified audit opinion. The Risk, Audit & Performance Committee has received an internal audit plan from the Chief Internal Auditor and internal audit reports over the last financial year.



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Improvement activities undertaken during the year: Work has been undertaken to review the clinical care governance arrangements in the partnership and the role of the Clinical Care Governance Committee in this process.

Future Developments: Continue to review and refine the clinical care governance framework and arrangements.

Review of Effectiveness

The IJB has responsibility for conducting, at least annually, a review of the effectiveness of the governance arrangements, including the system of internal control. The review is informed by the work of the IJB Leadership Team (who have responsibility for the development and maintenance of the internal control framework environment), the work of the internal auditor and the Chief Internal Auditor’s annual report; and reports from the external auditor and other review agencies and inspectorates.

The Chief Internal Auditor has reviewed the IJB’s internal control framework and in their opinion the IJB had an adequate and effective framework for Governance, Risk Management and Control, covering the period 1 April 2021 to 31 March 2022.

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

The governance framework was reviewed by the IJB Leadership Team against the governance principles identified in the CIPFA Role of the Chief Finance Officer Framework. The Risk, Audit and Performance Committee was updated on progress with the implementation of improvement actions identified on the 26 April 2022.

The local code of corporate governance was agreed by the Audit & Performance Systems Committee on 11 April 2017 and progress against the seven principles is detailed above. At Risk, Audit and Performance Committee on 26 April 2022 an update was provided on the sources of assurance contained in the local code of governance.

The work undertaken against the improvement actions highlighted in the 2021/22 annual governance statement is detailed in the improvement activities undertaken during the year sections detailed above. Although it should be noted that given the focus this year has been on responding to the pandemic some of these activities still require further work and are therefore being kept as areas for improvement in 2022/23.

A summarised list of the 2021/22 improvement actions is shown directly below:

Area for Improvement and	Improvement Action Agreed	Responsible Party	Completion Date
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Outcome to Be Achieved

1.	Transformation Programme	Create Programme Management Structure	Transformation Lead	31 March 2022
2.	Clinical Care Governance	Review arrangements	Clinical Lead	31 March 2022
3.	Leadership Development	Implement new programme to support cross system leadership.	SOARS Lead	31 March 2022

In addition, the review of the effectiveness of the governance arrangements and systems of internal control within Aberdeen City Council and NHS Grampian places reliance upon the individual bodies' management assurances in relation to the soundness of their systems of internal control.

Accordingly, the following notes support the reliance that is placed upon those systems:

i) Aberdeen City Council's governance framework

Aberdeen City Council's governance framework comprises the systems and processes, culture and values by which the Council is directed and controlled, and the activities through which it accounts to, engages with and leads the community. It enables the Council to monitor the achievement of its outcomes given the crucial role of governance, performance management and risk management in improving stewardship and how we do business. Reviewing our governance activity enables us to consider whether those objectives have led to the delivery of appropriate, cost effective services to the citizens of Aberdeen.

The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. It cannot eliminate all risk of failure to achieve policies, aims and objectives, or comply with controls, and can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to: -

- identify and prioritise the risks to the achievement of the Council's outcomes;
- evaluate the likelihood of those risks being realised and the impact should they be realised; and to manage those risks efficiently, effectively and economically.



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The Audit, Risk & Scrutiny Committee has a key role in this, and an annual report of its activities and effectiveness will be considered by the committee and referred to Council for its consideration. This demonstrates improved transparency, understanding and challenge of the activity and outcomes from the Audit, Risk & Scrutiny Committee. The Council has an approved Local Code of Corporate Governance which sets out their commitment to the seven principles recommended in the CIPFA / SOLACE Framework 2016, by citing the primary sources of assurance which demonstrate the effectiveness of the systems of internal control.

Principle A: Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law

Principle B: Ensuring openness and comprehensive stakeholder engagement

Principle C: Defining outcomes in terms of sustainable economic, social and environmental benefits

Principle D: Determining the interventions necessary to optimise the achievement of the intended outcomes

Principle E: Developing the entity's capacity, including the capability of its leadership and the individuals within it

Principle F: Managing risk and performance through robust internal control and strong public financial management

Principle G: Implementing good practices in transparency, reporting and audit, to deliver effective accountability

In summary the Council has undertaken a self-evaluation of its Local Code of Corporate Governance as of 31 March 2022. This demonstrates that reasonable assurance can be placed upon the adequacy and effectiveness of Aberdeen City Council and its systems of governance.

ii) NHS Grampian governance framework (pending approval)

NHS Grampian is required to operate within the aspects of the Scottish Public Finance Manual (SPFM) which are set out within the guidance issued to Chief Executives and more generally to all Board members by the Scottish Government Health and Social Care Directorates as being applicable to NHS Boards. The SPFM is issued by Scottish Ministers to provide guidance to the Scottish Government and



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other relevant bodies on the proper handling and reporting of public funds. The SPFM sets out the relevant statutory, parliamentary and administrative requirements, emphasises the need for efficiency, effectiveness and economy, and promotes good practice and high standards of propriety.

As Accountable Officer, the Chief Executive is responsible for maintaining an adequate and effective system of internal control that identifies, prioritises and manages the principal risks facing the organisation, promotes achievement of the organisation's aims and objectives and supports compliance with the organisation's policies and safeguarding public funds.

The Board continually monitors and reviews the effectiveness of the system of internal control with a specific focus on the delivery of safe and effective patient care, achievement of national and local targets and demonstrating best value and the efficient use of resources. Key elements of the system of internal control include:

- A Board which meets regularly to discharge its governance responsibilities, set the strategic direction for the organisation and approve decisions in line with the Scheme of Delegation. The Board comprises the Executive Directors and Non-Executive members. The Board activity is open to public scrutiny with minutes of meetings publicly available;
- The Board receives regular reports on Healthcare Associated Infection from the Clinical Governance Committee and reducing infection as well as ensuring that health and safety, cleanliness and good clinical practice are high priorities;
- Scheme of Delegation, Standing Orders and Standing Financial Instructions approved by the Board are subject to regular review to assess whether they are relevant and fully reflective of both best practice and mandatory requirements;
- Mature and organisation wide risk management arrangements built on localised risk registers and processes which ensure, as appropriate, escalation of significant instances of non-compliance with applicable laws and regulations;
- Dedicated full time members of staff for key statutory compliance functions including Information Governance, Health and Safety, fire and asbestos, tasked with ensuring they are up to date with all relevant legislation and are responsible for co-ordinating management action in these areas;



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- A focus on best value and commitment to ensuring that resources are used efficiently, effectively and economically taking into consideration equal opportunities and sustainable development requirements;
- Consideration by the Board of regular reports from the chairs of the performance governance, engagement and participation, staff governance, clinical governance, audit committee and from the Chair of the Endowment Trustees concerning any significant matters on governance, risk and internal controls;
- Each key governance committee is supported by a designated lead Executive Director who has the delegated management accountability for statutory and regulatory matters. In addition, senior leadership arrangements were strengthened during the year to provide additional capacity and support to the Chief Executive;
- Regular review of financial performance, risk management arrangements and non-financial performance against key service measures and standards by the Performance Governance Committee;
- Regular review of service quality against recognised professional clinical standards by the Clinical Governance Committee;
- Regular review of workforce arrangements and implementation of the NHS Scotland Staff Governance standards by the Staff Governance Committee;
- An active joint management and staff partnership forum with staff side representation embedded in all key management teams and a dedicated full time Employee Director who is a member of the Board;
- Regular review of priorities for infrastructure investment and progress against the agreed Asset Management Plan by an Asset Management Group chaired by a Board Executive Director and including management representatives from all operational sectors and representation from the clinical advisory structure;
- Clear allocation of responsibilities to ensure we review and develop our organisational arrangements and services in line with national standards and guidance including consultation with all stakeholders on service change proposals to inform decision making;
- Promotion of effective cross sector governance arrangements through participation by the IJB Board members and the Chief Executives of each of



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the partner organisations in the regular meetings between the Chief Executives of all Public Sector organisations in Grampian and performance review meetings with each UB Chief Officer to further develop and drive improvement through integrated service delivery;

- A patient feedback service to record and investigate complaints and policies to protect employees who raise concerns in relation to suspected wrongdoing such as clinical malpractice, fraud and health and safety breaches; and
- Separate governance arrangements for the NHS Grampian Endowment Funds including a Chair of the Trustees elected from within the body of the Trustees, an annual general meeting of all Trustees to agree all policy matters and an Endowment Sub Committee of Trustees with delegated authority to manage the day to day operational matters of the charity.

Based on the evidence considered during the review of the effectiveness of the internal control environment NHS Grampian has confirmed that there are no known outstanding significant control weaknesses or other failures to achieve the standards set out in the guidance on governance, risk management and control.

Certification: Subject to the above, and on the basis of assurances provided, we consider that the internal control environment operating during the reporting period provides reasonable and objective assurance that any significant risks impacting upon the achievement of our principal objectives will be identified and actions taken to avoid or mitigate their impact. Systems are in place to continually review and improve the internal control environment and action plans are in place to identify areas for improvement. It is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the Aberdeen City Integration Joint Board’s systems of governance.

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Sandra Macleod
Chief Officer
April 2022

Luan Grugeon
Chair
April 2022



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Appendix B - Internal Audit Annual Report for the year ended 31 March 2022

As Chief Internal Auditor of Aberdeen City Integration Joint Board, I am pleased to present my annual statement on the adequacy and effectiveness of the Board's framework of governance, risk management and control for the year ended 31 March 2021. The purpose of this statement is to assist the Chief Financial Officer in forming his opinion in relation to the Annual Governance Statement to be included in the Annual Accounts.

Opinion

It is my opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the Board's framework of governance, risk management and control in the year to 31 March 2021.

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

Basis of Opinion

My opinion is based on the audit work performed in the year and up to the date of the finalisation of this report, as set out and agreed in the Internal Audit (IA) Plan. In accordance with the Public Sector Internal Audit Standards, my assessment and opinion over the framework of governance, risk management and control are based upon the whole activity and work of the IA including:

- The results of internal audits completed (in final or draft) up to the date of this report.
- Any follow-up action taken in respect of audits from previous periods.
- The effects of any significant changes in the IJB's control environment.
- Matters arising from previous annual reports to the IJB.
- Any limitations that may have been placed on the scope of IA – we have no restrictions to declare in this report, although we have performed all audits remotely this year and some physical verification work has not been possible.
- Reports issued by the IJB's external auditors.
- Internal Audit's knowledge of the IJB's governance, risk management and performance monitoring arrangements.
- The results of other assurance work completed during the year. Specifically, consideration will be given to the contents of NHS Grampian's Internal Audit annual report when available.



RISK, AUDIT & PERFORMANCE

Date of Meeting	26 April 2022
Report Title	Review of Duties & Year End Report
Report Number	HSCP.22.021
Lead Officer	Alex Stephen, Chief Finance Officer
Report Author Details	Name: Alex Stephen Job Title: Chief Finance Officer Email Address: AleStephen@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	Appendix A - Risk, Audit & Performance Duties Report

1. Purpose of the Report

- 1.1. This report presents the Risk, Audit and Performance Committee (RAPC) with a review of reporting for 2021/22 and an intended schedule of reporting for 2022/23 to ensure that the Committee is fulfilling all the duties as set out in its terms of reference.

2. Recommendations

- 2.1. It is recommended that the Risk, Audit & Performance Committee:
- a) Note the content of Appendix A – Risk, Audit & Performance Duties report.

3. Summary of Key Information

- 3.1. The terms of reference indicate several duties which the Risk, Audit and Performance Committee should ensure that it undertakes each financial year. These are listed in Appendix A, with a review of when these were met in 2021/22 and an indication as to when these duties will be met in 2022/23.



RISK, AUDIT & PERFORMANCE

- 3.2. The Chief Finance Officer will maintain this document as a record of the RAPC's business and present it back to the Committee at the end of financial year 2022/23.

4. Implications for IJB

- 4.1. **Equalities** – there are no direct implications arising from this report.
- 4.2. **Fairer Scotland Duty** – there are no direct implications arising from this report.
- 4.3. **Financial** – there are no direct implications arising from this report.
- 4.4. **Workforce** - there are no direct implications arising from this report.
- 4.5. **Legal** – there are no direct implications arising from this report.
- 4.6. **Other** – NA

5. Links to ACHSCP Strategic Plan

- 5.1. Ensuring that the RAPC is functioning effectively and fulfilling its duties will help ensure that the Integration Joint Board (IJB) achieves the strategic aims and priorities as set out in the strategic plan.



6. Management of Risk

- 6.1. **Identified risk(s):** Good governance and ensuring that the IJB's committees are delivering on their duties are fundamental to the delivery of the strategic plan and therefore applicable to most of the risks within the strategic risk register.
- 6.2. **Link to risk number on strategic or operational risk register:** This report links to Risk 5 on the Strategic Risk Register, "There is a risk that the IJB, and the services that it directs and has operational oversight of, fail to meet both performance standards/outcomes as set by regulatory bodies and those locally-determined performance standards as set by the board itself. This may result in harm or risk of harm to people".



RISK, AUDIT & PERFORMANCE

- 6.3. **How might the content of this report impact or mitigate the known risks:** The Risk, Audit & Performance Duties Report, as attached at Appendix A, provides assurance that the RAP committee is reviewing standards and outcomes to help keep people safe.

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

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Risk, Audit & Performance Committee - Duties & Annual Plan

Review Date: April 2022 (submitted RAPC 26th April 2022)

Purpose of the Document

This document provides an overview of the duties of the Risk, Audit and Performance Committee (RAPC) and indicates when the duty was fulfilled for the financial year 2021/22. It further provides a plan for fulfilment of the same duties for the financial year 2022/23. Please note that the RAPC was suspended on the 23rd March 2020 due to the Covid-19 pandemic and this resulted in the Integration Joint Board (IJB) taking some of the reports instead of the RAPC.

Duties & When Considered

The Committee will review the overall Internal Control arrangements of the Board and make recommendations to the Board regarding signing of the Governance Statement, having received assurance from all relevant Committees.

Specifically, it will be responsible for the following duties (Crosses refer to when the item was presented or is expected to be presented to the RAPC):

Duty	2021/22						Comments
	250521 IJB	270421 RAPC	220621 RAPC	230921 RAPC	211221 RAPC CANCELLED	010322 RAPC	
Audit 1. Review and approve the annual audit plans (internal and external) on behalf of the IJB, receiving reports,		X	X			X	Internal Audit Plan 01/03/22 External Audit Plan – 27/04/21



overseeing and reviewing actions taken on audit recommendations and escalating to the IJB as appropriate.							
2. Monitor the annual work programme of Internal Audit, including ensuring IJB oversight of the function and programme to ensure this is carried out strategically.		X	X	X		X	Internal audit reports 01/03/22; Internal Audit Annual Plan (IJB) Internal Audit report : Mental Health and substance misuse
3. Be aware of, and act on, Audit Scotland, national and UK audit findings and inspections/regulatory advice, and to confirm that all compliance has been responded to in timely fashion.		X					As and when report released 27/04/21; Inspection of Justice Social Work Services
4. The Committee shall present the minute of its most recent meeting to the next meeting of the IJB for information only.		X	X	X	X – no minute as meeting cancelled	X	Ongoing
Performance							



<p>5. Review and monitor the strategy for performance the performance of the Partnership towards achieving its policy objectives and priorities in relation to all functions of the JB. This includes ensuring that the Chief Officer establishes and implements satisfactory arrangements for reviewing and appraising service performance against the national health and wellbeing outcomes, the associated core suite of indicators and other local objectives and outcomes and for reporting this appropriately to the Committee and Board.</p>				X		X	<p>Performance Monitoring Reports</p> <p>01/03/22 - Adult Protection Committee Annual Report</p>
<p>6. Review transformation and service quality initiatives. Monitor the</p>		X	X	X	<p>All expected items</p>	X	<p>Transformation Monitoring Reports/Operation Home First quarterly</p>



<p>transformation programme considering main streaming, where appropriate.</p>					<p>covered in March 22 meetings.</p>		<p>27/04/21; Operation Homefirst Update Report 22/06/21 – Operation Homefirst Evaluation report</p> <p>23/09/21; Primary Care Improvement Programme (Progress to date) Leadership team objectives – Update on delivery MWC YP Monitoring report 2019-20</p> <p>01/03/22; Equality and Human Rights Committee – 6 monthly report Leadership Team objectives - Update</p>
<p>7. Support the IJB in ensuring that the Board performance framework is working effectively, and that escalation of notice and action is consistent with the risk tolerance set by the Board.</p>		<p>X</p>		<p>X</p>		<p>X</p>	<p>Annual review of the Board Assurance & Escalation Framework (BAEF) – 23/09/21 Directions Tracker 27/04/21, 23/09/21 and 01/03/22</p>



8. Review the Annual Performance Report to assess progress toward implementation of the Strategic Plan.				X			Review of performance annual report –23/09/21
9. Instruct Performance Reviews and related processes.							As and when required. None instructed during 2021/22.
10. Support the IJB in delivering and expecting cooperation in seeking assurance that hosted services run by partners are working.		X				X	27/04/22; Considered as additional risk. 23/09/21 – delayed to enable SPG to consider on 22/09/21 – to return to RAPC in December 01/03/22 – Delayed - work being undertaken by Officers – progress report delayed due to COVID-19.
<u>Risk & Governance</u>							
11. The risk tolerance of the Committee is established by the Board Assurance Framework which itself is based on the Board’s understanding				X	All expected items covered in September 21 and	X	Reviewed risk level and BAEF – 23/09/21 Strategic Risk Register, 23/09/21 and 01/03/22



<p>of the nature of risk to its desired priorities and outcomes and its appetite for risk-taking. This role will be reviewed and revised within the context of the Board and Committee reviewing these Terms of Reference and the Assurance Framework to ensure effective oversight and governance of the partnership's activities.</p>					<p>March 22 meetings.</p>		
<p>12. Ensure the existence of and compliance with an appropriate risk management strategy including: Reviewing risk management arrangements; receiving biannual Strategic Risk Management updates and undertaking in-depth review of a set of risks and annually review the IJB's risk</p>		<p>X</p>	<p>X</p>	<p>X</p>		<p>X</p>	<p>Strategic Risk Register 22/06/21, 23/09/21 and 01/03/22</p> <p>27/04/21 – Inclusion of additional risk; Add risk 11 – IJB duties under the Civil Contingencies Act 2004 Remove risk 10 – EU Exit Review Risk 3 – Hosted services (due September 21) - 01/03/22 – Delayed - work being undertaken by</p>



appetite document with the full Board.							Officers – progress report delayed due to COVID-19. 23/09/21- Business Assurance & Escalation Framework (BAEF)
13. Approve the sources of assurance used in the Annual Governance Statement.		X		X			Review of annual governance statement; local code of governance; financial governance 23/09/21; Business assurance and escalation framework
14. Review the overall Internal Control arrangements of the Board and make recommendations to the Board regarding signing of the Governance Statement, having received assurance from all relevant Committees.		X					Internal Audit Annual Report – 27/04/21, and 25/05/21 IJB; External Audit report 25/05/21. 23/09/21; Review of financial regulations
Financial							



15. Consider and approve annual financial accounts and related matters	X	X	X				Unaudited RAPC 27/04/21 Audited RAPC 22/06/21, IJB 25/05/21
16. Receive regular financial monitoring reports		X		X		X	Financial Monitoring Reports (RAPC/IJB quarterly) 27/04/21, 02/11/21 (IJB) and 01/03/22 Reports taken to IJB in November as RAPC cancelled. PCIP 23/09/21
17. Act as a focus for value for money.							Reactive. Example of the living wage processes.
18. Approve budget virements.		X				X	Financial Monitoring Reports (RAPC/IJB quarterly) 27/04/21, 02/11/21 (IJB) and 01/03/22 Reports taken to IJB in November as RAPC cancelled.

Forward Planning:

The Committee will review the overall Internal Control arrangements of the Board and make recommendations to the Board regarding signing of the Governance Statement, having received assurance from all relevant Committees.

Specifically, it will be responsible for the following duties:



Duty	2022/23					Comments
	260422	230622	090822	011122	280223	
Audit 19. Review and approve the annual audit plans (internal and external) on behalf of the IJB, receiving reports, overseeing and reviewing actions taken on audit recommendations and escalating to the IJB as appropriate.	X	X	X	X	X	As and when required External Audit Plan 26/04/22
20. Monitor the annual work programme of Internal Audit, including ensuring IJB oversight of the function and programme to ensure this is carried out strategically.		X	X	X	X	Internal audit reports
21. Be aware of, and act on, Audit Scotland, national and UK audit findings and inspections/regulatory advice, and to confirm that all compliance has been responded to in timely fashion.	X	X	X	X	X	As and when report released



22. The Committee shall present the minute of its most recent meeting to the next meeting of the IJB for information only.	X	X	X	X	X	Recurring IJB agenda item.
Performance						
23. Review and monitor the strategy for performance the performance of the Partnership towards achieving its policy objectives and priorities in relation to all functions of the IJB. This includes ensuring that the Chief Officer establishes and implements satisfactory arrangements for reviewing and appraising service performance against the national health and wellbeing outcomes, the associated core suite of indicators and other local objectives and				X	X	Performance Monitoring Reports



outcomes and for reporting this appropriately to the Committee and Board.						
24. Review transformation and service quality initiatives. Monitor the transformation programme considering main streaming, where appropriate.		X	X	X	X	Transformation Monitoring Reports Leadership Team Objectives Update Quarterly
25. Support the IJB in ensuring that the Board performance framework is working effectively, and that escalation of notice and action is consistent with the risk tolerance set by the Board.	X	X	X	X	X	Annual review of the Board Assurance & Escalation Framework (BAEF) 09/08/22 Directions Tracker
26. Review the Annual Performance Report to assess progress toward implementation of the Strategic Plan.				X		Review of performance annual report
27. Instruct Performance Reviews and related processes.	X	X	X	X	X	As and when required, by exception.



<p>28. Support the IJB in delivering and expecting cooperation in seeking assurance that hosted services run by partners are working.</p>						<p>Information required to replicate the work undertaken previously re hosted services expected June to be confirmed</p>
<p><u>Risk & Governance</u></p>						
<p>29. The risk tolerance of the Committee is established by the Board Assurance Framework which itself is based on the Board's understanding of the nature of risk to its desired priorities and outcomes and its appetite for risk-taking. This role will be reviewed and revised within the context of the Board and Committee reviewing these Terms of Reference and the Assurance Framework to ensure effective oversight and governance of the partnership's activities.</p>			<p>X</p>	<p>X</p>	<p>X</p>	<p>Reviewed risk level and BAEF – 09/08/22</p> <p>Strategic Risk Register</p>



30. Ensure the existence of and compliance with an appropriate risk management strategy including: Reviewing risk management arrangements; receiving biannual Strategic Risk Management updates and undertaking in-depth review of a set of risks and annually review the IJB's risk appetite document with the full Board.				X	X	Reviewed risk level and BAEF – 09/08/22 Strategic Risk Register, Dates TBC
31. Approve the sources of assurance used in the Annual Governance Statement.	X					Review of annual governance statement; local code of governance; financial governance
32. Review the overall Internal Control arrangements of the Board and make recommendations to the Board regarding signing of the Governance Statement, having received assurance	X	X				Internal Audit Annual Report – 01/03/22 External Audit Report – 26/04/22



from all relevant Committees.						
Financial						
33. Consider and approve annual financial accounts and related matters	X	X				Unaudited RAPC – 26/04/22, Audited, RAPC – 23/06/22
34. Receive regular financial monitoring reports			X	X	X	Financial Monitoring Reports (RAPC/IB quarterly) alternating between IB and RAPC each quarter.
35. Act as a focus for value for money.						Reactive. Example of the living wage processes.
36. Approve budget virements.			X	X	X	Financial Monitoring Reports (RAPC/IB quarterly) alternating between IB and RAPC each quarter.



Risk, Audit and Performance Committee

Date of Meeting	26/04/2022
Report Title	Unaudited Final Accounts 2021/22
Report Number	HSCP.22.024
Lead Officer	Alex Stephen, Chief Finance Officer
Report Author Details	Alex Stephen, Chief Finance Officer alestephen@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions	No
Appendix	Appendix A - Unaudited Final Accounts 2021/22 (to follow)

1. Purpose of the Report

- 1.1. The purpose of this report is to allow the Risk, Audit and Performance Committee (RAPC) to review and comment on the unaudited final accounts for 2021/22.

2. Recommendations

- 2.1. It is recommended that the Risk, Audit and Performance Committee:
- a) Consider and comment on the Unaudited Final Accounts for 2021/22 at Appendix A.

3. Summary of Key Information

- 3.1. This is the fifth time that a full set of accounts have been prepared for the Integration Joint Board (IJB).
- 3.2. A great deal of work has been undertaken at a national level to agree on a proposed approach to the Integration Joint Board Accounts. Even then there will be changes in format and the disclosures contained in the accounts based on local circumstances. However, the major disclosures and format



Risk, Audit and Performance Committee

are based on a template commissioned by the Scottish Government with the Chartered Institute of Public Finance and Accountancy (CIPFA).

- 3.3. The accounts are based on the Code of Practice on Local Authority Accounting in the United Kingdom 2021/22 (the Code) and follow the format of the accounts used by local authorities as the IJB is recognised as a local government body, under Part VII of the Local Government (Scotland) Act 1973.
- 3.4. There is a possibility that some of the disclosures and the accounts will need to be changed during the audit process. This is particularly pertinent given that there may be changes to the accounts due to the coronavirus and given our accounts are audited sooner than the other IJBs in Scotland. The pension figures for the Chief Officer will be updated during the audit process, as they were not available at this point. In regard to the set aside figures these have been inflated by inflation, however, the activity data is not available this year due to staff being moved to other duties as a result of the pandemic response. Neither figure impacts on the amount held in reserves.
- 3.5. The audit of the accounts will take place in May 2022. The final audited accounts will be brought back to a meeting of the Integration Joint Board on 4 June 2022 or the Risk, Audit & Performance Committee on 23 June 2022 as a late paper.
- 3.6. The Local Authority Accounts (Scotland) Regulations 2014 defines the notice period, the inspection period, the deadline for submission of an objection to the accounts and the information which must be made available for inspection. The inspection must last 15 working days.
- 3.7. Aberdeen City Council have shortened the timescale for closing the final accounts of the Council. As the IJB accounts feed into the Aberdeen City Accounts, the IJB accounts also have to be closed off quicker than in most other IJBs. The intention is that the Aberdeen City Council accounts, including the group accounts, will be drafted, audited and approved by 30 June 2022 at the latest.
- 3.8. The accounts follow the following format:

Management Commentary - Explains the performance over the last financial year and highlights some of the potential risks during the next financial year.



Risk, Audit and Performance Committee

Remuneration Note – contains details of the pay and pension benefits accrued by the senior officers of the IJB during 2021/22. Note we are still waiting on the pension information for the Chief Officer, this will be added prior to being sent to auditors.

Annual Governance Statement – Highlights the Governance Framework in place and describes performance and improvements against the local code of governance. This contains the assurances from Aberdeen City Council and NHS Grampian. It also contains wording from the Chief Internal Auditor on the internal control environment.

Financial Statements – contains details of the financial transactions, including the Income & Expenditure Account, Balance Sheet and Movement in Reserves Statement.

Notes to the Accounts – including the financial policies used by the IJB over this period and the relevant disclosures required through the code.

- 3.9.** As can be seen through the accounts at the end of the financial year the IJB has £15,442,447 in its useable reserve at the end of the financial year, which has largely been earmarked for activities where we received additional income in 2021/22 and require to allocate funding in 2022/23 to complete the activities associated with this income.

4. Implications for IJB

- 4.1. Equalities** – There are no equalities implications arising from this report.
- 4.2. Fairer Scotland Duty** – There are no Fairer Scotland Duty implications arising from this report.
- 4.3. Financial** - The financial implications are highlighted throughout this report and in Appendix A.
- 4.4. Workforce** – There are no workforce implications arising from this report.
- 4.5. Legal** – There are no legal implications arising from this report.
- 4.6. Other** – There are no other implications arising from this report.



Risk, Audit and Performance Committee

5. Links to ACHSCP Strategic Plan

- 5.1. Good governance and internal controls are fundamental to ensuring the delivery of the strategic plan.

6. Management of Risk



6.1. Identified risk(s) & Link to risk number of strategic/operational risk register:

- There is a risk of financial failure, that demand outstrips budget and IJB cannot deliver on priorities, statutory work, and project an overspend – High (Strategic Risk #2)
- There is a risk that relationship arrangements between the IJB and its partner organisations (Aberdeen City Council & NHS Grampian) are not managed to maximise the full potentials of integrated & collaborative working. This risk covers the arrangements between partner organisations in areas such as governance; corporate service; and performance- Medium (Strategic Risk #4)
- There is a risk of reputational damage to the IJB and its partner organisations resulting from complexity of function, delegation and delivery of services across health and social care – Medium (Strategic Risk #6)
- Failure to deliver transformation at a pace or scale required by the demographic and financial pressures in the system – High (Strategic Risk #7)



Risk, Audit and Performance Committee

- 6.2. **How might the content of this report impact or mitigate the known risks:** The audited accounts are an important document for the IJB, demonstrating financial performance over the year and are independently audited. Recommendations could be received from the external auditors which impact on any of the strategic risks highlighted above.

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

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RISK, AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	26 April 2022
Report Title	Signposting Protocol
Report Number	HSCP22.030
Lead Officer	Alison Macleod
Report Author Details	Name: Alison MacLeod Job Title: Strategy and Transformation Lead Email Address: alimacleod@aberdeencity.gov.uk
Consultation Checklist Completed	Yes/No
Appendices	Appendix A - Draft Governance Standards for Signposted Organisations Protocol

1. Purpose of the Report

- 1.1. The purpose of this report is to provide a protocol to be adopted prior to Aberdeen City Health and Social Care Partnership (ACHSCP) specifically and deliberately signposting patients, clients, carers and service users to organisations that have not gone through the commissioning or grant funding process.

2. Recommendations

- 2.1. It is recommended that the Risk, Audit, and Performance Committee consider the draft Signposting Protocol attached at Appendix A and provide comment. If agreed by the committee a final version will be presented to the RAPC on 23rd June 2022.

3. Summary of Key Information

- 3.1. There are a significant number of third and independent sector organisations providing advice, care, and support to vulnerable individuals in need in Aberdeen City. Some of these receive funding from ACHSCP through formal commissioning or grant funding processes. When these organisations are formally commissioned their governance arrangements



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and legitimacy are checked as part of the tendering process prior to a formal contract being awarded. Similarly, grant funded organisations are checked using the Operational Assessment Framework under the Following the Public Pound Code of Practice.

3.2. The selection criteria used to assess an organisations suitability to even be considered for a contract award under Public Contracts Scotland Regulations 2015 include: -

- Suitability to Pursue Professional Activity e.g., enrolled in certain professional or trade registers
- Economic and Financial Standing via Accounts or Insurance Levels
- Technical and Professional Ability via qualifications, references, examples of current or previous work
- Quality Management Procedures e.g., health and safety legislation

3.3. The Following the Public Pound Operational Assessment Framework is as follows: -

- Does the organisation have a management board to oversee the direction, service delivery and financial stability of the organisation?
- Is the organisation a registered charity, and if so, have they complied with guidance from OSCR?
- Is the organisation a registered company, and if so, have they complied with their requirements under Companies Act?
- Does the organisation have a clear statement of purpose and organisational objectives?
- Is the organisation able to provide evidence or other support to demonstrate achievement of its objectives and purpose?
- Are there any known reasons that would result in a risk to the Council's reputation through association with an external body if financial or service delivery problems emerge

3.4. Organisations providing advice, care, and support in Aberdeen range in scale and complexity. Some are small, relatively informal groups offering peer support with virtually no financial turnover, and others are more formal in nature perhaps offering and charging for professional services. Some may have charitable status or belong to an umbrella organisation such as Aberdeen Council for voluntary organisations (ACVO), others will not. All of these organisations have a valuable place in the health and social care landscape. ACHSCP do not wish to discriminate against organisations or



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stifle community enterprise. Individual service users should be free to make their own choice about which services they use.

- 3.5.** Organisations are also able to list themselves on the following databases which provide publicly accessible information on support services available locally;
- ALISS (A Local Information System for Scotland). This programme is funded by the Scottish Government and delivered by the Health and Social Care Alliance Scotland (the ALLIANCE). It is a central point for hosting health and wellbeing information for people living with long term conditions, disabled people and unpaid carers ([Link](#)).
 - Scottish Social Services Directory (SSD). This is a central point for information on NHS services ([Link](#)).
- 3.6.** The purpose of this protocol is to ensure that where ACHSCP specifically and deliberately signpost to an organisation that is not commissioned or grant funded by them, that comprehensive information is provided about the organisation in order to protect the people that we signpost there and ensure that most benefit is derived from the experience. Service users should be made fully aware of the fact that there is no formal relationship between the organisation and ACHSCP, and, therefore, that we are not endorsing it in any way. When specifically, and deliberately signposting ACHSCP should also, where possible, signpost to more than one organisation and encourage individuals to undertake their own research before making up their mind which to use. Individuals should also be encouraged to feedback on their experience of using an organisation which should allow ACHSCP to assess whether to continue to signpost to it or not.
- 3.7.** It is proposed that the protocol is implemented for all new organisations ACHSCP specifically and deliberately signpost to and that there is no retrospective action.

4. Implications for IJB

4.1. Equalities, Fairer Scotland and Health Inequality

There are no direct equalities impact on our equalities duties as a result of the recommendations within this paper.

4.2. Financial

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



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4.3. Workforce

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

4.4. Legal

Whilst we are not legislatively obliged to do so the use of the Governance Standards for Signposted Organisations Protocol will provide assurance that we are signposting to organisations which meet the required minimum standards for the service they provide. This will minimise any risk of legal challenge from those who are being signposted.

4.5. Other

5. Links to ACHSCP Strategic Plan

- 5.1. This links to the aims of Personalisation and Communities within the Strategic plan. This will support service users and patients to access a range of organisations to meet their individual needs and have confidence in the service being provided.

6. Management of Risk

6.1. Identified risks(s)

There is a risk that service users/ patients are signposted to organisations which do not deliver the standard of service we would expect which will have a negative outcome for the individual.

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

This is linked to Risk 5 – ‘There is a risk that the IJB, and the services that it directs and has operational oversight of, fails to meet the national, regulatory and local standards’ Whilst these services are not procured or directed by the ACHSCP and its parent organisations there will be a perception that by signposting to them we are assured of the quality of the service provided.



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

The use of the Governance Standards for Signposted Organisations Protocol will provide additional assurance that the signposted service meets required minimum standards and minimise the likelihood of patients / service users



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experiencing negative outcomes. With this mitigation in place the likelihood of risk is low.

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



RISK, AUDIT AND PERFORMANCE COMMITTEE

APPENDIX A

Draft Signposting Protocol

Officers of Aberdeen City Health and Social Care Partnership who wish to signpost patients, clients, carers and service users to organisations that have not been directly commissioned or grant funded should follow the protocol below prior to specifically and deliberately signposting: -

- ❖ Research what organisations exist locally to meet the needs of the service user cohort. Ideally service users should be made aware of a range of options available to them.

- ❖ Collate information on each of these organisations – how are they formed/funded; what services they offer; what form of support is involved - informal peer support or more professional advice or services; and what potential benefits could be achieved from engaging with the organisation. The most valuable information will be testimonies from people who have used the service and, if available, and appropriate these should be shared with potential service users.

- ❖ Communicate comprehensive information on what is available from each of the organisations to which service users will be signposted in order that a personal choice can be made.

- ❖ Encourage service users to feedback on their experience, and provide a mechanism for that, in order to add to evidence on whether ACHSCP should continue to signpost to the organisation or not.



RISK, AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	26 April 2022
Report Title	Leadership Team Objectives- Reporting Framework
Report Number	HSCP22.029
Lead Officer	Alex Stephen, Deputy Chief Officer and Chief Finance Officer
Report Author Details	Name: Alison MacLeod Job Title: Strategy and Transformation Lead Email Address: alimacleod@aberdeencity.gov.uk
Consultation Checklist Completed	Yes/No
Appendices	Appendix A – Leadership Team Objectives Reporting Framework Appendix B – Definition of key metrics.

1. Purpose of the Report

- 1.1. Following the approval of the Leadership Team objectives for 2022/23 as part of the Medium-Term Financial Framework (HSCP.22.017, Integrated Joint Board 10th March 2022), this report is seeking to inform the Risk, Audit and Performance Committee of the reporting framework surrounding the Leadership Team Objectives for 2022/23.

2. Recommendations

- 2.1. It is recommended that the Risk, Audit and Performance Committee note the Leadership Team Objectives Reporting Framework as appended to this, noting in particular the reporting timetable.

3. Summary of Key Information

- 3.1. The ACHSCP Leadership Team Objectives 2022-23 outline the focus for the partnership over the next financial year.
- 3.2. Following approval of the ACHSCP Leadership Team Objectives 2022-23 (presented as part of the Medium-Term Financial Framework HSCP.22.017, 10 March 2022), the attached Leadership Team Objectives Reporting



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Framework outlines how progress will be reported to RAPC and the expected timeline for this to be delivered.

- 3.3.** A reporting dashboard has been created for the benefit of RAPC by NHSG Health Intelligence. This will assist in providing clarity over the progress made on each of the Leadership Team Objectives on a quarterly basis. The dashboard will be shared to the Committee on this basis.

4. Implications for IJB

4.1. Equalities, Fairer Scotland and Health Inequality

There are no direct equalities implications arising from this report. The Leadership Team Objectives were agreed as part of the Medium-Term Financial Framework (HSCP.22.017, Integration Joint Board 10 March 2022) for which a full equalities and human rights impact assessment was undertaken. The assessment, overall, was positive in relation to the impact on equality and diversity within Aberdeen, however any equality impacts on individual project work will be kept under review.

4.2. Financial

There are no direct financial implications arising from this report. All implications were considered when agreeing the Leadership Team objectives.

4.3. Workforce

There are no direct implications arising from this report. All implications were considered when agreeing the Leadership Team objectives.

4.4. Legal

There are no direct implications arising from this report. All implications were considered when agreeing the Leadership Team objectives.

4.5. Other

5. Links to ACHSCP Strategic Plan

- 5.1.** The attached report assists ACHSCP in being able to report upon progress made on the Leadership Team Objectives 2022-23. The Leadership Team Objectives are approved on the basis that they enable the strategic priorities and plan to be achieved.



RISK, AUDIT AND PERFORMANCE COMMITTEE

6. Management of Risk

6.1. Identified risks(s)

There is a risk, if the Leadership Team Objectives are not delivered as expected that, not only will delivery of the Strategic Aims, Commitments and Priorities of ACHSCP be negatively impacted, but will negatively impact on delivery of the Medium-Term Financial Framework.



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

This report links to Risk 5 on the Strategic Risk Register.

5. There is a risk that the IJB, and the services that it directs and has operational oversight of, fails to meet the national, regulatory, and local standards.

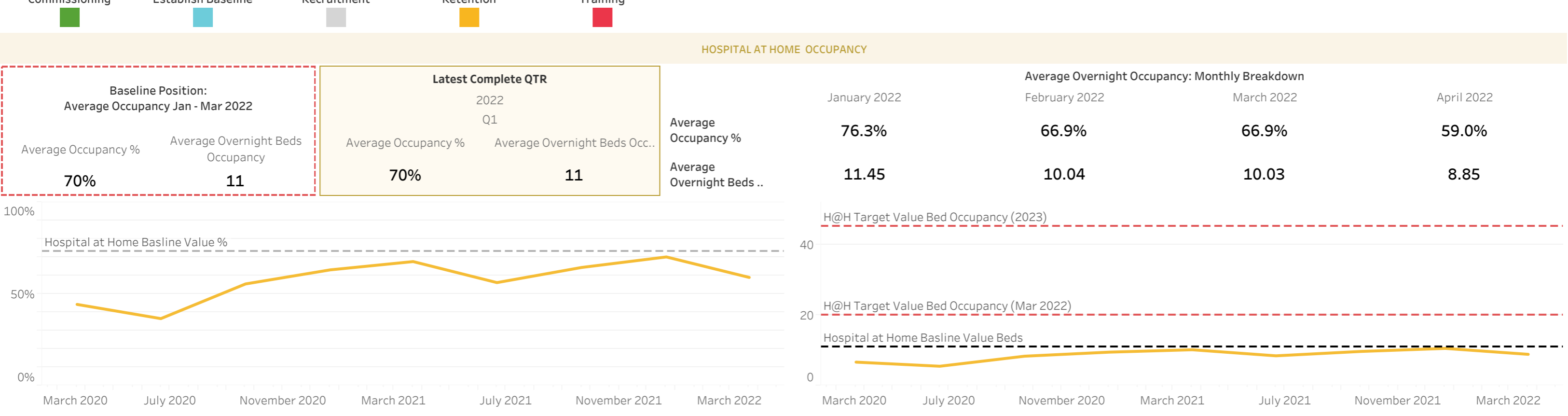
6.3. How might the content of this report impact or mitigate these risks:

Ensuring that a robust assurance process is in place for monitoring progress of the Leadership Team objectives mitigates the above risk. The paper attached in Appendix A assists to mitigate the risk by providing assurances that reporting will take place outlining progress on Leadership Team Objectives in 2022-23. Progress on the Leadership Team Objectives relates to the general performance of the ACHSCP and progress towards achieving or maintaining national and local performance indicators.

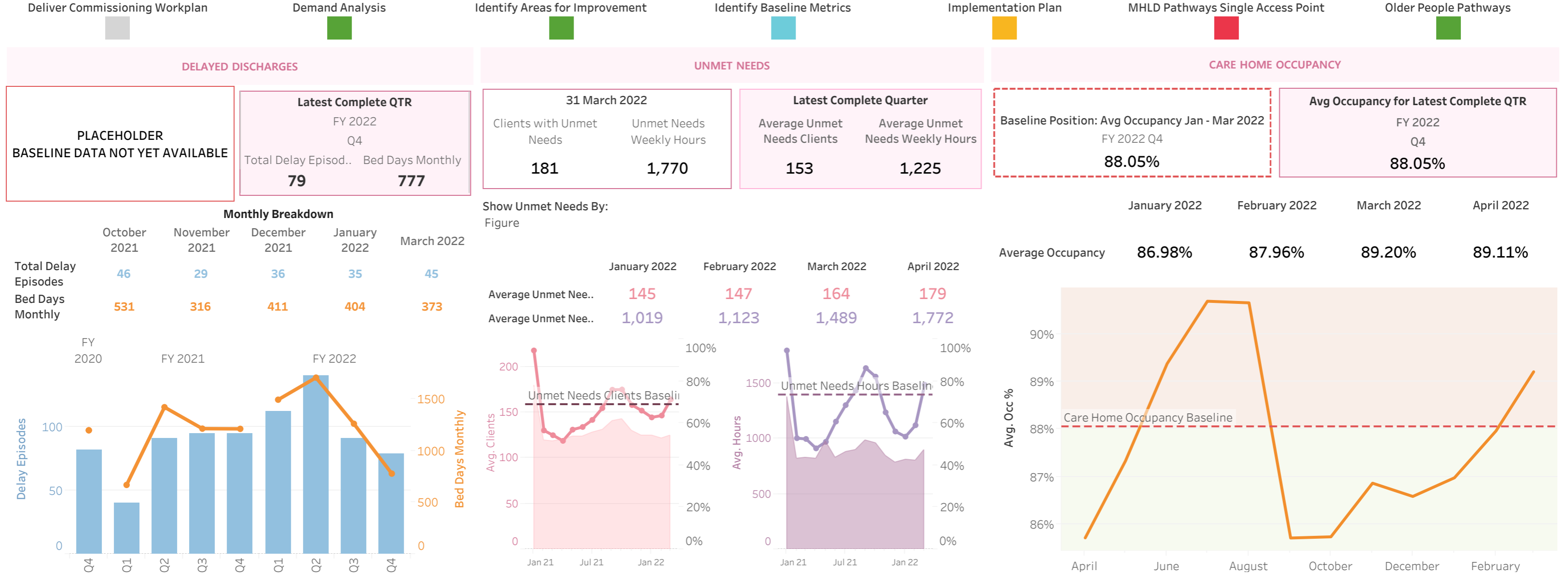
Approvals	
	Sandra Macleod (Chief Officer)
	Alex Stephen (Chief Finance Officer)

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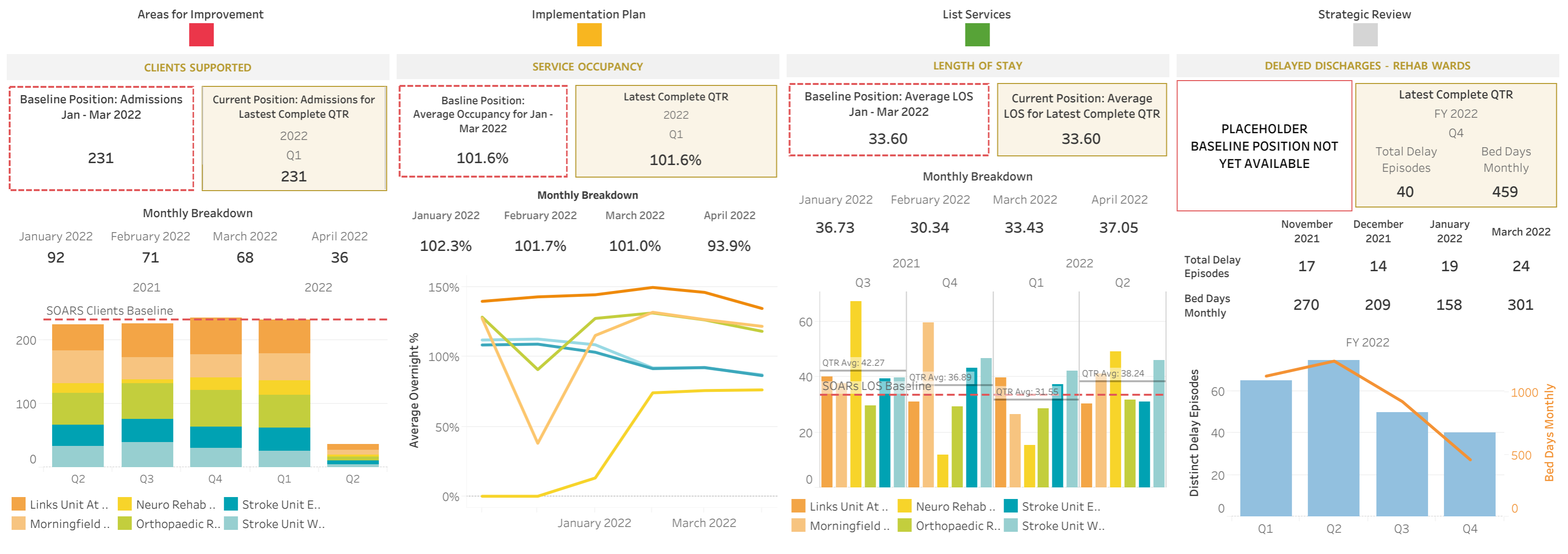
INCREASE HOSPITAL AT HOME BY 50%



SOCIAL CARE PATHWAYS STRATEGIC REVIEW - IMPLEMENTATION PLAN BY NOV 2022



REHABILITATION STRATEGIC REVIEW - IMPLEMENTATION PLAN BY APRIL 2023



MHL TRANSFORMATION



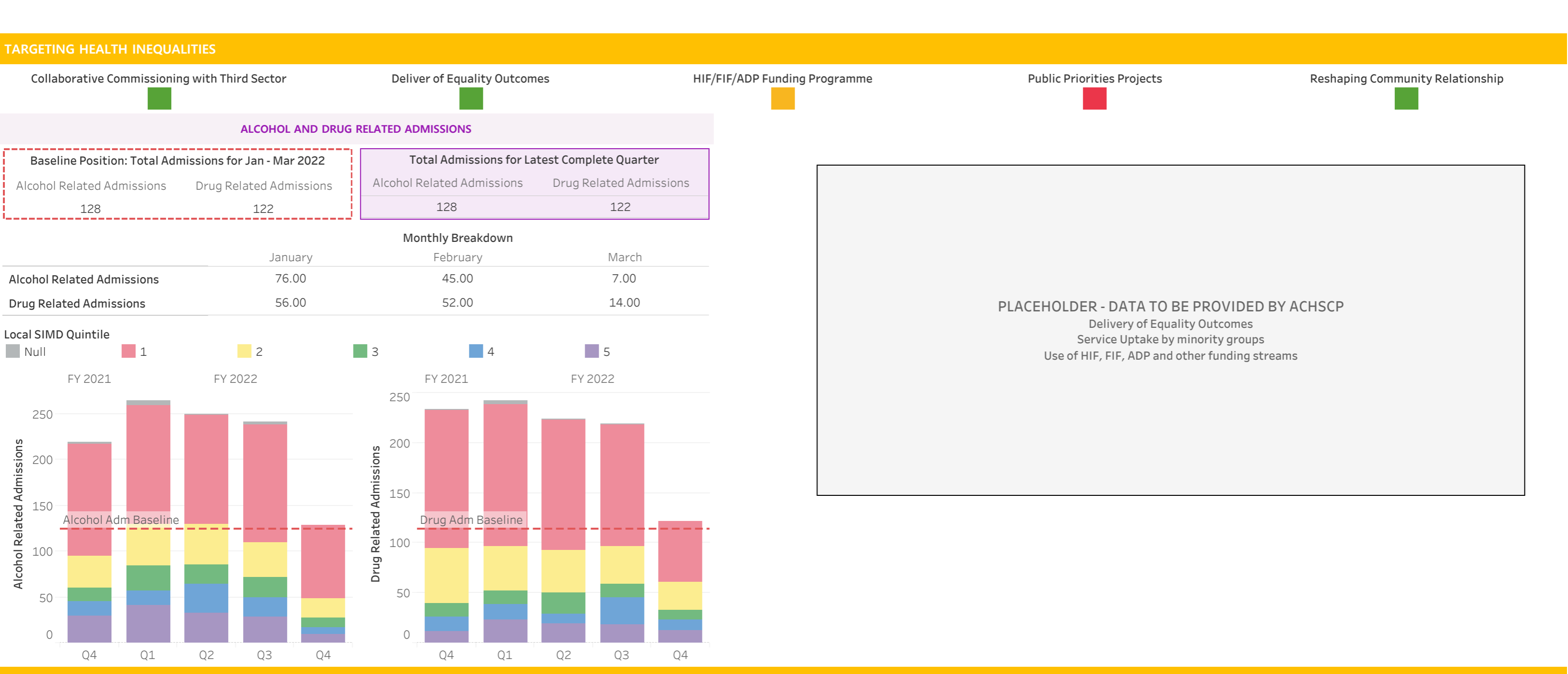
SURGE AND DEMAND PLAN - PLAN IN PLACE BY WINTER 2023



PRIMARY CARE STABILITY



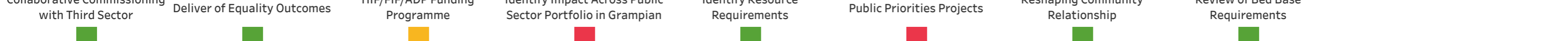
TARGETING HEALTH INEQUALITIES



WORKFORCE PLAN FOR THE FUTURE



BED BASED STRATEGIC REVIEW



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DEFINITION OF KEY METRICS

INCREASE HOSPITAL AT HOME BY 50%

Average Overnight Beds Occupancy - This is a snapshot position, taken at midnight each night of the occupied beds within the selected wards/hospitals. An average of this figure over the defined period is then used.

Average Overnight Beds % - The figure calculated for the above metric is then divided by the available beds within the wards (total beds available for use), to determine the occupancy %.

SOCIAL CARE PATHWAYS STRATEGIC REVIEW - IMPLEMENTATION PLAN BY NOV 2022

Delayed Discharges - This is the total number of delay episodes within the given QTR, for standard delays only. Delay episodes which span multiple quarters are counted once for each quarter. When broken down monthly they are counted once for each month. **These are Aberdeen City delays only.**

Bed Days Monthly - For each delay episode counted above, the Bed Days Monthly are the number of days within the month for which the patient was delayed. For delays spanning multiple months, the total bed days for the quarter are all bed days lost for each month of the delay within that quarter. **These are Aberdeen City delays only.**

Unmet Needs - This figure is from ACHSCP and is the total number of care searches which have been defined as clients with unmet needs. This is the number of care searches open for more than 14 days.

Unmet Needs Weekly Hours - This is the number of weekly care hours assessed as required for unmet needs care searches. These are hours that have not been provided.

REHABILITATION STRATEGIC REVIEW - IMPLEMENTATION PLAN BY APRIL 2023

Clients Supported - This is the total number of admissions to SOARs wards for the given time period. SOARs wards include are defined as the following wards and Woodend Hospital: Links Unit, Morningfield House, Orthopaedic Rehab, Neruo Rehab, Stroke Unit East, Stroke Unit West

Occupancy % - Calculated similarly to Hospital and Home occupancy by taking the midnight snapshot occupied beds divided by the total available beds in each ward. This is then averaged out across the six wards.

Length of Stay - This figure is the average length of stay within the ward for all patients (not just city patients), from the ward start date to the ward end date. **This is not overall admission time to discharge.** Patients who move wards will be included in this figure.

Delayed Discharges - This is the total number of delay episodes within the given QTR.. Delay episodes which span multiple quarters are counted once for each quarter. When broken down monthly they are counted once for each month. **For SOARs this figure is standard and complex delays which, at the time of either snapshot or discharge, were located in a SOARs ward. This is for all delays, not just Aberdeen City.**

Bed Days Monthly - For each delay episode counted above, the Bed Days Monthly are the number of days within the month for which the patient was delayed. For delays spanning multiple months, the total bed days for the quarter are all bed days lost for each month of the delay within that quarter. **For SOARs this figure is standard and complex delays which, at the time of either snapshot or discharge, were located in a SOARs ward. This is for all delays, not just Aberdeen City.**

MHLD TRANSFORMATION

Complex and Code 100 Bed Days - For each delay episode coded as Complex or Code 100, the Bed Days Monthly are the number of days within the month for which the patient was delayed. Complex delays coded as ward or care home closures are excluded. For delays spanning multiple months, the total bed days for the quarter are all bed days lost for each month of the delay within that quarter. For definitions of Complex and Code 100 delays, please visit ISD Scotland. **These are Aberdeen City delays only.**



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