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Aberdeen City Health & Social Care Partnership
A caring partnership

To: Members of the Risk, Audit and Performance Committee

Town House,
ABERDEEN 9 November 2022

RISK, AUDIT AND PERFORMANCE COMMITTEE

The Members of the **RISK, AUDIT AND PERFORMANCE COMMITTEE** are requested to meet in **Virtual - Remote Meeting on THURSDAY, 17 NOVEMBER 2022 at 10.00 am.**

VIKKI CUTHBERT
INTERIM CHIEF OFFICER - GOVERNANCE

BUSINESS

DECLARATION OF INTERESTS AND TRANSPARENCY STATEMENTS

1.1 Declarations of Interest and Transparency Statements

DETERMINATION OF EXEMPT BUSINESS

2.1 Exempt Business

STANDING ITEMS

3.1 Minute of Previous Meeting of 9 August 2022 (Pages 3 - 8)

3.2 Business Planner (Pages 9 - 12)

GOVERNANCE

4.1 Directions Tracker - HSCP.22.089 (Pages 13 - 20)

RISK

5.1 Strategic Risk Register - HSCP.22.096 (Pages 21 - 46)

AUDIT

6.1 Internal Audit Update Report - HSCP.22.092 (Pages 47 - 58)

6.2 Internal Audit - Care Management - HSCP.22.095 (Pages 59 - 62)

6.3 Financial Regulations Review - HSCP.22.093 (Pages 63 - 84)

PERFORMANCE

7.1 Strategic Delivery Plan Dashboard - HSCP.22.094 (Pages 85 - 100)

7.2 Annual Performance Report - HSCP.22.097 (Pages 101 - 148)

EXEMPT / CONFIDENTIAL BUSINESS

8.1 None at the time of issuing the agenda

COMMITTEE DATES

9.1 Date of Next Meeting - Tuesday 28 February 2023 at 10am

Future meetings, Tuesdays, all at 10.00am:

2 May 2023

13 June 2023

19 September 2023

28 November 2023

23 January 2024

26 March 2024

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



Risk, Audit and Performance Committee

Minute of Meeting

**Tuesday, 9 August 2022
10.00 am Virtual - Remote Meeting**

ABERDEEN, 9 August 2022. Minute of Meeting of the RISK, AUDIT AND PERFORMANCE COMMITTEE. Present:- John Tomlinson Chairperson; and Councillors John Cooke and Martin Greig; Fraser Bell, Jamie Dale, Alison MacLeod, Paul Mitchell and Shona Omand-Smith.

Also in attendance: Martin Allan, John Forsyth, Michelle Grant, Vicki Johnstone, Stuart Lamberton, Councillor Sandra Macdonald (from Item 6.1) and Val Vertigans (as a substitute for Claire Wilson).

Apologies: June Brown, Amy Richert and Claire Wilson.

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.

WELCOME AND INTRODUCTIONS

1. The Chair welcomed everyone to the meeting.

The Committee resolved:-

to welcome the new Chief Operating Officer, Chief Finance Officer and Commissioning Lead to their first meeting of the Committee.

DECLARATIONS OF INTEREST AND TRANSPARENCY STATEMENTS

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

For the purpose of clarity, John Forsyth assisted members with the following definition:

A transparency statement is used when a Member feels that they have a connection to a matter in the agenda, but having considered the objective test thinks that this does not amount to a declarable interest.

For reasons of transparency, Members can make a transparency statement - explaining that they have considered the matter but will not be withdrawing.

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The Committee resolved:-

- (i) to note the definition of Transparency Statements as provided by the Solicitor; and
- (ii) to otherwise note that there were no Declarations of Interest or Transparency Statements intimated.

EXEMPT BUSINESS

- 3. There was no exempt business.

MINUTE OF PREVIOUS MEETING OF 23 JUNE 2022

- 4. The Committee had before it the minute of its previous meeting of 23 June 2022, for approval.

The Committee resolved:-

- (i) with regard to Article 4(i) of the Minute (Minute of the previous meeting of 26 April 2022), to note that the Strategy and Transformation Lead had circulated information providing further assurance regarding numbers of carers;
- (ii) with regard to Article 7 Audit Scotland - Drug and Alcohol Service Briefing, to note that the Self Assessment form would be complete by the end of September 2022 and that the Alcohol and Drugs Partnership Lead would report back to Committee on 1 November 2022 in this regard; and
- (iii) to otherwise approve the minute as a correct record.

BUSINESS PLANNER

- 5. The Committee had before it the Committee Business Planner.

The Committee resolved:-

- (i) to note that a lead officer would be identified to present the Planner to RAPC and JB; and
- (ii) to otherwise note the content of the Planner.

WHISTLEBLOWING UPDATES AND REPORT ON POLICY & REPORTING - HSCP.22.057

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6. The Committee had before it a report providing an overview of whistleblowing policies relevant to the IJB and the Aberdeen City Health and Social Care Partnership.

The report recommended:-

that the Committee note the details contained in the report.

The Committee resolved:-

- (i) to note that the Business Manager would circulate the NHS Annual Report on Whistleblowing; and
- (ii) to otherwise note the details contained within the report.

ASP INSPECTION REPORT - HSP.22.054

7. The Committee had before it a report on the findings of the recent Joint Inspection of Adult Support and Protection (ASP) in Aberdeen which were published on 21st June 2022.

Val Vertigans - Lead Strategic Officer Adult Public Protection, HSCP spoke to the report and responded to questions from members.

The report recommended:-

that the Committee note the findings of the recent Joint Inspection of Adult Support and Protection in Aberdeen and next steps.

The Committee resolved:-

- (i) to commend the Adult Support Team on the positive inspection report;
- (ii) to instruct the Lead for Social Work to report back to Committee in 2023 with an update regarding progress on the Next Steps; and
- (iii) to otherwise approve the recommendation.

INTERNAL AUDIT REPORT AC2210 - LEARNING DISABILITIES - HSCP.22.055

8. The Committee had before it the Internal Audit Report on Learning Disabilities which presented the outcome from the planned audit of Learning Disabilities Income and Expenditure that was included in the 2020/21 Internal Audit Plan for Aberdeen City Council.

Jamie Dale - Chief Internal Auditor, spoke to the report and responded to questions from Members.

The report recommended:-

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

The Committee resolved:-

to note the content of the report.

BEST VALUE IN INTEGRATION JOINT BOARDS - LETTER FROM ACCOUNTS COMMISSION - HSCP.22.065

9. The Committee had before it for information, a letter from the Chair of the Accounts Commission regarding Best Value in Integration Joint Boards.

The Committee resolved:-

- (i) to note that any questions from Members regarding the information contained within the letter should be addressed to the Business Manager for referral to the Accounts Commission; and
- (ii) to otherwise note the information provided.

HOSTED SERVICES SLAS - HSCP.22. 064

10. The Committee had before it a report on Grampian Out of Hours (OOH) Primary Care Services (GMEDs) and early sight of a draft Service Level Agreement (SLA) for Sexual Health Services for comment to feed into further development.

The Strategy and Transformation Lead spoke to the report and responded to questions from members.

The report recommended:-

that the Committee note and comment on the GMED report and the draft Sexual Health Services SLA.

The Committee resolved:-

- (i) to instruct the Strategy and Transformation Lead to ask for clarification from colleagues in Moray regarding the statement at item 3.4 on page 41 of the GMED report and to report back to Committee in this regard; and
- (ii) to otherwise note the content of the GMED report and the draft Sexual Health Services SLA.

STRATEGIC PLAN DELIVERY PLAN DASHBOARD - HSCP.22.063

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11. The Committee had before it a report providing information regarding the reporting framework for the Strategic Plan and the progress on the delivery plan as set out within the Strategic Plan 2022-2025

Michelle Grant - Senior Project Manager, introduced the report and responded to questions from members.

The report recommended:-

that the Committee note the Delivery Plan Reporting Framework, Quarter 1 Overview and Dashboard as appended to the report.

The Committee resolved:-

to approve the recommendation.

SCOTLAND'S FINANCIAL RESPONSE TO COVID - HSCP.22.068

12. The Committee had before it the Accounts Commission report on Scotland's financial response to Covid-19 and covering report from Paul Mitchell - Chief Finance Officer.

The Chief Finance Officer spoke to the report and responded to questions from members. Members noted that the report contained three recommendations for the Scottish Government and three recommendations for the Scottish Government, councils, NHS boards and integration authorities.

The report recommended:-

that the Committee note the recommendations made by Audit Scotland in the "Scotland's Response to Covid-19" report.

The Committee resolved:-

to approve the recommendation.

CONFIRMATION OF ASSURANCE

13. The Chair enquired of Members if they were satisfied on matters presented before the Committee or if further examination was required.

The Committee resolved:-

to note they had received Confirmation of Assurance from the reports and associated discussions presented and that further assurance had been evidenced by the activity of all staff in not only producing the necessary information but also by the delivery and modifications of processes and services in a regular and sustained manner.

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DATE OF NEXT MEETING - TUESDAY 1 NOVEMBER 2022 AT 10AM

14. The Committee had before it the dates for future meetings:

- Tuesday 1 November 2022 at 10am; and
- Tuesday 28 February 2023 at 10am

The Board resolved:-

to note the future meeting dates

- **JOHN TOMLINSON, Chair**

DRAFT

| | 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 | Delayed or Recommended for removal or transfer, enter either D, R, or T | Explanation if delayed, removed or transferred |
| 3 | | | | | | | | | | |
| 4 | 17 November 2022 | | | | | | | | | |
| 5 | Standing Item | Directions Tracker HSCP.22.089 | To note update on the status of Directions made by the Integration Joint Board (IJB) to Aberdeen City Council (ACC) and NHS Grampian - RAPC agreed to direct the Chief Finance Officer to report on the Directions Tracker every 6 months - see 23.09.2020 and 21.12.2021 | HSCP22.089 | Paul Mitchell / Amy Richert | Chief Finance Officer | ACHSCP | | | |
| 6 | Standing Item | Strategic Risk Register HSCP.22.096 | To note the most up-to-date version of the Strategic Risk Register (SRR) which contains a "deeper dive" on the risks relating to finances and workforce. | HSCP.22.096 | Martin Allan | Business Manager | ACHSCP | | | |
| 7 | Standing Item | Internal Audit Update Report HSCP.22.092 | To provide assurance that services are operating effectively and to note the update on the work of Internal Audit. | HSCP22.092 | Jamie Dale | Chief Internal Auditor | Governance | | | |
| 8 | | Internal Audit Care Management Report HSCP.22.095 | To note the outcome from the planned audit of Care Management that was included in the Internal Audit Plan for Aberdeen City Council. | HSCP.22.095 | Jamie Dale | Chief Internal Auditor | Governance | | | |
| 9 | Standing Item | Financial Regulations Review HSCP.22.093 | To approve the revised Financial Regulations | HSCP.22.093 | Paul Mitchell | Chief Finance Officer | ACHSCP | | | |
| 10 | | Strategic Delivery Plan Dashboard HSCP.22.094 | To note the progress being made on the Delivery Plan as outlined within the Strategic Plan 2022-2025. | HSCP.22.094 | Michelle Grant | Lead Strategy and Performance Manager | ACHSCP | | | |
| 11 | 01.03.22 | IJB Annual Performance Report 2020/21 HSCP.22.097 | To note the ACHSCP Annual Performance Report for 2021-2022. Members noted at RAPC on 01/03/22 that the IJB Annual Performance Report 2020/2021 - would be presented to the meeting of IJB on 30 August 2022 and thereafter to RAPC in November 2022 | HSCP.22.097 | Alison Macleod | Lead Strategy and Performance Manager | ACHSCP | | | |
| 12 | Standing Item | Whistleblowing Updates | To note the position regarding incidents of whistleblowing - At IJB on 06.07.21 members agreed 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 | | R | As at 09.11.22 agenda issue, there had been no whistleblowing incidents reported in the last quarter. |
| 13 | 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. | HSCP.22.048 | Simon Rayner | ADP Strategic Lead | ACHSCP | Presented to RAPC on 23 June 2022. members agreed to an additional recommendation - to bring back the completion of the Self Assessment to Committee for further assurance. | R | Being issued to Members as a Service Update. |
| 14 | 01.03.22 | CAMHS Update report - Young People Monitoring Report 2020-21, Mental Welfare Commission | To provide updates (1) following the publication of the 2021-22 Mental Welfare Commission Young People's Monitoring Report, due in October 2022; and (2) to update with specifics regarding gaps in services, actions and target timescales | HSCP.22.047 | Jane Fletcher / Amanda Farquharson | | | | D | Amanda Farquharson advises there is no update to the report approved in June 2022 as they are awaiting the Children and Young Person Mental Welfare Commission report to be published. |
| 15 | 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 | | D | Claire Wilson following up with Chair of IJB. Possible deferral. |
| 16 | 15.03.22 | Audited Accounts | Committee was advised on 26 April 2022 by Michael Wilkie that Audited Accounts would be presented in August 2022 and not June as originally planned. | | Paul Mitchell | Chief Finance Officer | ACHSCP | | R | Final Audited Accounts were presented to IJB on 11 October 2022. Remove the report as the Accounts have been to the IJB and signed off. |
| 17 | | Workforce Plan | Brought forward to August IJB to align with national submission | | Sandy Reid / Staurt Lamberton | | ACHSCP | | R | Presented to IJB on 11 October 2022 |

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| 3 | | | | | | | | | | |
| 18 | Standing Item | OHF Report | Quarterly Reporting | | Calum Leask | Lead Strategy and Performance Manager | ACHSCP | deferred to November to coincide with work on next Strategic plan and August IJB workshop. IJB requested on 11 October 2022 that a deeper dive on finance and workforce risks be included in the report. | R | Approved within 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. 6th June 2022 - The relevant reporting has been incorporated within the agreed delivery plan for the strategic plan 2022 -2025 as agreed at the IJB. |
| 19 | 28 February 2023 | | | | | | | | | |
| 20 | 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 | | | |
| 21 | Standing Item | Whistleblowing Updates | To note the position regarding incidents of whistleblowing - At IJB on 06.07.21: 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; | | | | | | | |
| 22 | 27.01.22 | Annual Review of RAPC | | | Paul Mitchell / Amy Richert | Chief Finance Officer | ACHSCP | | | |
| 23 | Standing Item | Review of Financial Governance | To provide assurance on Governance Environment - annual report. Last RAPC was 26 April 2022. | | Paul Mitchell | Chief Finance Officer | ACHSCP | | | |
| 24 | 01.11.22 | IJB Audit - Transformational Programme | To note the outcome of Internal Audit report of IJB Transformational Programme. Going to ACC Audit Risk & Scrutiny Committee first in December 2022. | | Jamie Dale | Chief Internal Auditor | Governance | | | |
| 25 | Standing Item | Board Assurance and Escalation Framework (BAEF) | To note the Framework (reviewed by the Committee on an annual basis as per resolution on 26.08.2020) | | Martin Allan | Business Manager | ACHSCP | | | Senior Leadership Team agreed on 12.10.22 that reporting timescale would be early 2023. |
| 26 | 2 May 2023 | | | | | | | | | |
| 27 | Standing Item | Whistleblowing Updates | Quarterly update | | | | | | | |
| 28 | Standing Item | Directions Tracker | 6 monthly reporting | | | | | | | |
| 29 | | Strategic Risk Register | To seek approval of the Bi-Annual report | | | | | | | |
| 30 | | Approval of Unaudited Accounts | | | Paul Mitchell | Chief Finance Officer | ACHSCP | | | |
| 31 | Standing Item | External Audit Strategy 2022/23 | | | Michael Wilkie | KPMG | KPMG | 2021/22 Strategy considered at April 2022 RAPC; spring 2023 date TBC for next consideration. | | |
| 32 | 23.09.21 | Primary Care Improvement Plan Update | Further update report (last reported at 23 September 21 RAPC - HSCP.21.105) | HSCP.22.044 | Emma King / Sarah Gibbon | | ACHSCP | Presented to RAPC on 23 June 2022. Members agreed the recommendation that a further PCIP performance update is presented to the committee in Spring 2023 (unless required by exception) | | |
| 33 | 13 June 2023 | | | | | | | | | |
| 34 | Standing Item | Internal Audit Reports - Annual Report & IJB Performance Management Reporting | Assurance that services are operating effectively | HSCP.22.045 & HSCP.22.046 | Jamie Dale | Chief Internal Auditor | Governance | Reports presented to RAPC on 23 June 2022 - this is an annual requirement so a date in June 2023 should be identified. | | |

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| 3 | | | | | | | | | | |
| 35 | 22.06.2021 | Justice Social Work Performance report and Justice Social Work Annual Report | 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. | HSCP.22.042 | Kevin Toshney/ Claire Wilson / Lesley Simpson / Liz Cameron | Lead for Social Work | ACHSCP | Annual Report. Approved by RAPC on 23 June 2022, therefore meeting date in JUNE 2023 to be decided for next consideration. | | |
| 36 | 19 September 2023 | | | | | | | | | |
| 37 | Standing Item | Whistleblowing Updates | Quarterly update | | Martin Allan | Business Manager | | | | |
| 38 | | Locality Plans | To note the update - At IJB on 30 August 2022, members instructed the Chief Officer to report to the Risk, Audit and Performance committee in 12 months with an update on locality planning | | Alison Macleod / Chris Smilie | Lead Strategy and Performance Manager | | | | |
| 39 | | ASP Inspection Report | To note the progress update regarding Next Stepfollowing the ASP Inspection published in April 2022. | | Claire Wilson | Lead for Social Work | | | | |
| 40 | | Audited Accounts | To approve the final Audited Accounts | | Paul Mitchell | Chief Finance Officer | ACHSCP | | | |
| 41 | 28 November 2023 | | | | | | | | | |
| 42 | Standing Item | Directions Tracker | 6 monthly reporting | | | | | | | |
| 43 | | IJB Annual Performance Report | | | | | | | | |
| 44 | 23 January 2024 | | | | | | | | | |
| 45 | Standing Item | Whistleblowing Updates | Quarterly update | | Martin Allan | Business Manager | ACHSCP | | | |
| 46 | 26 March 2024 | | | | | | | | | |
| 47 | | | | | | | | | | |
| 48 | Standing Item | Equalities and Equalities Outcomes | To note the progress towards evidencing compliance with the Human Rights Act 1998, the Equality Act 2010, the Scottish Specific Public Sector Equality Duties 2012 and the Fairer Scotland Duty 2018, outlining how person-centered equality and human rights culture is being delivered across all services. At IJB on 25 May 2021 Members resolved to instruct the Chief Officer, ACHSCP to submit 6-monthly reports alternately to the RAPC (starting December 2021 and then IJB - June 2022). | | Alison Macleod | Lead Strategy and Performance Manager | ACHSCP | Went to RAPC on 01/03/22 and to IJB on 30 August 2022. | | |
| 49 | | Annual Review of RAPC | | | Paul Mitchell / Amy Richert | Chief Finance Officer | ACHSCP | | | |
| 50 | | Approval of Unaudited Accounts | | | Paul Mitchell | Chief Finance Officer | ACHSCP | | | |

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| | |
|---|---|
| Date of Meeting | 17 November 2022 |
| Report Title | Directions Update – Process for future reporting |
| Report Number | HSCP 22.089 |
| Lead Officer | Paul Mitchell, Chief Finance Officer |
| Report Author Details | Name: Amy Richert Senior Project Manager Arichert@aberdeencity.gov.uk |
| Consultation Checklist Completed | Yes |
| Appendices | Appendix A – Directions spreadsheet |

1. Purpose of the Report

- 1.1. This report presents the six-monthly update on the status of Directions made by the Integration Joint Board (IJB) to Aberdeen City Council (ACC) and NHS Grampian. This is the first update in the new format which was agreed by members at the RAPC on 23rd June 2022.

2. Recommendations

- 2.1. It is recommended that the Risk, Audit and Performance Committee:
- a) Notes the updates in Appendix A.

3. Summary of Key Information

- 3.1. As per the Roles and Responsibilities Protocol of the Integration Joint Board (IJB) and its Committees, the IJB are obliged, “to issue Directions to the Partners under sections 26 and 27 of the Public Bodies (Joint Working) (Scotland) Act 2014, in line with the Integration Scheme and legislative framework sitting around the CEOs of the Partners.”

As agreed by the RAPC on 23 September 2020 a report will be presented every 6 months to provide assurance to the Committee on the ongoing directions.



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- 3.2.** The Directions Tracker indicates when they were submitted to the constituent organisation(s), the financial commitment, and the status of each direction. Most of the Directions issued by the IJB are to incur financial expenditure and are therefore centred around commissioning or our transformation programme.
- 3.3.** The Directions Tracker is provided for review at the Chief Officers' monthly performance meeting. This ensures overview from ACC and NHSG Chief Executives and the Chair and Vice Chair of IJB. The tracker is regularly updated by the leadership team and lead officers.
- 3.4.** Members agreed at the RAPC on 23rd June 2022 to a new 'traffic lights' system with four classifications to indicate the status of Directions,
- 3.5.** The classifications are as follows;
1. GREEN (Ongoing) represents where the current direction is still valid, in place and not due for renewal or completion.
 2. AMBER (Due) Directions which are due for renewal or completion within the next 6 months including those which are at risk of not being completed within the timescale and / or within the allocated budget. Update to RAPC required.
 3. RED (Concern) Directions which have either
 - a. Not been implemented due to issues with implementation e.g. no service available to deliver on the direction.
 - b. Directions which have expired and have not been reported as renewed or completed.
 4. GREY (Complete) - represents a direction where the date has expired, and the direction is either no longer required or has been superseded by a new direction. It also includes directions which have been completed within a set timescale and will not be required to continue beyond that.
- 3.6.** As a result of the implementation of the new classifications all Directions on the tracker have been reviewed to ensure they are up to date.



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4. Implications for IJB

- 4.1. **Equalities, Fairer Scotland and Health Inequality** – there are no direct implications arising from this report.
- 4.2. **Financial** – there are no direct implications arising from this report.
- 4.3. **Workforce** - there are no direct implications arising from this report.
- 4.4. **Legal** – Scottish Government guidance which provides that there should be a log kept of all Directions made - Health and Social Care Integration Statutory Guidance- Directions from Integration Authorities to Health Boards and Local Authorities (Jan 2020). RAPC monitoring and reviewing Directions issued ensures that the IJB is discharging this requirement.
- 4.5. **Other** – NA

5. Links to ACHSCP Strategic Plan

- 5.1. Ensuring that the RAPC has overview of the Directions process will help ensure that the IJB achieves the strategic aims and priorities as set out in the strategic plan.

6. Management of Risk

6.1. Identified risk(s):

Good governance and ensuring that the IJB's committees are delivering on their roles and responsibilities 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



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of, fail to meet both performance standards/outcomes as set by regulatory bodies and those locally determined performance standards as set by the board itself. This may result in harm or risk of harm to people”.

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

This report proposes a revised reporting model for Directions as part of our governance framework, and in the discharge of or requirements within the statutory guidance outline at paragraph 4.4 above.

| Direction | Associated Budget | Lead Officer | ACC/NHSG | Effective Until | Status at Sep 2022 | Narrative |
|---|---|---------------|----------|-----------------|--------------------|---|
| Grant to Independents | £394,371.00 | S Omand-Smith | ACC | 30/07/2023 | Green | Ongoing review of commissioned services, annual workplans |
| Transformation - Decisions Required: Action 15 (Prison) | £194,786 (for 4 years) | S. Macleod | NHSG | 28/10/2024 | Green | 2 wte, employed though NHS and in post |
| Transformation - Decisions Required: Action 15 (First Contact) | £1,462,733 (for 4 years) | S. Macleod | NHSG | 01/01/2024 | Green | See Supplementary Plan below (Report reference HSCP.21.069) |
| Financial Update and Approvals - National Care Homes | £12,950,000.00 | S Omand-Smith | ACC | 31/03/2024 | Green | Revised contract value |
| Supplementary Procurement Plan - Tender for a First Contact Mental Health and Wellbeing Service | £1,462,733.00 | S Omand-Smith | ACC | 31/08/2025 | Green | Budget from Scottish Government (Action 15) provided to HSCPs for the delivery of the National Mental Health Strategy. Contract in place. |
| Community Nursing Digitalisation | From existing budgets and change fund. - Net Cost £390,924.78 | F Mitchelhill | NHSG | 25/05/2024 | Green | Procurement of a digital solution to support the modernisation of the delivery of Community Nursing Services. |
| Navigator - Unscheduled Care | From existing budgets: Year 1 - £72,000.00; Year 2 - £74,160.00 | P Mitchell | NHSG | 30/09/2023 | Green | Navigator service to be embedded within the Emergency Department as a test of change for two years. |
| Technology Fund | HSCP Budget - £480,000 | S Macleod | ACC | 31/10/2022 | Green | Fund available in support of Care at Home and Supported Living Services |
| Rosewell House - Frailty Pathway | From existing budgets - Net Cost £5,598,300.00 | F Mitchelhill | ACC | 23/10/2023 | Green | Provide an integrated, intermediate care facility by NHSG and ACC, delivered in partnership with Bon Accord Care. |
| Rosewell House - Frailty Pathway - Provide an integrated, intermediate care facility by NHSG and ACC, delivered in partnership with Bon Accord Care | From existing budgets - Net Cost £5,598,300.00 | F Mitchelhill | NHSG | 23/10/2023 | Green | Provide an integrated, intermediate care facility by NHSG and ACC, delivered in partnership with Bon Accord Care. |
| Grant Funding | £310,581.00 | S Omand-Smith | ACC | 31/03/2023 | Green | The provision of counselling services. ACIS, Cairns, Avenue Confidential, Grampian Rape Crisis, THinc |
| Craig Court – Future Plans | 1143807.36 per annum | J Nicol | NHSG | 09/03/2023 | Green | |
| Medium Term Financial Framework (MTFF) | The associated budget for these functions and services is £249m of which approximately £23m relates to Aberdeen City's share for services to be hosted. | P Mitchell | ACC | 31/03/2023 | Green | Part of the current year's budget funding |
| Medium Term Financial Framework (MTFF) | The associated budget for these functions and services is £249m of which approximately £23m relates to Aberdeen City's share for services to be hosted. | P Mitchell | NHSG | 31/03/2023 | Green | Part of the current year's budget funding |
| Winter Planning – additional funding from Scottish Government 2021 | Interim - £1,507,000. Care at Home - £2,337,000. Multidisciplinary teams - £754,000. £10.02 per hour Adult Social Care - £2,091,000 | M Allan | ACC | 31/03/2023 | Green | Scottish Government additional monies for Winter Plan |
| Winter Planning – additional funding from Scottish Government 2021 | Interim - £1,507,000. Care at Home - £2,337,000. Multidisciplinary teams - £754,000. £10.02 per hour Adult Social Care - £2,091,000 | M Allan | NHSG | 31/03/2023 | Green | Scottish Government additional monies for Winter Plan |
| Grant Funding | £310,581.00 | S Omand-Smith | ACC | 31/03/2023 | Green | |
| Craig Court – Future Plans | 1143807.36 per annum | S Omand-Smith | NHSG | 09/03/2023 | Green | |

| Direction | Associated Budget | Lead Officer | ACC/NHSG | Effective Until | Status at Sep 2022 | Narrative |
|---|---|---------------------|----------|-----------------|--------------------|--|
| Medium Term Financial Framework (MTFF) | The associated budget for these functions and services is £249m of which approximately £23m relates to Aberdeen City's share for services to be hosted. | P Mitchell | ACC | 31/03/2023 | Green | Part of the ongoing budget process and monitoring for 2022/23 |
| Medium Term Financial Framework (MTFF) | The associated budget for these functions and services is £249m of which approximately £23m relates to Aberdeen City's share for services to be hosted. | P Mitchell | NHSG | 31/03/2023 | Green | Part of the ongoing budget process and monitoring for 2022/23 |
| ADP Investment Programme | | K Dawson | NHSG | 07/06/2027 | Green | |
| ADP Investment Programme | | K Dawson | ACC | 07/06/2027 | Green | |
| Dual Sensory Impairment Service (NESS) | additional funding of £215,368 to the existing Dual Sensory Impairment | S Omand-Smith | ACC | 30/09/2024 | Green | |
| Project Search | £40,000 to enable the recruitment of young people through Project Search in academic year 2022/23 | S Omand-Smith | ACC | 30/07/2023 | Green | |
| Social Care Supplier Uplifts | All adult social care services covered by the Aberdeen City Integration scheme £1.3 million | P Mitchell | ACC | 31/03/2023 | Green | Part of the ongoing budget process and monitoring for 2022/23 |
| Intensive Support Service | Within current LD budget | K Dawson | ACC | 30/09/2023 | Green | Approval of option to extend by Strategic Commissioning & Procurement Board on 24/11/21 |
| BAC Contract | Within existing budgets | S Omand-Smith | ACC | 31/07/2024 | Green | Monitored through quarterly process. |
| Primary Care Psychologists | £2,514,445.00 | A Macleod | NHSG | 28/08/2022 | Green | PCIP |
| Chaplaincy Listening Service | £178,369 (4 years) | A Macleod | NHSG | 31/03/2023 | Green | Ongoing (in line with Action 15) |
| Contract Award Report | £737,936.00 | N Stephenson | ACC | 31/03/2023 | Green | Donald Dewar - Going forward: 01/04/2022 – extended for one year until 31/03/2023. Work has been done and will be on the annual workplan for a five-year extension. (a specific direction will no longer be required). |
| Kingswells Care Home | £3,100,000.00 | S Omand-Smith | ACC | 30/03/2024 | Green | Ongoing (in line with Action 15) |
| Action 15 - Mental Wellbeing - Out of Hours | £659,814.00 | C Wilson / K Dawson | NHSG | 30/04/2023 | Green | Ongoing (in line with Action 15) |
| Action 15 - Mental Wellbeing - Out of Hours | £659,814.00 | C Wilson / K Dawson | ACC | 30/04/2023 | Green | Ongoing (in line with Action 15) |
| Annual Procurement Plan | £56,205,827 -sourced from various budgets | S Omand-Smith | ACC | 30/09/2026 | Green | Ongoing review of commissioned services, annual workplans |
| Contracts and Commissioning Annual Report | £123,242,747.00 | F Mitchelhill | ACC | 30/09/2024 | Green | Ongoing review of commissioned services, annual workplans |
| Grant to Voluntary Organisation | £276,000.00 | S Omand-Smith | ACC | 31/12/2023 | Green | Ongoing review of commissioned services, annual workplans |

| Direction | Associated Budget | Lead Officer | ACC/NHSG | Effective Until | Status at Sep 2022 | Narrative |
|--|---|---------------|----------|-----------------|--------------------|--|
| Supplementary Work Plan Report | £2,852,417.00 | N Stephenson | ACC | 31/08/2024 | Green | Ongoing review of commissioned services, annual workplans |
| Supplementary Work Plan Report | £3,616,748 | N Stephenson | ACC | 30/06/2022 | Green | Ongoing review of commissioned services, annual workplans. Yes, this is "green". Moved on a lot – extensions as noted in the Direction were done; then extensive consultation with a market position statement resulted in direct awards being done going forward. All in place until 30th June 2026 |
| Alcohol Drugs Partnership (ADP) Investment Programme | Alcohol and Drug Partnership | S Omand-Smith | ACC | Ongoing | Green | Drug treatment and support services; majority of funding is recurring |
| Alcohol Drugs Partnership (ADP) Investment Programme | Alcohol and Drug Partnership | S Omand-Smith | NHSG | Ongoing | Green | Drug treatment and support services; majority of funding is recurring |
| Alcohol Drug Partnership Update (Blood Borne Viruses) | £65,000.00 | S Omand-Smith | ACC | Ongoing | Green | Progressing, no specified end date for expenditure |
| Alcohol Drug Partnership Update (Blood Borne Viruses) | £65,000.00 | S Omand-Smith | NHSG | Ongoing | Green | Progressing, no specified end date for expenditure |
| Alcohol Drug Partnership Update (tele-health care tech) | £70,000.00 | S Omand-Smith | ACC | Ongoing | Green | Progressing, no specified end date for expenditure |
| Alcohol Drug Partnership Update (tele-health care tech) | £70,000.00 | S Omand-Smith | NHSG | Ongoing | Green | Progressing, no specified end date for expenditure |
| Link Practitioner Service | £6,129,974 | A Macleod | NHSG | 31/03/2030 | Green | Details of funding source:- Primary Care Improvement Fund |
| Supplementary Work Plan – Social Care | £12,887,689.00 | N Stephenson | ACC | 30/11/2028 | Green | |
| Immunisation Blueprint Refresh | £55,558,291.81 | F Mitchelhill | NHSG | Ongoing | Amber | Immunisation Blueprint .. amber .. there has been a successful transition of 22 different vaccinations from primary care (agreed national & locally) .. the current focus is on the autumn/ winter flu and Covid vaccination programme .. this will be completed by Christmas but if instructed to finish earlier, the programme has insufficient staffing to meet these deadlines . |
| Rubislaw Park Nursing Home – Hospital Pathway (End of Life beds) | additional funding of £260,000 to the existing contract | S Omand-Smith | ACC | 30/11/2022 | Red | UB due in November 2022 which will replace this one. |
| Musculoskeletal (MSK) Physiotherapy First Contact Practitioner service in Primary Care | £1,184,825.00 | A Macleod | NHSG | 28/08/2022 | Red | PCIP - This direction should remain in place until the new PCIP Plan in November. |
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INTEGRATION JOINT BOARD

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|---|--|
| Date of Meeting | 17 November 2022 |
| Report Title | Strategic Risk Register |
| Report Number | HSCP22. |
| Lead Officer | Sandra Macleod, Chief Officer |
| Report Author Details | Name: Martin Allan Job Title: Business Manager Email Address: martin.allan3@nhs.net |
| Consultation Checklist Completed | Yes |
| Directions required | No |
| Appendices | Appendix-Strategic Risk Register |

1. Purpose of the Report

- 1.1. To present to the Committee the most up-to-date versions of the Strategic Risk Register (SRR) which contains a “deeper dive” on the risks relating to finances and workforce.

2. Recommendations

- 2.1. It is recommended that the Committee notes and comments on the Strategic Risk Register and the “deeper dive” on the risks on finance and workforce.

3. Summary of Key Information

- 3.1. The Integrated Joint Board (IJB) at its meeting on the 11th of October 2022, approved the revised risk appetite statement and SRR and requested that the Committee undertake a deeper dive on the risks relating to finance and workforce at this meeting.



INTEGRATION JOINT BOARD

- 3.2.** Attached as the appendix to this report is a revised version of the SRR, with the strategic risks on finance and workforce having been updated since the meeting of the IJB in October.
- 3.3.** The fundamental purpose of the Strategic Risk Register is to provide the IJB with assurance that it is able to deliver the organisation's strategic objectives and goals. This involves setting out those issues or risks which may threaten delivery of objectives and assure the IJB that they are being managed effectively and that opportunity to achieve goals can be taken: it is the lens through which the IJB examines the assurances it requires to discharge its duties. The IJB uses this document to monitor its progress, demonstrate its attention to key accountability issues, ensure that it debates the right issue, and that it takes remedial actions to reduce risk to integration. Importantly, it identifies the assurances and assurance routes against each risk and the associated mitigating actions.
- 3.4.** Based on the Board Assurance and Escalation Framework, the Strategic Risk Register is submitted to the IJB or this Committee quarterly for formal review, with the Committee reviewing the SRR for the effectiveness of the process annually.
- 3.5.** The IJB at its meeting on the 30th of August 2022 also agreed to review the Risk Appetite Statement and Strategic Risk Register after 6 months, given the changes happening in the health and social care sector and wider in the external environment. The IJB agreed that the review take place during the first quarter of 2023/24 and will form a workshop for IJB members with the outcomes being reported to the IJB. This will be an additional review of the strategic risks.
- 3.6.** The Partnership's Senior Leadership Team monitor the SRR on a quarterly basis and did so at its meeting on 26th October 2022. At that meeting it was agreed that the Business and Resilience Manager would continue to meet with the Risk Owners to update the strategic risks to ensure that the document is a "live" document.
- 3.7.** As requested by the IJB meetings have been held with the risk owners for the risk relating to finance (Chief Finance Officer) and workforce (People and Organisation Lead).



INTEGRATION JOINT BOARD

- 3.8.** In relation to the finance risk, it is worth reminding the Committee of the current wording of the risk: “Cause-IJB financial failure and projection of overspend; Event-Demand outstrips available budget; Consequence-IJB can’t deliver on its strategic plan priorities, statutory work, and projects”.
- 3.9.** The current risk rating is High and the rationale for this risk rating outlines the following:
- If the partnership does not have sufficient funding to cover all expenditure, then in order to achieve a sustainable balanced financial position, decisions will be required to be taken which may include reducing/stopping services
 - If the levels of funding identified in the Medium Term Financial Framework (MTFF) are not made available to the IJB in future years, then tough choices would need to be made about what the IJB wants to deliver. It will be extremely difficult for the IJB to continue to generate the level of savings year on year to balance its budget. The MTFF will be reported to the IJB in February 2023.
 - The major risk in terms of funding to the Integration Joint Board is the level of funding delegated from the Council and NHS and whether this is sufficient to sustain future service delivery. There is also a risk of additional funding being ring-fenced for specific priorities and policies, which means introducing new projects and initiatives at a time when financial pressure is being faced on mainstream budgets.
 - IJB is currently experiencing significant pressures due to inflation, cost of living, staff costs, energy costs.
- 3.10.** The external pressures being experienced across the wider public sector will have an effect on the IJB budget and current forecasting predicts a break-even position, to reflect the effect of the known emerging pressures.
- 3.11.** In terms of controls and mitigations, the Partnership’s Senior Leadership Team are receiving monthly financial monitoring statements where the Chief



INTEGRATION JOINT BOARD

Finance Officer leads the SLT through the budget, asking for assurances around known cost pressures as well as any emerging pressures. The Chief Finance officer meets regularly with SLT members to monitor budgets ahead of SLT monthly meetings.

- 3.12.** As detailed at paragraph 3.3 above, the purpose of the Strategic Risk Register is to provide the IJB with assurance that it is able to deliver the organisation's strategic objectives and goals. Members are asked to confirm their assurance with the controls and mitigating actions outlined in the appendix.
- 3.13.** In relation to the workforce risk, it is worth reminding the Committee of the current wording of the risk: "Cause-The ongoing recruitment and retention of staff; Event: Insufficient staff to provide patients/clients with services required.; Consequence: Potential loss of life and unmet health and social care needs, leading to severe reputational damage"
- 3.14.** The current risk rating is Very High and the risk rating outlines the following:
- The current staffing complement profile changes on an incremental basis over time.
 - However the proportion of over 50s employed within the partnership (by NHSG and ACC) is increasing rapidly (i.e. 1 in 3 nurses are over 50).
 - Totally exhausted work force with higher turnover of staff (particularly over 50)
 - Current very high vacancy levels and long delays in recruitment across ACHSCP services.
 - Economic upturn in North East post covid, which means that there is direct competition with non-clinical posts
 - Post Covid 19 landscape, where many staff have reflected on their personal situation, which has led to increased numbers of early retirement applications, requests for reduced hours and staff leaving the service
- 3.15.** The SLT are managing workforce challenges through daily Operational Leadership Team meetings and Daily Connect Meetings and structures.
- 3.16.** In terms of controls and mitigations, the ACHSCP Workforce Plan is being consulted upon by Scottish Government and wider ACHSCP staff, with IJB



INTEGRATION JOINT BOARD

comments incorporated. The Plan will be submitted to the IJB in November for approval. This document outlines how the Partnership will help recruit staff into the health and social care system, as well as ways to retain the current workforce.

- 3.17.** Once the IJB have considered the Workforce Plan, the key actions contained in the Plan can be set out in the strategic risk with specific deadlines against them to help measure the actions and their effectiveness in lowering the risk rating.
- 3.18.** As detailed at paragraph 3.3 above, the purpose of the Strategic Risk Register is to provide the IJB with assurance that it is able to deliver the organisation's strategic objectives and goals. Members are asked to confirm their assurance with the controls and mitigating actions outlined in the appendix.

4. Implications for Committee

- 4.1. Equalities, Fairer Scotland and Health Inequality** - While there are no direct implications arising directly as a result of this report, equalities implications will be taken into account when implementing certain mitigations.
- 4.2. Financial** - While there are no direct implications arising directly as a result of this report financial implications will be taken into account when implementing certain mitigations as detailed in the risk relating to finance.
- 4.3. Workforce** - While there are no direct implications arising directly as a result of this report workforce implications will be taken into account when implementing certain mitigations as detailed in the risk relating to workforce.
- 4.4. Legal** - There are no legal implications arising directly as a result of this report.
- 4.5. Covid-19** - There are no Covid-19 implications arising directly from the report, however the strategic risks have been reviewed to reflect the Partnership's response to the pandemic.



INTEGRATION JOINT BOARD

- 4.6. **Unpaid Carers** - There are no unpaid carers implications arising directly from this report.
- 4.7. **Other** - There are no direct implications arising directly as a result of this report.

5. Links to ACHSCP Strategic Plan

- 5.1. Ensuring a robust and effective risk management process will help the ACHSCP achieve the strategic priorities as outlined in its strategic plan, as it will monitor, control and mitigate the potential risks to achieving these. The Strategic Risks have been aligned to the Strategic Plan 2022-2025.

6. Management of Risk

- 6.1. **Identified risks(s)** – all known risks.
- 6.2. **Link to risks on strategic or operational risk register:** all risks as captured on the strategic risk register.
- 6.3. **How might the content of this report impact or mitigate these risks:** Ensuring a robust and effective risk management process will help to mitigate all risks.



Strategic Risk Register

| Revision | Date |
|----------|--|
| 1. | March 2018 |
| 2. | September 2018 |
| 3. | October 2018 (IJB & APS) |
| 4. | February 2019 (APS) |
| 5. | March 2019 (IJB) |
| 6. | August 2019 (APS) |
| 7. | October 2019 (LT) |
| 8. | November 2019 (IJB workshop) |
| 9. | January 2020 (ahead of IJB) |
| 10. | March 2020 (RAPC) |
| 11. | July 2020 (IJB) |
| 12. | October 2020 (IJB Workshop) |
| 13. | November 2020 (IJB) |
| 14. | January 2021 (RAPC) |
| 15. | May 2021 (IJB) |
| 16. | June 2021 (RAPC) |
| 17. | September 2021 (RAPC) |
| 18. | November 2021 (Following IJB Workshop and ahead of IJB meeting in Dec) |
| 19. | February 2022 (RAPC) |
| 20. | August 2022 (ahead of IJB Workshop) |
| 21. | Review reflecting workshop-IJB Oct 22 |
| 22. | November 2022 (RAPC) |

Introduction & Background

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

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



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

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

Appendices

- Risk Tolerances
- Risk Assessment Tables





Colour – Key

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

Risk Summary:

| | | |
|----------|--|---------------|
| 1 | <p>Description of Risk: Cause: The commissioning of services from third sector and independent providers (eg General Practice and other primary care services) requires all stakeholders to work collaboratively to meet the needs of local people.</p> <p>Event: Potential failure of commissioned services to deliver on their contract</p> <p>Consequence: There is a gap between what is required to meet the needs of local people, and services that are available.</p> <p>Consequences: to the individual include not having the right level of care delivered locally, by suitably trained staff.</p> <p>Consequences: ability of other commissioned services to cope with the unexpected increased in demand.</p> <p>Consequences to the partnership includes an inability to meet peoples needs for health and care and the additional financial burden of seeking that care in an alternative setting</p> | High |
| 2 | <p>Cause: IJB financial failure and projection of overspend</p> <p>Event: Demand outstrips available budget</p> <p>Consequence: IJB can't deliver on its strategic plan priorities, statutory work, and projects.</p> | High |
| 3 | <p>Cause: Under Integration arrangements, Aberdeen IJB hosts services on behalf of Moray and Aberdeenshire, who also hosts services on behalf of Aberdeen City.</p> <p>Event: hosted services do not deliver the expected outcomes, fail to deliver transformation of services, or face service failure.</p> <p>Consequence: Failure to meet health outcomes for Aberdeen City, resources not being maximised and reputational damage.</p> | High |
| 4 | <p>Cause: Performance standards/outcomes are set by national and regulatory bodies and those locally-determined performance standards are set by the board itself.</p> <p>Event: 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.</p> <p>Consequence: This may result in harm or risk of harm to people.</p> | High |
| 5 | <p>Cause: Demographic & financial pressures requiring IJB to deliver transformational system change which helps to meet its strategic priorities.</p> <p>Event: Failure to deliver transformation and sustainable systems change.</p> <p>Consequence: people not receiving the best health and social care outcomes</p> | High |
| 6 | <p>Cause: Need to involve lived experience in service delivery and design as per Integration Principles</p> <p>Event: IJB fails to maximise the opportunities created for engaging with our communities</p> | Medium |





| | | |
|---|---|------------------|
| | Consequences: Services are not tailored to individual needs; reputational damage; and IJB does not meet strategic aims | |
| 7 | Cause- The ongoing recruitment and retention of staff. Event: Insufficient staff to provide patients/clients with services required. Consequence: Potential loss of life and unmet health and social care needs, leading to severe reputational damage. | Very High |





-1-

Description of Risk: Cause: The commissioning of services from third sector and independent providers (eg General Practice and other primary care services) requires all stakeholders to work collaboratively to meet the needs of local people.
Event: Potential failure of commissioned services to deliver on their contract
Consequence: There is a gap between what is required to meet the needs of local people, and services that are available.
Consequences: to the individual include not having the right level of care delivered locally, by suitably trained staff.
Consequences: ability of other commissioned services to cope with the unexpected increased in demand.
Consequences to the partnership includes an inability to meet peoples needs for health and care and the additional financial burden of seeking that care in an alternative setting

Strategic Aims: Caring Together
Strategic Enablers: Relationships and Infrastructure

Leadership Team Owner: Lead Commissioner and Primary Care Lead

Risk Rating: low/medium/high/very high
HIGH

Rationale for Risk Rating:

- There continue to be significant gaps in our ability to engage at a strategic level with some parts of the social care sector eg care home owners, and therefore a lack of alignment in our strategic response to the demands placed upon the whole system. Evidence of the impact of this includes a mismatch between the physical capacity we have available to meet the outcomes of people and the suitability and appropriateness of that capacity eg unsuitable accommodation, and a lack of appropriately trained staff
- Increased demand in primary care and widespread recruitment difficulties continues to impact on practices, which has led to practices handing back their contracts or closing their lists.
- Increased risk of reduction in General Dental Practitioners capacity as a result of patient deregistration activity seen in some regions
- The removal of the Covid-19 supplier relief funding will have an impact on providers.
- Recruitment difficulties in residential and non-residential businesses.
- Delayed implementation of Primary Care Improvement Plan (PCIP) due to staff redeployment due to Covid and lack of available workforce for recruitment.

IMPACT

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

Rationale for Risk Appetite:

As 3rd and independent sectors are key strategic partners in delivering transformation and improved care experience, we have a low tolerance of this risk. It is suggested that this risk tolerance should be shared right throughout the organisation, which may encourage staff and all providers of primary health and care services to escalate valid concerns at an earlier opportunity.

Risk Movement: increase/decrease/no change
INCREASE 03.10.22

- Controls:**
- Conscious cultural shift to change relationships, with all strategic commissioning activity proceeding in a collaborative manner.
 - Examples of collaborative commissioning models used as exemplar models within the City. Care at Home, Mental Health / Learning disability accommodation review.
 - Strategic Commissioning Programme Board (includes representatives from third and independent sectors)

- Mitigating Actions:**
- All opportunities to work in a collaborative manner to commission services are advertised on Public Contract Scotland, as well as individual invitations made to CEOs / owners of social care services.
 - Additional offers are made to encourage dialogue where the provider is unavailable to attend collaborative commissioning workshops etc.
 - Agreed strategic commissioning approach for ACHSCP.



Aberdeen City Health & Social Care Partnership

A caring partnership

| | |
|--|---|
| <ul style="list-style-type: none"> Local Medical Council GP Sub Group Clinical Director and Clinical Leads Primary Care Contracts Team Residential and Non-Residential Oversight Groups-meet depend on the needs of the sector Providers Huddle (meets weekly) Primary Care Integrated Management Group GP Contract Oversight Group ACHSCP PCIP Project Group Grampian Sustainability Group | <ul style="list-style-type: none"> Strategic commissioning programme board (SCPB members) established to provide governance framework for commissioning activity. <ul style="list-style-type: none"> Sustainability meetings with all Practices in Aberdeen City |
| <p>Assurances:</p> <ul style="list-style-type: none"> Progress against our strategic commissioning workplan Market facilitation opportunities and wide distribution of our market position statements Oversight of both residential and non-residential social care services Inspection reports from the Care Inspectorate Monitoring of Primary Care Improvement Plan Daily report monitoring Good relationships with GP practices, ensuring communication through agreed governance routes Links to Dental Practice Advisor who works with independent dentists Director of Dentistry co-ordinating Grampian contingency planning to <ul style="list-style-type: none"> horizon scan for regional deregistration activity proactively work with practices that wish to deregister patients plan suitable contingency arrangements in the event patients are deregister Part of the Eye Health Network and Clinical Leads for Optometry in Shire & Moray and the overall Grampian Clinical Lead Roles of Clinical Director and Clinical Leads, including fortnightly Grampian wide Clinical Lead Meetings Peer Support | <p>Gaps in assurance:</p> <ul style="list-style-type: none"> Market or provider failure can happen quickly despite good assurances being in place. For example, even with the best monitoring system, the closure of a practice can happen very quickly, with (in some cases) one partner retiring or becoming ill being the catalyst. Market forces and individual business decisions regarding community optometry, general practice and general dental practitioners cannot be influenced by the Partnership. We are currently undertaking service mapping which will help to identify any potential gaps in market provision Public Dental Services staffing capacity to flexibly increase service provision in short term Difference between National Care Home Contract rate (last reviewed in 2013) and providing a 24 hour residential service. Inability to benchmark accurately due to variation of service models Contract Monitoring visits (enhanced services) |
| <p>Current performance:</p> <ul style="list-style-type: none"> We now have established a care at home strategic providers group, with agreed terms of reference. Their strategic ambition is to ensure the safe and effective delivery of care at home across Aberdeen. We have recently published and distributed market position statements for both residential and training and skills development for service users with either mental health or learning disability. Both have been co-produced with providers through a series of workshops which had been advertised locally and through public contracts Scotland. A financial risk rating of each residential care home/setting is being undertaken, to give intelligence on the risk across these businesses. Regular GP practice status reports which notes operational performance levels | <p>Comments:</p> <p>Cost of living will impact on the provision of the service and the staff ability to get to work due to fuel prices. Lack of space for MDT working. Sustainability report has a limited predictability due to the ever changing nature of primary care.</p> |





-2-

| | | | | | |
|---|-------------------|--------------|---|--------------|----------------|
| Description of Risk: Cause-IJB financial failure and projection of overspend Event-Demand outstrips available budget Consequence-IJB can't deliver on its strategic plan priorities, statutory work, and projects. | | | | | |
| Strategic Aims: All Strategic Enablers: Finance | | | Leadership Team Owner: Chief Finance Officer | | |
| Risk Rating: low/medium/high/very high <p style="text-align: center;">HIGH</p> | | | | | |
| IMPACT | | | | | |
| Almost Certain | | | | | |
| Likely | | | ✓ | | |
| Possible | | | | | |
| Unlikely | | | | | |
| Rare | | | | | |
| LIKELIHOOD | Negligible | Minor | Moderate | Major | Extreme |
| Risk Movement: increase/decrease/no change: <p style="text-align: center;">NO CHANGE 01.11.2022</p> | | | | | |
| Controls: <ul style="list-style-type: none"> Financial information is reported regularly to the Risk, Audit and Performance Committee, the Integration Joint Board and the Senior Leadership Team Risk, Audit & Performance receives regular updates on transformation programme & spend. Approved reserves strategy, including risk fund Robust financial monitoring and budget setting procedures including regular budget monitoring & budget meeting with budget holders. Budgets delegated to cost centre level and being managed by budget holders. | | | Mitigating Actions: <ul style="list-style-type: none"> The Senior Leadership Team are committed to driving out efficiencies, encouraging self-management and moving forward the prevention agenda to help manage future demand for services. The Senior Leadership Team have formalised arrangements to receive monthly financial monitoring statements. | | |

Rationale for Risk Rating:

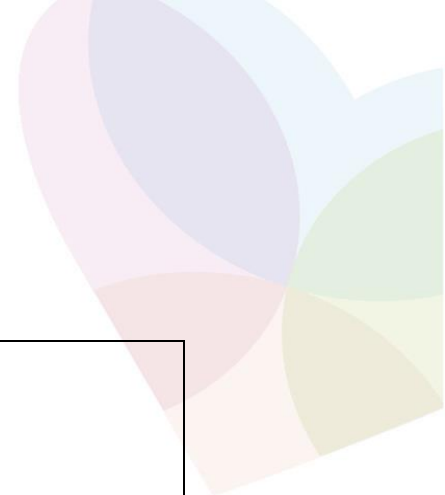
- If the partnership does not have sufficient funding to cover all expenditure, then in order to achieve a sustainable balanced financial position, decisions will be required to be taken which may include reducing/stopping services
- If the levels of funding identified in the Medium Term Financial Framework are not made available to the IJB in future years, then tough choices would need to be made about what the IJB wants to deliver. It will be extremely difficult for the IJB to continue to generate the level of savings year on year to balance its budget. The MTFF will be reported to the IJB in February 2023.
- The major risk in terms of funding to the Integration Joint Board is the level of funding delegated from the Council and NHS and whether this is sufficient to sustain future service delivery. There is also a risk of additional funding being ring-fenced for specific priorities and policies, which means introducing new projects and initiatives at a time when financial pressure is being faced on mainstream budgets.
- IJB is currently experiencing significant pressures due to inflation, cost of living, staff costs, energy costs.

Rationale for Risk Appetite:
 The IJB has a low-moderate risk appetite to financial loss and understands its requirement to achieve a balanced budget. The IJB recognises the impacts of failing to achieve a balanced budget on Aberdeen City Council & its bond – an unmanaged overspend may have an impact on funding levels.

However, the IJB also recognises the significant range of statutory services it is required to meet within that finite budget and has a lower appetite for risk of harm to people (low or minimal).



| | |
|---|--|
| <ul style="list-style-type: none"> • Medium-Term Financial Strategy. • Medium Term Financial Strategy review. | |
| <p>Assurances:</p> <ul style="list-style-type: none"> • Risk, Audit and Performance Committee oversight and scrutiny of budget under the Chief Finance Officer. • Board Assurance and Escalation Framework. • Quarterly budget monitoring reports. • Regular budget monitoring meetings between finance and budget holders. • Monthly financial monitoring to SLT | <p>Gaps in assurance:</p> <ul style="list-style-type: none"> • The financial environment is challenging and requires regular monitoring. The scale of the challenge to make the IJB financially sustainable should not be underestimated. • Financial failure of hosted services may impact on ability to deliver strategic ambitions. • There is a gap in terms of the impact of transformation on our budgets. Many of the benefits of our projects relate to early intervention and reducing hospital admissions, neither of which provide early cashable savings |
| <p>Current performance:</p> <ul style="list-style-type: none"> • Year end audited annual accounts 2021/22 submitted to IJB in October 2022 • The IJB is currently forecasting a break even position, to reflect the effect of the known emerging pressures. | <p>Comments:</p> <ul style="list-style-type: none"> • The financial position in future years will be challenging as the IJB recovers from the Covid pandemic. Discussions are continuing with ACC and NHSG regarding level of funding for future years. |





- 3 -

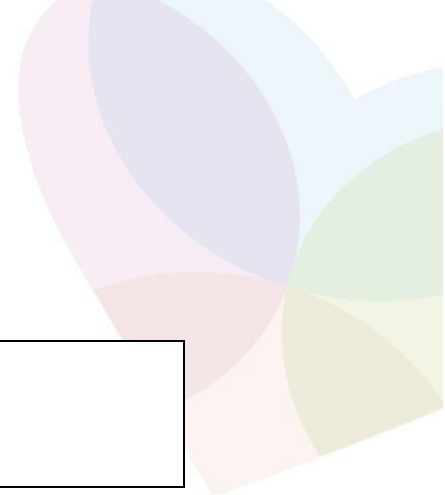
| | | | | | |
|--|------------|-------|--|-------|---------|
| <p>Description of Risk: Cause: Under Integration arrangements, Aberdeen IJB hosts services on behalf of Moray and Aberdeenshire, and who also hosts services on behalf of Aberdeen City. Event: hosted services do not deliver the expected outcomes, fail to deliver transformation of services, or face service failure. Consequence: Failure to meet health outcomes for Aberdeen City, resources not being maximised and reputational damage.</p> | | | | | |
| <p>Strategic Aims: All Strategic Enablers: Relationships</p> | | | <p>Leadership Team Owner: Chief Officer</p> | | |
| <p>Risk Rating: low/medium/high/very high HIGH</p> | | | | | |
| <p>IMPACT</p> | | | | | |
| Almost Certain | | | | | |
| Likely | | | ✓ | | |
| Possible | | | | | |
| Unlikely | | | | | |
| Rare | | | | | |
| LIKELIHOOD | Negligible | Minor | Moderate | Major | Extreme |
| <p>Risk Movement: (increase/decrease/no change): NO CHANGE 03.10.2022</p> | | | | | |
| <p>Controls:</p> <ul style="list-style-type: none"> Integration scheme agreement on cross-reporting North East Partnership Steering Group Aberdeen City Strategic Planning Group (ACSPG) North East System Wide Transformation Group | | | <p>Mitigating Actions:</p> <ul style="list-style-type: none"> Development of Service Level Agreements for 9 of the hosted services considered through budget setting process. In depth review of the other 3 hosted services. Quarterly reporting to ACSPG and annual reporting on budget setting to IJB (once developed). | | |
| <p>Assurances:</p> <ul style="list-style-type: none"> These largely come from the systems, process and procedures put in place by NHS Grampian, which are still being operated, along with any new processes which are put in place by the lead IJB. North East System Wide Transformation Group (Officers only) led by the 4 pan-Grampian chief executives. The aim of the group is to develop real top-level leadership to drive forward the change agenda, especially relating to the delegated hospital-based services. Both the CEO group and the Chairs & Vice Chairs group meet quarterly. The meetings are evenly staggered between groups, giving some six weeks between them, allowing progressive work / iterative work to be timely between the forums. The Portfolio approach and wider system approach demonstrates closer joint working across the 3 Health and Social Care Partnerships and the Acute Sector. | | | <p>Gaps in assurance:</p> <ul style="list-style-type: none"> Ongoing review of hosted through development of SLA's. | | |



Current performance:

- Once the SLA's are reported to the Risk, Audit and Performance Committee, the IJB will be informed on current performance on an ongoing basis.

Comments:





| | | | | | |
|---|-------------------|--------------|--|--------------|----------------|
| Description of Risk: | | | | | |
| Cause: Performance standards/outcomes are set by national and regulatory bodies and those locally-determined performance standards are set by the board itself. | | | | | |
| Event: 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. | | | | | |
| Consequence: This may result in harm or risk of harm to people. | | | | | |
| Strategic Aims: All | | | Leadership Team Owner: Strategy and Transformation Lead | | |
| Strategic Enablers: Technology | | | | | |
| Risk Rating: low/medium/high/very high | | | | | |
| HIGH | | | | | |
| IMPACT | | | | | |
| Almost Certain | | | | | |
| Likely | | | ✓ | | |
| Possible | | | | | |
| Unlikely | | | | | |
| Rare | | | | | |
| LIKELIHOOD | Negligible | Minor | Moderate | Major | Extreme |
| Risk Movement: (increase/decrease/no change) | | | | | |
| NO CHANGE 03.10.2022 | | | | | |
| Controls: | | | Mitigating Actions: | | |
| <ul style="list-style-type: none"> Clinical and Care Governance Committee and Group Risk, Audit and Performance Committee Data and Evaluation Group Performance Framework Linkage with ACC and NHSG performance reporting Annual Performance Report Chief Social Work Officer's Report Ministerial Steering Group (MSG) Scrutiny External and Internal Audit Reports Links to outcomes of Inspections, Complaints etc. Contract Management Framework Weekly Senior Leadership Team Meetings | | | <ul style="list-style-type: none"> Continual review of key performance indicators Review of and where and how often performance information is reported and how learning is fed back into processes and procedures. On-going work developing a culture of performance management and evaluation throughout the partnership Refinement of Performance Dashboard, presented to a number of groups, raising profile of performance and encouraging discussion leading to further review and development Recruitment of additional resource to drive performance management process development Risk-assessed plans with actions, responsible owners, timescales and performance measures monitored by dedicated teams Restructure of Strategy and Transformation Team which includes an increase in the number of Programme and Project Managers will help mitigate the risk of services not meeting required standards. | | |

Rationale for Risk Rating: Service delivery is broad ranging and undertaken by both in-house and external providers. There are a variety of performance standards set both by national and regulatory bodies as well as those determined locally and there are a range of factors which may impact on service performance against these. Poor performance will in turn impact both on the outcomes for service users and on the reputation of the IJB/partnership. Given current situation with increased demand and staffing pressures there might be times that the likelihood of services not meeting standards is possible.

Rationale for Risk Appetite:
 The IJB has no to minimal tolerance of harm happening to people as a result of its actions, recognising that in some cases there may be a balance between the risk of doing nothing and the risk of action or intervention.



| | |
|--|--|
| <ul style="list-style-type: none"> • Daily Operational Leadership Team Huddles • Urgent and Unscheduled Care Programme Board | <ul style="list-style-type: none"> • Use of Grampian Operational Pressure Escalation System (G-OPES) and Daily and Weekly System Connect Meetings help to mitigate the risk of services not meeting standards through system wide support. • Four focus areas of the system wide critical response to ongoing system pressures |
| <p>Assurances:</p> <ul style="list-style-type: none"> • Joint meeting of IJB Chief Officer with two Partner Body Chief Executives. • Agreement that full Dashboard will be reported to both Clinical and Care Governance Committee and Risk, Audit & Performance Committee. Lead Strategy and Performance Manager will ensure both committees are updated in relation to the interest and activity of each. • Annual report on IJB activity developed and reported to ACC and NHSG • Care Inspectorate Inspection reports • Capture of outcomes from contract review meetings. • External reviews of performance. • Benchmarking with other IJBs | <p>Gaps in assurance:</p> <ul style="list-style-type: none"> • Formal performance reporting against the Strategic/Delivery Plan has continued to be developed in consultation with the SLT. • Further work required on linkage to Community Planning Aberdeen reporting. • Review of the Locality Plans, this will include prioritisation of actions. |
| <p>Current performance:</p> <ul style="list-style-type: none"> • Performance reports submitted to IJB, Risk, Audit and Performance and Clinical and Care Governance Committees. • Various Steering Groups for strategy implementation established. • Close links with social care commissioning, procurement and contracts team have been established • IJB Dashboard has been shared widely. • Weekly production of surge and flow dashboard will be part of Surge Planning • Annual Performance Report – approved by IJB in August 2022. • ACHSCP are involved in 1 of the focus areas (increase of Hospital @ Home provision) • SLT encouraged to identify any additional ideas and opportunities for change | <p>Comments: As part of the Scottish Government’s expectation for Public Bodies to show leadership on the global climate emergency, new requirements have been included in the mandatory annual reporting whereby, by the end of November 2022, Aberdeen City IJB need to confirm direct and indirect emission reduction targets, the alignment of resources, and how they will publish progress reports towards achieving the targets set.</p> |





-5-

| | | | | | |
|---|-------------------|--------------|---|--------------|----------------|
| Description of Risk: | | | | | |
| Cause: Demographic & financial pressures requiring IJB to deliver transformational system change which helps to meet its strategic priorities. | | | | | |
| Event: Failure to deliver transformation and sustainable systems change. | | | | | |
| Consequence: people not receiving the best health and social care outcomes | | | | | |
| Strategic Aims: All | | | Leadership Team Owner: Strategy and Transformation Lead | | |
| Strategic Enablers: Technology and Infrastructure | | | | | |
| Risk Rating: low/medium/high/very high | | | | | |
| HIGH | | | | | |
| IMPACT | | | | | |
| Almost Certain | | | | | |
| Likely | | | | | |
| Possible | | | ✓ | | |
| Unlikely | | | | | |
| Rare | | | | | |
| LIKELIHOOD | Negligible | Minor | Moderate | Major | Extreme |
| Risk Movement: (increase/decrease/no change) | | | | | |
| NO CHANGE 03.10.2022 | | | | | |
| Controls: | | | Mitigating Actions: | | |
| <ul style="list-style-type: none"> Governance Structure and Process (Senior Leadership Team meetings, Operational Team Daily Huddles/Executive Programme Board and IJB and its Committees) Quarterly Reporting of Delivery Plan progress to Risk, Audit & Performance Committee Annual Performance Report External and Internal Audit | | | <ul style="list-style-type: none"> Programme management approach being taken across whole of the Partnership Regular reporting of progress on programmes and projects to Executive Programme Board Increased frequency of governance processes Executive Programme Board now meeting fortnightly and creation of huddle delivery models. A number of plans and frameworks have been developed to underpin our transformation activity across our wider system including: Primary Care Improvement Plan and Action 15 Plan. Continue to recruit to the new structure of the Strategy and Transformation Team to become fully established. | | |
| Assurances: | | | Gaps in assurance: | | |



Aberdeen City Health & Social Care Partnership

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| | |
|---|---|
| <ul style="list-style-type: none"> • Risk, Audit and Performance Committee Reporting • Robust Programme Management approach supported by an evaluation framework • IJB oversight • Board Assurance and Escalation Framework process • Internal Audit has undertaken a detailed audit of our transformation programme. All recommendations from this audit have now been actioned. • The Medium-Term Financial Framework prioritises transformation activity that could deliver cashable savings • The Medium-Term Financial Framework, Portfolio Management Approach aims and principles, and Programme of Transformation have been mapped to demonstrate overall alignment to strategic plan. | <ul style="list-style-type: none"> • Our ability to evidence the impact of our transformation: documenting results from evaluations and reviewing results from evaluations conducted elsewhere allows us to determine what works when seeking to embed new models. • All Programme and Project Managers to be trained in the appropriate level of Managing Successful Programmes methodology • Continue to recruit to the new structure of the Strategy and Transformation Team to become fully established. |
| <p>Current performance:</p> <ul style="list-style-type: none"> • The Strategic/Delivery Plan has been approved and Strategy and Transformation resource has been allocated to deliver on the projects within the Plan. | <p>Comments:</p> |





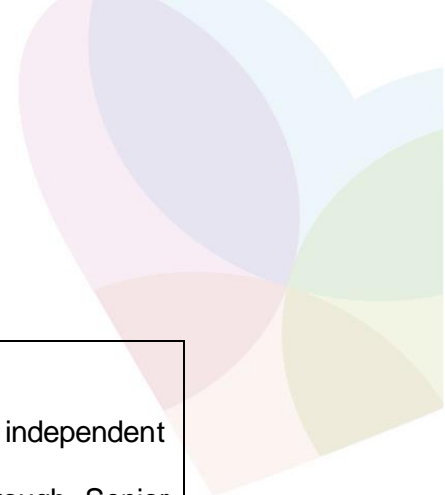
| | | | | | |
|---|-------------------|--------------|-----------------|---|----------------|
| Description of Risk | | | | | |
| Cause: Need to involve lived experience in service delivery and design as per Integration Principles | | | | | |
| Event: IJB fails to maximise the opportunities created for engaging with our communities | | | | | |
| Consequences: Services are not tailored to individual needs; reputational damage; and IJB does not meet strategic aims. | | | | | |
| Strategic Aims: All | | | | Leadership Owner: Chief Officer | |
| Strategic Enablers: Relationships | | | | | |
| Risk Rating: low/medium/high/very high | | | | | |
| MEDIUM | | | | | |
| IMPACT | | | | | |
| Almost Certain | | | | | |
| Likely | | | | | |
| Possible | | | ✓ | | |
| Unlikely | | | | | |
| Rare | | | | | |
| LIKELIHOOD | Negligible | Minor | Moderate | Major | Extreme |
| Risk Movement: (increase/decrease/no change) | | | | | |
| NO CHANGE 03.10.2022 | | | | | |
| Controls: | | | | Mitigating Actions: | |
| <ul style="list-style-type: none"> Locality Empowerment Groups (LEGs) Senior Leadership Team Meetings and Operational Leadership Huddles CPP Community Engagement Group Equalities and Human Rights Sub-Group | | | | <ul style="list-style-type: none"> Strategic Planning Group (SPG) Pre-Meeting Group set up to support locality empowerment group members on the SPG. Continued joint working with Community Planning colleagues to oversee the ongoing development of locality planning | |
| Assurances: | | | | Gaps in assurance | |
| <ul style="list-style-type: none"> Strategic Planning Group (LEGs have representation on this group) Executive Programme Board IJB/Risk, Audit and Performance Committee CPA Board | | | | <ul style="list-style-type: none"> Demographic and diversity representation on Locality Empowerment Groups. The Equalities and Human Rights Sub Group has been tasked to address this. | |
| Current performance: | | | | Comments: | |
| <ul style="list-style-type: none"> LEGs representatives attend the SPG on a regular basis and participate in the meetings. Review of joint locality planning arrangements is underway | | | | | |



| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------------------|--------------|--|--------------|----------------|----------------|--|--|--|--|---|--------|--|--|--|--|--|----------|--|--|--|--|--|----------|--|--|--|--|--|------|--|--|--|--|--|---------------------|-------------------|--------------|-----------------|--------------|----------------|
| <p>Description of Risk: Cause-The ongoing recruitment and retention of staff Event: Insufficient staff to provide patients/clients with services required. Consequence: Potential loss of life and unmet health and social care needs, leading to severe reputational damage.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Strategic Aims: All Strategic Enablers: Workforce</p> | | | <p>Leadership Team Owner: People & Organisation Lead</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Risk Rating: low/medium/high/very high VERY HIGH</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>IMPACT</p> <table border="1"> <tr> <td>Almost Certain</td> <td></td> <td></td> <td></td> <td></td> <td>✓</td> </tr> <tr> <td>Likely</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Possible</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unlikely</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Rare</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LIKELIHOOD -</td> <td>Negligible</td> <td>Minor</td> <td>Moderate</td> <td>Major</td> <td>Extreme</td> </tr> </table> | | | | | | Almost Certain | | | | | ✓ | Likely | | | | | | Possible | | | | | | Unlikely | | | | | | Rare | | | | | | LIKELIHOOD - | Negligible | Minor | Moderate | Major | Extreme |
| Almost Certain | | | | | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Likely | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Possible | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unlikely | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rare | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LIKELIHOOD - | Negligible | Minor | Moderate | Major | Extreme | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Rationale for Risk Rating:</p> <ul style="list-style-type: none"> • The current staffing complement profile changes on an incremental basis over time. • However the proportion of over 50s employed within the partnership (by NHSG and ACC) is increasing rapidly (i.e. 1 in 3 nurses are over 50). • Totally exhausted work force with higher turnover of staff (particularly over 50) • Current very high vacancy levels and long delays in recruitment across ACHSCP services. • Economic upturn in North East post covid, which means there is direct competition with non-clinical posts • Post Covid 19 landscape, where many staff have reflected on their personal situation, which has led to increased numbers of early retirement applications, requests for reduced hours and staff leaving the service | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Risk Movement: (increase/decrease/no change) NO CHANGE 01.11.2022</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Controls:</p> <ul style="list-style-type: none"> • Clinical & Care Governance Committee reviews tactical level of risk around staffing numbers • Clinical & Care Governance Group review the operational level of risk • Oversight of daily Operational Leadership Team meetings to maximise the use of daily staffing availability • Revised contract monitoring arrangements with providers to determine recruitment / retention trends in the wider care sector-<i>replicate wording in risk 1 and include pc risk</i> • Establishment of daily staffing situational reports (considered by the Leadership Team) • NHSG and ACC workforce policies • Daily Grampian System Connect Meetings and governance structure • Daily sitreps from all services (includes staffing absences) • ACHSCP Delivery Group for Workforce Plan | | | <p>Rationale for Risk Appetite:</p> <ul style="list-style-type: none"> • Will accept minimal risks of harm to service users or to staff. By minimal risks, the IJB means it will only accept minimal risk to services users or staff when the comparative risk of doing nothing is higher than the risk of intervention. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Assurances: ACHSCP Workforce Plan Agreed governance arrangements Formal performance reporting against the Strategic/Delivery Plan has continued to be developed in consultation with the SLT. Staff side and union representation on daily Operational Leadership Team meetings</p> | | | <p>Mitigating Actions:</p> <ul style="list-style-type: none"> • Significantly increased emphasis on health/wellbeing of staff • establishment of ACHSCP recruitment programme, including Social Media schedule • promotion and support of the 'We Care' and 'Grow of own' approaches • embrace the use of new/improved digital technologies to develop and support the ACHSCP infrastructure & develop a road map with a focus on enablement for staff • flexible/hybrid working options to become 'normal' working practice that benefit staff time & supports their wellbeing as well as helps staff retention | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



| | |
|---|---|
| | <ul style="list-style-type: none"> • Greater use of commissioning model to encourage training of staff • Increased emphasis on communication with staff • increased collaboration and integration between professional disciplines, third sector, independent sector and communities through Localities to help diversity of the workforce • Increased monitoring of staff statistics (sickness, turnover, CPD, complaints etc) through Senior Leadership Team and daily Operational Leadership Team meetings, identifying trends. • Awareness of new Scottish Government, NHSG and ACC workforce policies and guidelines • ACHSCP Workforce Plan is to be submitted to the IJB on the 29th of November, 2022. • Partnership to reintroduce staff recognition events to encourage retention |
| <p>Current performance:</p> <ul style="list-style-type: none"> • Managing workforce challenges through daily Operational Leadership Team meetings and Daily Connect Meetings and structures • Managing very high level vacancies in comparison to neighbouring Health Boards • ACHSCP Workforce Plan is being consulted upon by Scottish Government and wider ACHSCP staff, with IJB comments incorporated. The Plan will be submitted to the IJB in November for approval. | <p>Gaps in assurance</p> <ul style="list-style-type: none"> • Dedicated Project Support of Delivery Group for Workforce Plan |
| | <p>Comments:</p> <ul style="list-style-type: none"> • Ongoing consultation on National Care Service. Any updates arising from the progress of the Service that has a bearing on the risk will be updated in due course. • The ACHSCP Workforce Plan will be submitted to IJB in November with feedback from the Scottish Government incorporated when received. • Possible industrial action would lead to critical services being provided which will impact on staff wellbeing as would potential deployment of staff to other duties over the next 6 months |





Appendix 1 – Risk Tolerance

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



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

Table 1 - Impact/Consequence Definitions

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

Table 2 - Likelihood Definitions

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

Table 3 - Risk Matrix

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

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

Table 4 - NHSG Response to Risk

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

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

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Risk, Audit and Performance Committee

| | |
|---|---|
| Date of Meeting | 17 November 2022 |
| Report Title | Internal Audit Update Report |
| Report Number | HSCP22.092 |
| Lead Officer | Jamie Dale Chief Internal Auditor |
| Report Author Details | Jamie Dale Chief Internal Auditor Jamie.Dale@aberdeenshire.gov.uk |
| Consultation Checklist Completed | Yes |
| Appendices | Appendix A – RAPC - Internal Audit Update Report November 2022 |

1. Purpose of the Report

The purpose of this report is to provide the Risk, Audit and Performance Committee (RAPC) with an update on Internal Audit’s work since the last update. Details are provided of the progress against the approved Internal Audit plans, audit recommendations follow up, and other relevant matters for the RAPC to be aware of.

2. Recommendations

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

- 2.1. Note the contents of the RAPC - Internal Audit Update Report November 2022 (“the Internal Audit Update Report”), as appended at Appendix A, and the work of Internal Audit since the last update;
- 2.2. Note the progress against the approved 2021-22 and 2022-23 Internal Audit plans as detailed in the Internal Audit Update Report;



Risk, Audit and Performance Committee

- 2.3. Note the progress that management has made with implementing recommendations agreed in Internal Audit reports as outlined in the Internal Audit Update Report; and
- 2.4. Note the approach to be taken for the 2023-26 audit planning process as highlighted in the Internal Audit Update Report.

3. Summary of Key Information

- 3.1. Internal Audit's primary role is to provide independent and objective assurance on the Board's risk management, control and governance processes. This requires a continuous rolling review and appraisal of the internal controls of the Board involving the examination and evaluation of the adequacy of systems of risk management, control and governance, making recommendations for improvement where appropriate. Reports are produced relating to each audit assignment and summaries of these are provided to the RAPC.

4. Implications for IJB

- 4.1. **Equalities** – An equality impact assessment is not required because the reason for this report is for the RAPC to discuss, review and comment on the contents of the Internal Audit Update Report and there will be no differential impact, as a result of this report, on people with protected characteristics.
- 4.2. **Fairer Scotland Duty** – there are no direct implications arising from this report.
- 4.3. **Financial** – there are no direct implications arising from this report.
- 4.4. **Workforce** - there are no direct implications arising from this report.
- 4.5. **Legal** – there are no direct implications arising from this report.
- 4.6. Other - NA

5. Links to ACHSCP Strategic Plan

- 5.1. Internal Audit's role is to provide assurance regarding the adequacy and effectiveness of the Integration Joint Board's framework of governance, risk



Risk, Audit and Performance Committee

management and control. Each of these areas helps ensure that the IJB can deliver on all strategic priorities as identified in its strategic plan.

6. Management of Risk

- 6.1. **Identified risks(s):** The Internal Audit process considers risks involved in the areas subject to review. Any risk implications identified through the Internal Audit process are as detailed in the resultant report.
- 6.2. **Link to risks on strategic risk register:** The Internal Audit Plan, and this output report, is developed following consideration of the Aberdeen City Health and Social care Partnership Risk Register and through consultation with management.
- 6.3. **How might the content of this report impact or mitigate these risks:** Where risks are identified during the Internal Audit process, recommendations are made to management in order to mitigate these risks.

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Aberdeen City Health & Social Care Partnership
A caring partnership



Internal Audit

Risk, Audit and Performance Committee Internal Audit Update Report November 2022

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1 Executive Summary

1.1 Introduction and background

Internal Audit's primary role is to provide independent and objective assurance on the Council's risk management, control, and governance processes. This requires a continuous rolling review and appraisal of the internal controls of the Board involving the examination and evaluation of the adequacy of systems of risk management, control, and governance, making recommendations for improvement where appropriate. Reports are produced relating to each audit assignment and these are provided to the Risk, Audit and Performance (RAP) Committee. Along with other evidence, these reports are used in forming an annual opinion on the adequacy of risk management, control, and governance processes.

This report advises the RAP Committee of Internal Audit's work since the last update. Details are provided of the progress against the approved 2021-22 and 2022-23 Internal Audit plans, audit recommendations follow up, and other relevant matters for the Committee to be aware of.

1.2 Highlights

Full details are provided in the body of this report however Internal Audit would like to bring to the Committee's attention that since the last update:

- One report has been finalised.
- Two audits are currently in progress.
- Nine audit recommendations have been closed, with only one currently outstanding.
- Over the coming months Internal Audit will complete the process for developing the 2023-26 Assurance Plan.

1.3 Action requested of the RAP Committee

The Committee is requested to note the contents of this report and the work of Internal Audit since the last update.

2 Internal Audit Progress

2.1 2021-22 Audits

| Council Area | Audit Area | Position |
|--------------|----------------------------|--|
| HSCP | Care Management | Final audit report issued |
| IJB | Transformational Programme | Review in progress – Final draft with Management |

2.2 2022-23 Audits

| Service | Audit Area | Position |
|-------------------------|--|--|
| HSCP | Adults with Incapacity (Management of funds) | Not started – Review scheduled for Q4 |
| Integration Joint Board | IJB Data Sharing | Review in progress – Initial draft with Management |

2.3 Audit reports presented to this Committee

| Report Title | Assurance Year | Conclusion |
|-----------------|----------------|---|
| Care Management | 2021-22 | Assurance has been obtained from Digital and Technology over the project implementation plans for the new Care Management System. There is a formal governance and programme management process in place, with regular reporting scheduled to provide updated on progress with delivery of the new system, and any exceptions being escalated to the appropriate level. The system is scheduled to go live in September 2022. System functionality has been clearly mapped out, building on existing practice. There are clear plans and practical steps in place for migrating data from the old system onto the new one and verifying its accuracy. This includes mapping of data from the old system to the new system, and validation of data format and content, to ensure it matches the appropriate rules built into the system which govern processing of transactions. An iterative testing programme is in progress, with exceptions being identified, addressed, and reduced with each test run. Complex cases and any errors are passed back to the HSCP for review prior to corrections being applied. A read-only version of the old system will remain in place until March 2023 so data will not be lost and can be reviewed if any issues are identified at a later stage. Assurance over the new arrangements in practice will be obtained through a planned Internal Audit of the new Care Management System during 2023-24. |

2.4 Follow up of audit recommendations

Public Sector Internal Audit Standards require that Internal Audit report the results of its activities to the Committee and establishes a follow-up process to monitor and ensure that management actions have been effectively implemented.

Recognising the implementation of audit recommendations as something that Internal Audit could support the Board with, over the past months Internal Audit has led an exercise aimed at supporting management on the closure of agreed actions. This did not move the tolerances but through engagement beyond the routine follow up exercise, we worked with management to close out as many actions as possible and leave only those actions that were rightly ongoing for management to focus on.

As at 30 June 2022 (the baseline for our exercise), 10 audit recommendations were due and outstanding:

- Seven rated as Significant within Audited Area
- Three rated as Important within Audited Area

As part of the audit recommendations follow up exercise, nine audit recommendations were closed:

- Seven rated as Significant within Audited Area
- Two rated as Important within Audit Area

The outstanding position going forward is that of one recommendation rated as Important within Audited Area¹. This action has been discussed with management, an update provide and new implementation dates agreed.

Appendix 1 – Grading of Recommendations provides the definitions of each of the ratings used.

Appendix 2 – Audit Recommendations Follow Up – Outstanding Actions provides a detailed breakdown of the nine outstanding audit recommendations that will be taken forward and followed up as part of the next cycle.

2.5 2023-26 Audit Planning Process

Over the coming months Internal Audit will begin the process of developing the 2023-26 Assurance Plan. Appendix 3 – 2023-2026 Internal Audit Planning Process details the process that will be followed.

¹ This is the position with regards to recommendations that were due as at 30 June 2022. Recommendations falling due past this date and those made as part of subsequent Internal Audit Reports will be followed up as part of the standard follow up cycle and reported to Committee session on session.

3 Appendix 1 – Grading of Recommendations

| GRADE | DEFINITION |
|---|--|
| Major at a Corporate Level | The absence of, or failure to comply with, an appropriate internal control which could result in, for example, a material financial loss, or loss of reputation, to the Council. |
| Major at a Service Level / within audited area | <p>The absence of, or failure to comply with, an appropriate internal control which could result in, for example, a material financial loss to the Service/area audited.</p> <p>Financial Regulations have been consistently breached.</p> |
| Significant within audited area | <p>Addressing this issue will enhance internal controls.</p> <p>An element of control is missing or only partial in nature.</p> <p>The existence of the weakness identified has an impact on a system's adequacy and effectiveness.</p> <p>Financial Regulations have been breached.</p> |
| Important within audited area | Although the element of internal control is satisfactory, a control weakness was identified, the existence of the weakness, taken independently or with other findings does not impair the overall system of internal control. |

4 Appendix 2 – Audit Recommendations Follow Up – Outstanding Actions

| Area | Report | Recommendation | Original Due Date | Current Due Date | Committee Update | Status |
|---|--|---|-------------------|------------------|---|-------------|
| Health and Social Care Partnership: Health and Social Care Partnership | AC2112 – Mental Health and Substance Abuse | 2.1.2: The Service should review policies and procedures to ensure they are up to date. (Service to link with roll out of new D365 system) (Important within audited area) | June 2022 | September 2022 | The roll out of the new system has yet to be completed, therefore procedures have not yet been fully updated. | In progress |

5 Appendix 3 – 2023-2026 Internal Audit Planning Process





RISK, AUDIT AND PERFORMANCE COMMITTEE

| | |
|---|--|
| Date of Meeting | 17/11/2022 |
| Report Title | Internal Audit Report – Care Management |
| Report Number | HSCP22.095 |
| Lead Officer | Jamie Dale, Chief Internal Auditor |
| Report Author Details | Name: Jamie Dale Job Title: Chief Internal Auditor Email Address: jamie.dale@aberdeenshire.gov.uk |
| Consultation Checklist Completed | Yes |
| Directions Required | No |
| Appendices | None |

1. Purpose of the Report

- 1.1. The purpose of this report is to present the outcome from the planned audit of Care Management that was included in the Internal Audit Plan for Aberdeen City Council.

2. Recommendations

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

3. Summary of Key Information

Background

- 3.1. Aberdeen City Health and Social Care Partnership (ACHSCP) provides or commissions care and support to a variety of individuals who are identified as requiring it following assessment of their social care needs.



RISK, AUDIT AND PERFORMANCE COMMITTEE

- 3.2. Data relating to individuals, their assessments, and follow-up care management reviews are held on the Care Management System. The system is also used to record planned care and support, and the associated costs, to match against invoices and requests for payment for services delivered.

Objective

- 3.3. The original objective of the planned audit of Care Management was to obtain assurance over coordination, recording and payment for care services.
- 3.4. Due to reprioritisation of resources by the ACHSCP to support an external inspection and to develop and implement a new Care Management System during 2021 and 2022, it has not been possible to carry out a full in-depth review of care management recording and payments. Instead, a review has been undertaken of the plans and progress with implementation of the new system to obtain assurance that these adequately cover risks in respect of care management recording and payments.

Assurance

- 3.5. Assurance has been obtained from Digital and Technology over the project implementation plans for the new Care Management System.
- 3.6. There is a formal governance and programme management process in place, with regular reporting scheduled to provide updates on progress with delivery of the new system, and any exceptions being escalated to the appropriate level. The system is scheduled to go live in September 2022.
- 3.7. System functionality has been clearly mapped out, building on existing practice. There are clear plans and practical steps in place for migrating data from the old system onto the new one and verifying its accuracy. This includes mapping of data from the old system to the new system, and validation of data format and content, to ensure it matches the appropriate rules built into the system which govern processing of transactions.
- 3.8. An iterative testing programme is in progress, with exceptions being identified, addressed, and reduced with each test run. Complex cases and any errors are passed back to the ACHSCP for review prior to corrections being applied. A read-only version of the old system will remain in place until March 2023 so data will not be lost and can be reviewed if any issues are identified at a later stage.



RISK, AUDIT AND PERFORMANCE COMMITTEE

- 3.9. Assurance over the new arrangements in practice will be obtained through a planned Internal Audit of the new Care Management System during 2023-24. Timings will be agreed as part of the upcoming audit planning exercise.

Management Response

- 3.10. The finance elements of new system development have been a key area of focus. Adoption of the dedicated finance module will enable additional rigour to be applied to Care Management recording and transactions. The iterative data load and validation cycles for finance have allowed a robust approach to the assurance around the new processes under the direct control of the Chief Officer Finance.

4. Implications for IJB

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

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

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

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

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

- 4.6. Other - NA

5. Links to ACHSCP Strategic Plan

- 5.1. Ensuring effective performance reporting and use of Key Performance Indicators will help the IJB deliver on all strategic priorities as identified in its strategic plan.

6. Management of Risk

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



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- 6.2. **Link to risks on strategic risk register:** There is a risk of financial failure, that demand outstrips budget and JB cannot deliver on priorities, statutory work, and projects an overspend.
- 6.3. **How might the content of this report impact or mitigate these risks:**
Where risks have been identified during the Internal Audit process, recommendations have been made to management to mitigate these risks.



RISK, AUDIT AND PERFORMANCE COMMITTEE

| | |
|---|--|
| Date of Meeting | 17 November 2022 |
| Report Title | Review of Financial Regulations |
| Report Number | HSCP.22.093 |
| Lead Officer | Paul Mitchell Chief Finance Officer |
| Report Author Details | Paul Mitchell Chief Finance Officer PaulMitchell@aberdeencity.gov.uk |
| Consultation Checklist Completed | Yes |
| Directions Required | No |
| Appendices | Appendix A - Financial Regulations v4.0 – September 2022 |

1. Purpose of the Report

- 1.1. The purpose of this report is to present the Risk, Audit and Performance Committee (RAPC) with an update on the Chief Finance Officer’s review of the Integration Joint Board’s (IJB) Financial Regulations.

2. Recommendations

- 2.1. It is recommended that RAPC:

a) Approve the revised Financial Regulations are attached at Appendix A.

3. Summary of Key Information

- 3.1. The IJB commissions services from Aberdeen City Council (ACC) and NHS Grampian (NHSG). The management of services within these organisations is governed by their own financial regulations.



RISK, AUDIT AND PERFORMANCE COMMITTEE

- 3.2. Under the Local Government (Scotland) Act 1973, the IJB is required to make arrangements for administration of its financial affairs. At its meeting on the 26 March 2016, the IJB agreed a set of financial regulations which detailed the responsibilities, policies and procedures that govern the IJB.
- 3.3. The IJB requested that the financial regulations are reviewed regularly.
- 3.4. The previous review was in 2021, and a report to the 23 September 2021 meeting of the RAPC (report HSCP.21.109) considered that no changes were required.
- 3.5. The revised financial regulations are attached at Appendix A.
The main changes are:-
- Committee Name
 - Replace Audit and Performance Committee with Risk, Audit and Performance Committee throughout.
 - Insurance
 - Paragraph 5.6.2 now states that the Board is a member of the Clinical Negligence and Other Risks Scheme. On the previous version the Board was in the process of applying for membership.
4. **Implications for IJB**
- 4.1. **Equalities, Fairer Scotland Duty and Health Inequalities** – there are no direct implications as a result of this report.
- 4.2. **Financial** – the IJB Financial Regulations detail the financial responsibilities, and policies and procedures that govern the Integration Joint Board.
- 4.3. **Workforce** – there are no direct workforce implications arising from the recommendations of this report.
- 4.4. **Legal** – approval of these Financial Regulations will allow the IJB to comply with its obligation to make arrangements for its financial affairs under the



RISK, AUDIT AND PERFORMANCE COMMITTEE

Local Government (Scotland) Act 1973. Should a major change be required to the financial regulations then this would need to be passed through to the IJB for final approval.

4.5. Other – there are no other implications arising from the recommendations of this report.

5. Links to ACHSCP Strategic Plan - Development and management of robust financial arrangements acknowledges the strategic intent of the IJB and enables delivery of the strategic aims

6. Management of Risk

6.1. Identified risks(s): Without regular review of the Financial Regulations and adherence to them, there is a risk of financial failure and a negative impact on the delivery of the ACHSCP priorities.

6.2. Link to risks on strategic or operational risk register: Risk 2 (Strategic Risk Register) - There is a risk of financial failure, that demand outstrips budget and IJB cannot deliver on priorities, statutory work, and projects an overspend.

6.3. How might the content of this report impact or mitigate these risks:
The regular review of our financial regulations aims to maintain the integrity of the IJB's financial system and as such will help to mitigate this risk.

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ABERDEEN CITY INTEGRATION JOINT BOARD

FINANCIAL REGULATIONS

| <u>Date Created</u> | <u>Date Implemented</u> | <u>Review Date</u> |
|----------------------|-------------------------|--------------------------|
| <u>11 March 2016</u> | <u>1 April 2016</u> | <u>26 September 2022</u> |

| |
|---|
| <u>Developed By</u> <u>Chief Finance Officer</u> |
|---|

VERSION 4.0



ABERDEEN CITY INTEGRATION JOINT BOARD

FINANCIAL REGULATIONS: INDEX

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6. REVIEW OF FINANCIAL REGULATIONS



1. **INTRODUCTION and INTERPRETATION**

- 1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 was passed by the Scottish Parliament on 25 February 2014 and provides a framework for the effective integration of adult health and social care services. The Act required the submission of a partnership agreement, known as the Integration Scheme for approval by the Scottish Government. Following a detailed consultation process, the scheme was submitted for approval in December 2015. Following approval by the Cabinet Secretary for Health, Wellbeing and Sport an Order was laid before the Scottish Parliament on 8 January 2016 and the Aberdeen City Integration Joint Board was established as an autonomous legal entity with effect from 6 February 2016. The Integration Scheme has since been reviewed by the IJB and passed to the Scottish Government in March 2018.
- 1.2 Aberdeen City Council and NHS Grampian recognise that they each have continuing financial governance responsibilities and agreed to establish Aberdeen City Integration Joint Board as a 'joint arrangement' as defined by IFRS 11. IFRS 11 is the international accounting standard that clarifies the reporting procedures that apply where parties recognise the rights and obligations arising from the joint arrangements.
- 1.3 The main objective of these Financial Regulations is to detail the financial responsibilities and policies and procedures that govern the Integration Joint Board. Representatives and Committees of Aberdeen City Integration Joint Board must comply with these Financial Regulations in dealing with the financial affairs of Aberdeen City Integration Joint Board.
- 1.4 The Aberdeen City Integration Joint Board has appointed a Chief Officer who will be the accountable officer of the Integration Joint Board in all matters except finance where there will be joint accountability with the Chief Finance Officer. The Chief Officer is accountable to the Chief Executives of NHS Grampian and Aberdeen City Council.
- 1.5 The Aberdeen City Integration Joint Board has appointed a Chief Finance Officer who is the proper officer for the purposes of Section 95 of the Local Government (Scotland) Act 1973. The Chief Finance Officer has a statutory duty to ensure that proper financial administration of the financial affairs of Aberdeen City Integration Joint Board is maintained. The Aberdeen City Integration Joint Board has regard to the current [CIPFA guidance on the role of the Chief Finance Officer in Local Government](#).



- 1.6 Should any difficulties arise regarding the interpretation or application of these financial regulations, individuals must seek advice from the Chief Finance Officer before any action is taken.
- 1.7 The Aberdeen City Integration Joint Board commissions services from Aberdeen City Council and NHS Grampian. The management of services within each of these organisations continues to be governed by the existing Standing Financial Instructions, Financial Regulations, Schedule of Reserved Decisions, Operational Scheme of Delegation and any other extant financial procedures approved by their respective Governance structures. Officers, staff, committees, councillors and non-executive members of these organisations should ensure they comply with their respective financial governance arrangements.
- 1.8 Any breach or non-compliance with these Regulations must, on discovery, be reported immediately to the Chief Officer or the Chief Finance Officer of Aberdeen City Integration Joint Board. They must then consult with the NHS Grampian Chief Executive and Aberdeen City Council Chief Executive or another nominated or authorised person as appropriate to decide what action should be taken.
- 1.9 For the avoidance of doubt the breach of or non-compliance with these Regulations may result in disciplinary action being taken against the relevant individuals in line with the policies of the employing organisation.
- 1.10 These financial regulations should be read in conjunction with the Standing Financial Regulations of NHS Grampian and Aberdeen City Council:

2. ROLES and RESPONSIBILITIES

2.1 INTEGRATION JOINT BOARD MEMBERS RESPONSIBILITY

The Board are responsible for ensuring that proper accounting records are kept, which disclose at any time, the true and fair financial position and enable the preparation of financial statements that comply with the applicable Code of Practice. The Board are also responsible for ensuring that procedures are in place to ensure compliance with all statutory obligations.



2.2 CHIEF OFFICER RESPONSIBILITIES

- 2.2.1 The Chief Officer has a direct line of accountability to the Chief Executives of NHS Grampian and Aberdeen City Council for the delivery of integrated services. The Chief Officer is responsible for ensuring that progress is being made in achieving the national outcomes and that any locally delegated responsibilities for health and wellbeing and for measuring, monitoring and reporting on the underpinning measures and indicators (including financial) that will demonstrate progress.
- 2.2.2 The Chief Officer is responsible for ensuring that the decisions of the Board are carried out.
- 2.2.3 The Chief Officer shall ensure that the Financial Regulations and all associated procedure manuals and documents are made known to appropriate staff members and shall ensure full compliance with them.
- 2.2.4 The Chief Officer shall prepare budgets following consultation with the Chief Finance Officer. The Chief Officer is also responsible for the preparation of Service Plans and relevant business cases relating to the Services. The Chief Officer shall ensure that the Chief Finance Officer is informed of financial matters that will have a significant impact on the Services, seeking financial advice where necessary.

2.3 CHIEF FINANCE OFFICER RESPONSIBILITIES

- 2.3.1 The Chief Finance Officer is responsible for governance of the Board's financial resources, ensuring the Partners utilise these in accordance with the Strategic Plan and that the Strategic Plan delivers best value.
- 2.3.2 The Chief Finance Officer shall ensure that suitable accounting records are maintained and is responsible for the preparation of the Board's Financial Statements following the Code of Practice on Local Authority Accounting in the UK.
- 2.3.3 The Chief Finance Officer shall ensure that these Financial Regulations are reviewed and kept up to date.
- 2.3.4 The Chief Finance Officer shall provide the Chief Officer and the Board with an annual governance statement.
- 2.3.5 The Chief Finance Officer shall be entitled to report upon the financial implications of any matter coming before Aberdeen City Integration Joint Board. To allow the Chief Finance Officer to fulfil this obligation, the Chief Officer will consult with the Chief Finance Officer on all matters involving a potential financial implication that is likely to result in a report to the Board.



- 2.3.6 The Chief Finance Officer shall ensure that arrangements are in place to properly establish the correct liability, process and accounting for VAT. For major works, service transformation and other changes in service delivery, the Chief Finance Officer must be consulted on the financial impacts, including VAT implications.

3. FINANCIAL PLANNING and MANAGEMENT

3.1 ANNUAL BUDGET

- 3.1.1 The Chief Finance Officer will report to Aberdeen City Integration Joint Board each year on the process, timetable, format and key assumptions in drafting the annual budget.
- 3.1.2 The Chief Finance Officer of Aberdeen City Integration Joint Board, Section 95 Officer of Aberdeen City Council and the Director of Finance of NHS Grampian will agree a timetable for preparation of the annual budget of Aberdeen City Integration Joint Board and the exchange of information between Aberdeen City Integration Joint Board, Aberdeen City Council and NHS Grampian.
- 3.1.3 The Chief Officer will submit annually to the Board a Strategic Plan setting out proposals for the delivery of services within the remit of the Board for, at minimum, the next 3 years. This will include the Integrated Budget and the notional budget for directed hospital services. The Strategic Plan will detail the reason for any projected surplus or deficit and how this will be used / addressed.
- 3.1.4 The Chief Officer and the Chief Finance Officer will develop a case for the Integrated Budget based on the Strategic Plan and present it to the Council and NHS Grampian for consideration and agreement as part of the annual budget setting process.
- 3.1.5 The Chief Finance Officer will prepare and issue guidance, instructions and a timetable to all involved in the preparation of the annual budget.
- 3.1.6 Following agreement of the Strategic Plan by the Board, and confirmation of the Integrated Budget by the Partners, the Chief Officer will provide Directions in writing to the Partners regarding operational delivery of the Strategic Plan. The Directions will include the functions that are being directed, how they are to be delivered and the resources to be used in delivery of the direction in accordance with the Strategic Plan. Directions will be confirmed by the Chief Officer by 31 March of the financial year proceeding the financial year under Direction.
- 3.1.7 The responsibility for delivering the delegated services for Aberdeen City Integration Joint Board to Aberdeen City Council and NHS Grampian shall lie with the Chief Officer of the Integration Joint Board.



3.2 ACCOUNTING POLICIES

3.2.1 The IJB is subject to the audit and accounts provisions of a body under section 106 of the Local Government (Scotland) Act 1973. The Chief Finance Officer is responsible for the preparation of the Board's Financial Statements following the Code of Practice on Local Authority Accounting in the UK.

3.3 BUDGET MONITORING

3.3.1 It is the joint responsibility of the Chief Officer and the Chief Finance Officer of the Aberdeen City Integration Joint Board to report to the Board regularly, timeously and accurately on all matters of budget management and control. The reports should include projections for the full financial year and any implications for the following financial years. These reports will include recovery action proposed where a year end budget variance is identified.

3.3.2 The Director of Finance, NHS Grampian and the Section 95 Officer, Aberdeen City Council will provide the Chief Finance Officer of the Aberdeen City Integration Joint Board with information regarding the costs incurred for the services directly managed by them. Information should be provided based on an agreed format and timetable.

3.3.3 The Director of Finance, NHS Grampian will provide the Chief Finance Officer of Aberdeen City Integration Joint Board with financial information on a monthly basis regarding the hosted services. Information should be in an agreed format and produced timely to enable inclusion in the financial monitoring reports.

3.3.4 The Director of Finance, NHS Grampian will provide the Chief Finance Officer of Aberdeen City Integration Joint Board with information regarding the use of the amounts set aside for hospital services. A frequency will be formally agreed but as a minimum, information will be provided on a quarterly basis.

3.3.5 The Chief Finance Officer will report monthly to the Chief Officer on the financial performance and position. These reports will be timely, relevant and reliable and will include information, analysis and explanation in relation to:

- Reviewing budget savings proposals
- Actual income and expenditure
- Forecast outturns and annual budget
- Explanations of significant variances
- Reviewing action required in response to significant variances
- Identifying and analysing financial risks
- Use of reserves
- Any adjustments to the annual budget (e.g. new funding allocations)



3.3.6 The Chief Finance Officer will work with the Section 95 Officer of Aberdeen City Council and Director of Finance of NHS Grampian to ensure managers are provided with monthly financial reports that are timely, relevant and reliable. These reports will include information and analysis in relation to:

- Budget available to managers
- Actual income and expenditure
- Forecast outturns.

3.3.7 The Chief Finance Officer will be consulted on all reports being submitted to the Board to ensure that any financial implications arising have been considered. Each Board report should include a Financial Implications section.

3.3.8 It is a requirement of the Public Bodies (Joint Working) (Scotland) Act 2014 that an annual performance report is presented to the Board and the financial contents therein should comply with the requirements as set out in the Act.

3.4 VIREMENT

3.4.1 Virement is the process of transferring budget between budget headings with no change to the overall net budget.

3.4.2 The Chief Officer is expected to deliver the agreed outcomes within the total delegated budget. Any virement must not create additional overall budget liability, unless additional income is being passed on from either of the partners.

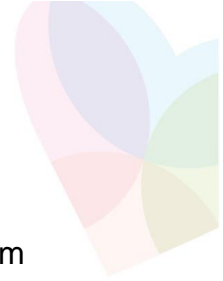
3.4.3 Any proposal for virement involving a new policy, or variation of existing policy, which will impact upon the strategic plans of the Aberdeen City Integration Joint Board, will be subject to the approval of the Aberdeen City Integration Joint Board.

3.4.4 Virement can be used in the following situations and with reference to the flow chart at **APPENDIX 1**;

- The Chief Finance Officer has been notified; and
- The virement does not create an additional financial commitment into future financial years unless funded by additional income.

3.4.5 The virement process cannot be used in the following situations:

- for transfers between IJB and non-IJB budgets;
- for expected savings on finance costs or recharges;
- any savings against a property which has been declared surplus under the Council's or NHS's surplus asset procedure;
- to reinstate an item deleted by the Integration Joint Board during budget considerations unless approved by the Integration Joint Board.



3.4.6 The Chief Finance Officer must maintain separate budgets for any hosted services managed on behalf of Grampian wide partners. Virement to and from these to Integration Joint Boards requires authorisation of all the three Integration Joint Boards before being implemented.

3.4.7 To the extent that any virement would transfer budget between Partners the Chief Finance Officer is required to notify the Partner bodies.

3.5 FINAL ACCOUNTS PREPARATION

3.5.1 The Public Bodies (Joint Working) (Scotland) Act 2014 requires that the Aberdeen City Integration Joint Board is subject to the audit and accounts provisions of a body under Section 106 of the Local Government (Scotland) Act 1973 (Section 13). This will require audited annual accounts to be prepared with the reporting requirements specified in the relevant legislation and regulations (Section 12 of the Local Government in Scotland Act 2003 and regulations under Section 105 of the Local Government (Scotland) Act 1973).

3.5.2 Financial statements will be prepared to comply with the Code of Practice on Local Authority Accounting and other relevant professional guidance.

3.5.3 The draft annual accounts and final accounts shall be submitted to the Board and Risk, Audit and Performance Committee (if applicable) for their scrutiny and review.

3.5.4 The timetable for audit and publication of Aberdeen City Integration Joint Boards annual accounts shall be agreed in advance with the external auditors of Aberdeen City Council and NHS Grampian. Audited annual accounts shall be signed and published in line with statutory deadlines.

3.6 TREASURY MANAGEMENT

3.6.1 The Integration Joint Board will not undertake any cash transactions but rather these will be on a notional basis through the Direction of expenditure undertaken by the Partners. Any cash correction arising as a result of the direction by the Board will be undertaken directly between the Partners. The Integration Joint Board will not operate a bank account.

3.7 RESERVES

3.7.1 The Public Bodies (Joint Working) (Scotland) Act 2014 empowers the Integration Joint Boards to hold reserves, which should be accounted for in the financial accounts and records of Aberdeen City Integration Joint Board. Aberdeen City Integration Joint Board has a Reserves Policy that is held outwith these Financial Regulations.



3.7.2 Unless otherwise agreed, any unspent budget will be transferred into the reserves of the Aberdeen City Integration Joint Board at the end of each financial year.

3.7.3 A policy on reserves has been prepared by the Chief Finance Officer and was approved by the Aberdeen City Integration Joint Board. The policy will be reviewed annually, during the medium term financial strategy process.

3.8 GRANT FUNDING APPLICATIONS

3.8.1 Where opportunities arise to attract external funding, relevant officers shall consider the conditions surrounding the funding to ensure they are consistent with the aims and objectives of Aberdeen City Integration Joint Board and the Strategic Plan.

3.8.2 Grant funding to be secured by the Aberdeen City Integration Joint Board from external bodies is required to receive approval from the Integration Joint Board prior to an application being made by the accountable body to ensure that any match funding requirements are considered. Where the match funding required is greater than £50,000 and has either been agreed by the Integration Joint Board previously or is included within the current revenue budget, then approval by the Integration Joint Board is not required prior to bidding for grants. Where the match funding element is less than £50,000 and is included within the current revenue budget then approval by the Integration Joint Board is not required prior to bidding for grants. The Chief Finance Officer will be responsible for determining whether funding is contained within the current revenue budget and should be consulted before any grant funding bids are made by officers

3.8.3 The Chief Finance Officer shall ensure that arrangements are in place to:-

- receive and properly record such income in the accounts of the accountable body;
- ensure the audit and accounting arrangements are met; and
- ensure the funding requirements are considered prior to entering into any agreements.

4. FINANCIAL SYSTEMS and PROCEDURES

4.1 INCOME

4.1.1 There is no income to the Integration Joint Board by way of cash transaction. Transfer of resources will be made by NHS Grampian and Aberdeen City Council in respect of the agreed delegated functions. Payment will then be made by the Integration Joint Board for the delivery of these services. The accounting for these transactions will be via book entries in the ledgers of NHS Grampian and Aberdeen City Council.



4.2 AUTHORITY TO INCUR EXPENDITURE

4.2.1 The Chief Officer shall have the authority to incur expenditure within the approved delegated resources from Aberdeen City Integration Joint Board to Aberdeen City Council and NHS Grampian in-line with any supplementary budget that has been approved by the Aberdeen City Integration Joint Board, and subject to the provisions of these Financial Regulations.

4.2.2 Expenditure shall be aligned with the Strategic Plan.

4.3 SCHEME of DELEGATION

4.3.1 Detail included in separate documentation.

4.4 PROCUREMENT and COMMISSIONING

4.4.1 The Public Bodies (Joint Working) (Scotland) Act 2014 provides that the Aberdeen City Integration Joint Board may enter into a contract with any other person in relation to the provision to the Integration Joint Board of goods and services for the purposes of carrying out functions conferred on it by the Act.

4.4.2 Procurement activity will be undertaken in accordance with the guidance prevailing in the Partner organisation to which the Board has given operational Direction for the use of financial resources.

4.5 IMPRESTS

4.5.1 There will be no facility for petty cash unless authorised by the Aberdeen City Integration Joint Board Chief Finance Officer and the necessary security arrangements have been established and have been deemed adequate.

4.5.2 Imprest facilities will be operated within NHS Grampian and Aberdeen City Council and will be contained within their respective established arrangements.

5. FINANCIAL ASSURANCE

5.1 RISK, AUDIT AND PERFORMANCE COMMITTEE

5.1.1 Aberdeen City Integration Joint Board is required to make appropriate and proportionate arrangements for overseeing the system of corporate governance and internal controls. For this purpose the Aberdeen City Integration Joint Board has agreed to the establishment of an audit committee (the Risk, Audit and Performance Committee) and will approve terms of reference. This Committee should operate in accordance with Financial Reporting Council professional guidance for Audit Committees.



5.2 EXTERNAL AUDIT

- 5.2.1 The Accounts Commission will appoint the external auditors to the Aberdeen City Integration Joint Board.
- 5.2.2 External Audit will be required to submit an annual plan to the Aberdeen City Integration Joint Board / Risk, Audit and Performance Committee.
- 5.2.3 External Audit will be required to submit a final report to Aberdeen City Integration Joint Board / Risk, Audit and Performance Committee.
- 5.2.4 The External Auditor appointed to Aberdeen City Integration Joint Board for the purposes of conducting their work, shall:-
- Have a right of access to all records, assets, personnel and premises, including those of partner organisations in carrying out their duties in relation to Integration Joint Board activity.
 - Have access to all records, documents and correspondence relating to any financial and other transactions of the Board and those of partner organisations where it relates to their business with the Board.
 - Require and receive such explanations as are necessary concerning any matter under examination.

5.3 INTERNAL AUDIT - RESPONSIBILITY

- 5.3.1 The role of Internal Audit is to understand the key risks faced by the Aberdeen City Integration Joint Board and to examine and evaluate the adequacy and effectiveness of the system of risk management and internal control as in support of the governance arrangements operated by the Board.
- 5.3.2 The Aberdeen City Integration Joint Board shall secure the provision of a continuous internal audit service to provide an independent and objective opinion on the control environment comprising risk management, governance and control of the delegated resources.
- 5.3.3 Following a decision by Aberdeen City Integration Joint Board on who will provide the Internal Audit service, a Chief Internal Auditor will be nominated.
- 5.3.4 Where the internal audit services are provided by either NHS Grampian or Aberdeen City Council (or indeed a shared service), such provision should be subject to a formal service level agreement and subject to periodic review.
- 5.3.5 The operational delivery of internal audit services within NHS Grampian and Aberdeen City Council will be contained within their respective established arrangements.
- 5.3.6 The Internal Audit Service provided to Aberdeen City Integration Joint Board will undertake its work in compliance with the Public Sector Internal Audit Standards.



- 5.3.7 Prior to the start of each financial year the Aberdeen City Integration Joint Board Chief Internal Auditor will prepare and submit a strategic risk based audit plan to the Aberdeen City Integration Joint Board for approval. It is preferable that this be shared with the relevant Committees of NHS Grampian and Aberdeen City Council.
- 5.3.8 The Chief Internal Auditor shall report to the Integration Joint Board via the Risk, Audit and Performance Committee at regular intervals throughout the year on the outcomes of audit work completed and on progress towards delivery of the agreed annual plan; and provide an annual assurance opinion based on the overall findings from the audit.
- 5.3.9 Such Internal Audit work shall not absolve senior management of the responsibility to ensure that all financial transactions are undertaken in accordance with the Financial Regulations and Standing Orders and that adequate systems of internal control exist to safeguard assets and secure the accuracy and reliability of records.
- 5.3.10 It shall be the responsibility of senior management to ensure that access and explanations requested by Internal Audit are provided in a timely manner.
- 5.3.11 The Chief Internal Auditor has the right to report direct to the Integration Joint Board in any instance where he or she deems it inappropriate to report to the Chief Officer, Chief Finance Officer or Risk, Audit and Performance Committee.
- 5.3.12 Where recommendations resulting from Internal Audit work have been agreed, the Chief Officer shall ensure that these are implemented within the agreed timescale. Regular progress reports will be sought by Internal Audit and it is the responsibility of the Chief Officer to ensure that these are provided when requested along with explanations of any recommendations not implemented within the agreed timescale.

5.4 INTERNAL AUDIT - AUTHORITY

- 5.4.1 The Chief Internal Auditor or their representatives shall have the authority, on production of identification to obtain entry at all reasonable times to any premises or land used or operated by Aberdeen City Integration Joint Board in order to review, appraise and report on the areas detailed below:-
- The adequacy and effectiveness of the systems of financial, operational and management control and their operation in practice in relation to the business risks to be addressed.
 - The governance arrangements in place by reviewing the systems of internal control, risk management practices and financial procedures.



- The extent of compliance with policies, standards, plans and procedures approved by the Board and the extent of compliance with regulations and reporting requirements of regulatory bodies.
- The suitability, accuracy, reliability and integrity of financial and other management information and the means used to identify, measure and report such information.

5.4.2 In addition, the Chief Internal Auditor or their representatives, for the purposes of conducting their work, shall:-

- Have a right of access to all records, assets, personnel and premises, when carrying out their duties in relation to Integration Joint Board activity.
- Have access to all records, documents and correspondence relating to any financial and other transactions of the Board and those of partner organisations where it relates to their business with the Board.
- Require and receive such explanations as are necessary concerning any matter under examination.

5.5 FRAUD, CORRUPTION & BRIBERY

5.5.1 Every member of Aberdeen City Integration Joint Board and its representatives shall observe these Financial Regulations within the sphere of their responsibility. They have a duty to bring to the immediate attention of the Chief Finance Officer / Chief Internal Auditor any suspected fraud or irregularity in any matter that would contravene these regulations.

5.5.2 There are a range of confidential routes available to the Aberdeen City Integration Joint Board and its representatives who wish to ask for advice or to report suspected fraudulent activity;

- Your Line Manager
- Your HR Manager
- NHS Counter Fraud Services (CFS) Fraud Hotline on – 08000 15 16 28
- NHS Grampian's Fraud Liaison Officer – Assistant Director of Finance (Financial Services) on 01224 556211
- Aberdeen City Council's Corporate Investigations Team on 01224 523526

All information provided is treated in the strictest of confidence and individuals who raise genuine concerns are protected by law, regardless of the outcome of any investigation that they initiate.

The fraud policies of both NHS Grampian and Aberdeen City Council are available via their respective Intranets.



5.5.3 When a matter arises where it is suspected that an irregularity exists in the exercise of the functions of Aberdeen City Integration Joint Board, the Chief Finance Officer in conjunction with the Chief Internal Auditor and the Chief Officer, will take such steps as may be considered necessary by way of investigation and report.

5.6 INSURANCE

5.6.1 The Chief Officer in conjunction with the Chief Finance Officer will ensure that the risks faced by the Board are identified and quantified and that effective measures are taken to reduce, eliminate or insure against them.

5.6.2 Aberdeen City Integration Joint Board is a member of the Clinical Negligence and Other Risks Scheme (CNORIS). The cover provided is in relation to indemnity for Aberdeen City Integration Joint Board Members only, in respect of decisions made by the members in their capacity on the Board. All other cover required is provided by NHS Grampian and Aberdeen City Council.

5.6.3 The Chief Officer is responsible for ensuring that there are adequate systems in place for the prompt notification in writing to the Chief Finance Officer of any loss, liability, damage or injury which may give rise to a claim, by or against the Board.

5.6.4 The Chief Officer in conjunction with the Chief Finance Officer shall annually or at such other period as may be considered necessary, review all insurances. Any required changes should be reported to Aberdeen City Integration Joint Board.

5.6.5 The Chief Officer in conjunction with the Chief Finance Officer of Aberdeen City Integration Joint Board will review the requirement for membership of the Scottish Government (CNORIS) on an annual basis.

5.7 VAT

5.7.1 HMRC have confirmed that there is no VAT registration requirement for Integration Joint Boards under the VAT Act 1994 as it will not be delivering any services that fall within the scope of VAT.

5.7.2 Should the activities of the Board change in time and it becomes empowered to provide services, then it is essential the VAT treatment of any future activities or services delivered are considered in detail by the Chief Finance Officer to establish if there is a legal requirement for the Integration Joint Boards to register for VAT.

5.7.3 The Chief Officer and Chief Finance Officer must remain cognisant of possible VAT implications arising from the delivery of the Strategic Plan. The Partner



organisations should be consulted in early course on proposals which may have VAT related implications for them.

5.8 GIFTS and HOSPITALITY / REGISTER of INTEREST

5.8.1 Members and employees should comply with their respective codes of conduct when offered gifts, gratuities and hospitality. NHS Grampian and Aberdeen City Council both maintain a register of gifts and hospitality offered.

5.8.2 A central register of gifts and hospitality will be maintained by the Aberdeen City Integration Joint Board. For the offers of any hospitality or gift, approval must be sought from the relevant line manager prior to acceptance and for offers exceeding £30 details must be intimated in writing for including in the register. Reference should be made to the respective codes of conduct.

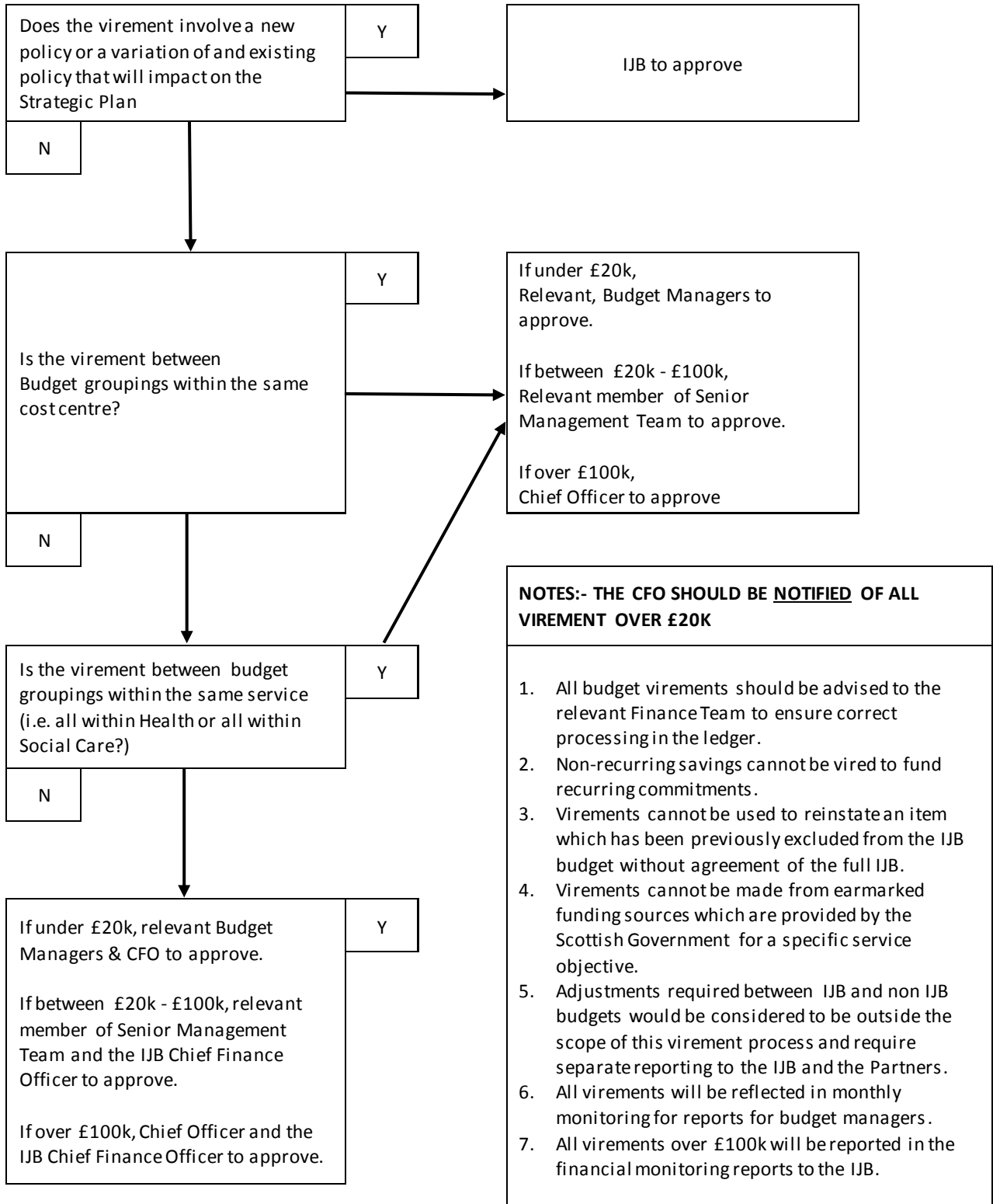
5.8.3 A separate Register of Interests for board members is to be maintained by the Clerk to the Aberdeen City Integration Joint Board.

6 REVIEW OF FINANCIAL REGULATIONS

6.1 These Financial Regulations shall be subject to review on an ongoing basis, and at a minimum of every year by the Aberdeen Integration Joint Board Chief Finance Officer and where necessary, subsequent amendments will be submitted to Aberdeen City Integration Joint Board for approval. Financial Regulations should be considered alongside other Governance documents including Standing Orders and Scheme of Delegation.



APPENDIX 1 – IJB VIREMENT APPROVAL RESPONSIBILITY CHART



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RISK, AUDIT AND PERFORMANCE COMMITTEE

| | |
|---|---|
| Date of Meeting | 17 November 2022 |
| Report Title | Strategic Delivery Plan Dashboard |
| Report Number | HSCP22.094 |
| Lead Officer | Paul Mitchell, Chief Finance Officer |
| Report Author Details | Michelle Grant Senior Project Manager migrant@aberdeencity.gov.uk |
| Consultation Checklist Completed | Yes |
| Appendices | <ul style="list-style-type: none"> a. Quarter 2 Delivery Plan Overview b. Delivery Plan Dashboard |

1. Purpose of the Report

- 1.1. This report seeks to provide information to the Risk, Audit and Performance Committee regarding the progress being made on the Delivery Plan as outlined within the Strategic Plan 2022-2025.

2. Recommendations

- 2.1. It is recommended that the Risk, Audit and Performance Committee note the Quarter 2 Delivery Plan Overview and Dashboard as appended to this report.

3. Summary of Key Information

- 3.1. Aberdeen City Health and Social Care Partnership (ACHSCP) Strategic Plan 2022-2025 was approved by the Integration Joint Board in June 2022 (HSCP22.013). The Delivery Plan appended to the Strategic Plan outlines how the partnership intends to achieve its strategic aims. Appendix A and B provide the opportunity for the Risk, Audit and Performance Committee to review the progress made from June 2022 to date.
- 3.2. Appendix A provides the RAPC with some context around the work which has been progressing since the Quarter 1 update was provided in August.



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Significant steps forward have been taken with the Carers Strategy and the Workforce Strategy both now being in draft and presented to IJB.

- 3.3. System pressure continues to challenge frontline services, and this has had an impact on the pace of progress able to be achieved in some projects. The Delivery Plan outlines the intention to increase the number of beds in the H@H team to 100 during the life of the ACHSCP Strategic Plan. In September, there was a need to reduce the number of beds available from 25 to 15 due to staff shortages. At the start of October, this has increased to 20 available beds and there is a recruitment drive in place to enable the intention to be able to provide 45 beds within H@H over the winter period.
- 3.4. Appendix B displays the Delivery Plan Dashboard. Where possible, the latest data has been presented, however in some cases we are awaiting quarter 2 data to be verified and this will be uploaded to the dashboard when it becomes available. This will be presented to RAPC within the next scheduled delivery plan update in February 2023.
- 3.5. The Senior Leadership Team are currently reviewing the range of performance reporting undertaken and the performance measures used. Our reporting needs to meet a variety of needs from progress against the Strategic Plan, through information required to manage and improve service delivery, and granular data in relation to measure impacting whole system pressure on a daily basis. Part of the review is around understanding data interpretation and it is planned to include more context in future in relation to any data that we submit for review.

4. Implications for Risk, Audit and Performance Committee

- 4.1. **Equalities, Fairer Scotland and Health Inequality** - There are no direct equalities implications arising from this report. All implications were considered when agreeing the Strategic Plan 2022-2025.
- 4.2. **Financial** - There are no direct financial implications arising from this report. All implications were considered when agreeing the Strategic Plan 2022-2025.



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- 4.3. **Workforce** - There are no direct implications arising from this report. All implications were considered when agreeing the Strategic Plan 2022-2025.
- 4.4. **Legal** - There are no direct implications arising from this report. All implications were considered when agreeing the Strategic Plan 2022-2025.
- 4.5. **Covid 19** - There are no direct implications arising from this report. All implications were considered when agreeing the Strategic Plan 2022-2025.
- 4.6. **Unpaid Carers** - There are no direct implications arising from this report. All implications were considered when agreeing the Strategic Plan 2022-2025.
- 4.7. **Other** - None

5. Links to ACHSCP Strategic Plan

- 5.1. This report demonstrates the progress made on the main elements of the delivery plan as outlined in the Strategic Plan 2022-2025. This therefore provides assurance and accountability on whether we are achieving our strategic aims.

6. Management of Risk

6.1. Identified risks(s)

There is a risk, if the outcomes within the Delivery Plan are not delivered as expected that the Strategic Aims, Commitments and Priorities of ACHSCP will be negatively impacted.

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

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

Cause: Performance standards/outcomes are set by national and regulatory bodies and those locally determined performance standards are set by the board itself.



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Event: 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.

Consequence: This may result in harm or risk of harm to people.

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

Ensuring that a robust assurance process is in place for monitoring progress of the Delivery Plan 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 Delivery Plan in 2022-23. Progress on the Delivery Plan relates to the general performance of the ACHSCP and progress towards achieving or maintaining national and local performance indicators.



Strategic Plan 2022-2025

Delivery Plan August- October Update

This report looks to inform the Risk, Audit and Performance Committee of the progress being made on the ACHSCP Delivery Plan (as outlined in the ACHSCP Strategic Plan 2022-2025) between August – October 2022. Some elements of the data included within the Delivery Plan Dashboard have been difficult to obtain for the full Quarter 2 as data is still being verified, however where this applies, this will be updated in due course. The following gives an overview of the work ongoing in each themed area of the Delivery Plan, and will provide some context around its progress and the challenges faced.

Caring Together

Good progress is being made on the Redesign of Adult Social Work, implementation of the recommendations from the Adult Support and Protection Inspection, and development of a Transitions Plan. Work has begun on the Justice Social Work Delivery Plan with initial meetings taking place and responsibilities confirmed. A delivery plan working group to oversee the implementation of the plan is to be established and membership confirmed with the first meeting taking place in November.

The Strategic Review of Social Care pathways programme is ongoing with the establishment of the project team and a wider multi agency project board being set up. An initial workshop has been held that has helped to determine the areas of focus for the implementation plan. The project board met for the first time at the end of September with the terms of reference for the group being discussed and confirmed. A cross sector, 'lower-level' care workshop is being planned towards the end of the year and the project group are looking at the specific areas to be covered at the workshop. An initial draft of the implementation plan is to be taken to the Senior Leadership team for approval in November.

A review of locality planning arrangements has begun which includes proposals to develop the Locality Empowerment Groups (LEGs) and to streamline and prioritise community ideas which will aid delivery of the Locality Plans. A survey around LEG membership has been completed and an action plan is being devised focusing on how engagement can be strengthened. Recruitment to the post of Engagement Officer is nearing completion which will provide resource to roll out Public Engagement training



across the partnership. The first test of change of a Priority Intervention Hub has gone live within the 'Get Active Northfield' facility.

Work is ongoing to reallocate space at Carden Medical Practice and the timescale for services to move into the building is due to be confirmed by the Senior Leadership Team before the end of November 2022.

Meetings have been held with GP practices with regards to the GP Practice Sustainability project with a City wide event held on 6th September. A report is being submitted to the November Clinical Care and Governance Committee presenting its findings.

The Primary Care Improvement Plan Annual Funding Letter was received in August 2022. Whilst it confirmed a recurring annual budget and associated uplifts for pay-awards on an ongoing basis, it also stated that "*any locally held reserves should be invested in the implementation of PCIPs in 2022-23 before further funding is requested*". This essentially means that the £4.2 million underspend held by ACHSCP is no longer available, as it has been assumed into the 22-23 funding.

The Carers Strategy is currently in draft and is being presented to the JJB in October. It focuses on four main strategic priorities; identifying as a carer and the first steps to support, accessing advice and support, supporting future planning, decision making and wider carer involvement and community support and services for carers. If the draft plan is approved, it will go out for public consultation from 12th October to 12th November.

Keeping People Safe at Home

Project Initiation Documents for the Strategic Review of Neuro Rehabilitation are in place. Project Group set up, first meeting taking place 29/9. Comms Plan and engagement events in place.

H@H is currently experiencing a high absence rate in medical and ANP staffing. An SBAR was submitted to SLT to reduce bed capacity from 25 to 15 frailty beds until early October. As of 3rd October, beds capacity has increased to 20. There is a risk that the ongoing impact of staffing levels will have a significant effect on the expansion of the service to 45 beds for Winter 2022. Recruitment for all vacancies to support the 45 beds is continuing to ensure staff are in post for winter. Alternative models of delivering care with reduced consultant input are also being trialled during the reduced bed capacity period. (H@H) have been identified as one of the 4 priorities for the System Wide Critical



Response as a result is creating ramped up performance trajectories and an action plan to be delivered by 04.11.2022.

A series of urgent reviews are being undertaken within the Frailty Pathway in order to identify mitigations against current pressures. The Frailty Pathway oversight group will consider a new programme plan, focusing on the key objectives for the upcoming winter, with the recommendation to pause the previous programme plan until the Spring. This will focus on building community capacity, increasing efficiencies for the Geriatrician team, and developing the access to rapid assessment (also a priority in the System Wide Critical Response work)

The Bed Based Review has commenced but will not be delivered within the original target date. The aim of the review is to inform future planning beyond the winter period so the delay will not unduly impact.

Preventing Ill Health

The Alcohol and Drug partnership meet regularly to monitor the progress of initiatives to reduce the use of alcohol and drugs. Dashboard produced and monitored weekly.

The focus of the Immunisation Blueprint is currently on delivering Covid and Flu vaccinations over the autumn/winter period. As all NHSG and HSCP services are operating normally, and we are no longer in emergency contingency arrangements there is not the same pool of staff to deliver the programme as during the mass vaccination response. Successful delivery of the programme will depend on the uptake of shifts meeting demand.

In terms of Active Lives, a number of initiatives continue. These include facilitating connections between sport providers, OT and other health and social care staff for Specialist Referrals for long term conditions; promotion of the Community Physical Activity Plan - a kickstart/entry level opportunity to re-join or re-start any physical activity ambitions for older adults; the Physical Activity Academy – plans to pilot upskilling of BAC staff in Sheltered Housing in Strength and Balance exercises and delivery; linking with ‘Ashgrove Connects’ to discuss opportunities for active travel health behaviour change opportunities within project; and working in partnership with Sport Aberdeen delivering classes using Physical Activity packs with older people.

NHSG have purchased licenses to issue the Smoking Cessation App to groups. Following a successful pilot resources are being updated in relation to reduction in second hand smoke. ASH Scotland resources have been shared with the Youth Network



to train staff in tobacco awareness. In partnership with ACC Trading Standards, promotional posters were shared on bus stops to increase public awareness of free phone numbers to encourage reporting of proxy and counterfeit tobacco sales.

Stay Well Stay Connected (SWSC) in September launched the 'Stand up to Falls 2022' in partnership with Bon Accord Care & Sport Aberdeen. The month-long campaign brings together a range of activities and exercises for older adults to reduce the likelihood of falls this winter and beyond. SWSC in partnership with Aberdeen Football Club Community Trust secured a box at Pittodrie so that adults with dementia can have a relaxed match day experience. In addition, sensory kits were provided to individuals to help reduce any anxiety. The experience was enjoyed by all with one gentleman taking his first trip out since March 2020.

Achieving Health Fulfilling Lives

In relation to Net Zero Emissions Target, engagement work with key stakeholders including across Aberdeenshire and Moray teams has continued. The project lead joined the Sustainable City Meeting Group to ensure linkages to the LOIP and Climate related improvement projects. An Oversight Group has been established and meet on 30 Sep 2022, with a full report going to IJB on 29 Nov 2022

The Complex Care Market Position Statement has been developed and is being brought to IJB in October. It is designed to supply detail to providers of support and accommodation on the needs of this group.

The Mental Health and Learning Disabilities Programme has established a range of workstreams including a recently formed Psychological Therapies Improvement Board. Scoping is progressing on the model of delivery for Learning Disability Annual Health Checks with indications that the roll out timeline will be adjusted as necessary funding allocations have not been made to date.

Making Every Opportunity Count (MEOC) training has been reviewed and updated. There has been co-delivery of MEOC by the Lifelong Learning Librarian and a Health Improvement Officer to approximately 50 new ACC Library staff who are awaiting training with confirmation of date still to be confirmed. Delivery of MEOC is being explored with the neighbourhood Health Improvement Officers. The top 20 Services referred to by Aberdeen Links Service (Social Prescribing) have been identified. Eight Services will be targeted during August to become a 'Click to be Contacted' service on Scotland's Service



Directory. This will allow referrals to be made via the Scotland's Service Directory to the delivery organisation. If these services are signed up as 'Click to be Contacted', a MEOC interactive referral from will be tested with specific organisations.

Strategic Enablers

ACHSCP Workforce Plan. In April this year, after publishing the National Workforce Strategy for Health & Social Care, the Scottish Government issued a workforce plan guidance letter to all Health & Social Care Partnerships (HSCPs). Three key deadlines were set;

- 31 July 2022 – draft plan compiled and submitted to the Scottish Government Programme Office for HSCP workforce plans
- 31 August 2022 – feedback expected from the Programme Office for consideration
- 31 October 2022 – final workforce plan published on ACHSCP website.

A short life working group was established comprising of leads from the various staffing groups across ACHSCP and supported by the Transformation Programme Manager for Strategy to develop the ACHSCP Workforce Plan. This group initially met every 3 weeks and then weekly in the lead up to the end of July 2022 when the initial draft workforce plan was submitted to the Programme Office. The draft workforce plan is aligned with the ACHSCP Strategic Plan 2022-2025 and focuses on the three essential cost elements: recruitment and retention, mental health and wellbeing, and growth and opportunities. A wider workforce consultation is underway to obtain feedback on the draft plan which will be considered alongside feedback from the Programme Office when received. The final version will be presented to IJB on 29 November 2022.

The Commissioning Development Workplan is being developed with the Aberdeen City Health and Social Care Partnerships Commissioning Lead. The Commissioning Contracts workplan is also in development and is being reviewed by the Strategic Commissioning Project Board. The evaluation of the Rubislaw Park End of Life Care beds has been submitted to October IJB, with the intention that a business case will be developed to be presented at November IJB.

[AGILE](#) has been refreshed and relaunched and looks to assist people in navigating their way through what's available in Aberdeen to support independent living and this will include supporting the new Care Coordinator Tech role so we can embed digital solutions and signposting as a way to assist with early intervention.

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CARING TOGETHER

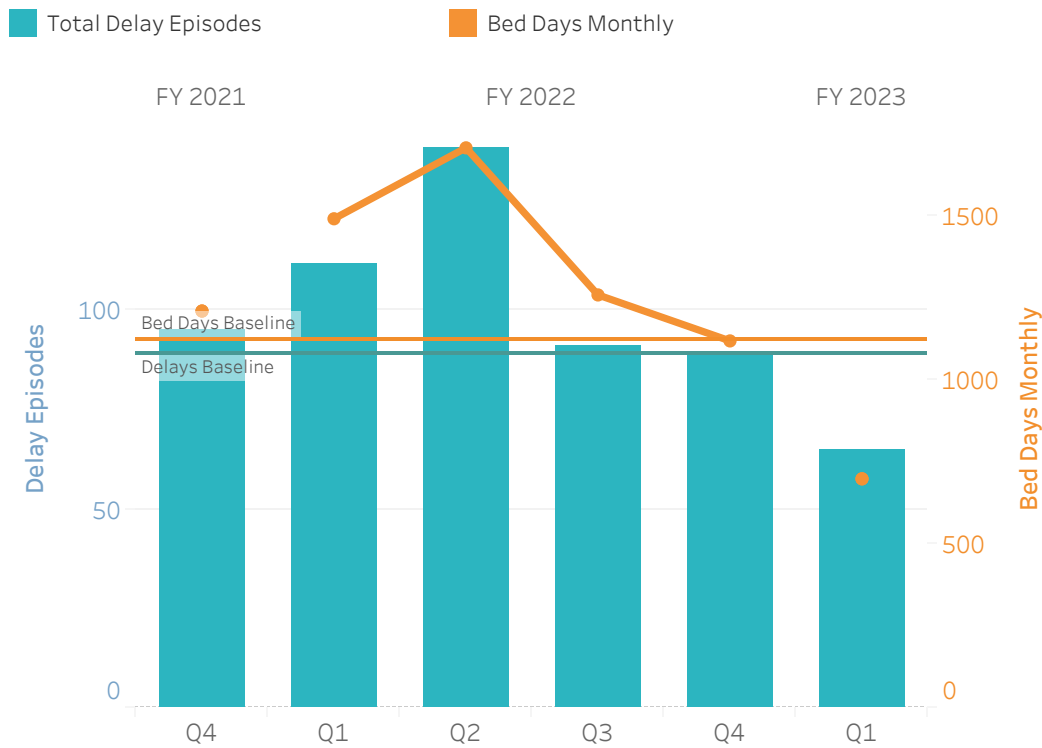
UNDERTAKE SOCIAL CARE PATHWAY STRATEGIC REVIEWS - IMPLEMENTATION PLAN BY NOV 2022

DELAYED DISCHARGES

| Baseline Position: Sum of Delays Jan-Mar 2022 | | Latest Complete Quarter FY 2023 Q1 | |
|--|------------------|--|------------------|
| Total Delay Episodes | Bed Days Monthly | Total Delay Episodes | Bed Days Monthly |
| 89 | 1,118 | 65 | 698 |

Monthly Breakdown

| | July 2022 | August 2022 | September 2022 |
|----------------------|-----------|-------------|----------------|
| Total Delay Episodes | 41 | 50 | 38 |
| Bed Days Monthly | 488 | 677 | 454 |

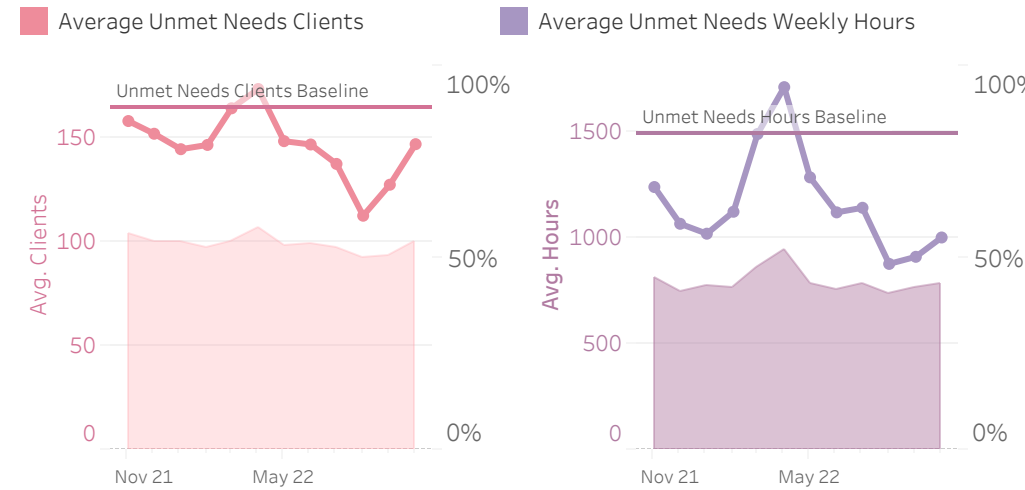


UNMET NEED

| Baseline: Average Unmet Needs Clients and Hours March 2022 | | Latest Complete Quarter 2022 Q3 | |
|--|----------------------------------|---------------------------------------|----------------------------------|
| Average Unmet Needs Clients | Average Unmet Needs Weekly Hours | Average Unmet Needs Clients | Average Unmet Needs Weekly Hours |
| 164 | 1,489 | 126.5 | 992 |

Figure

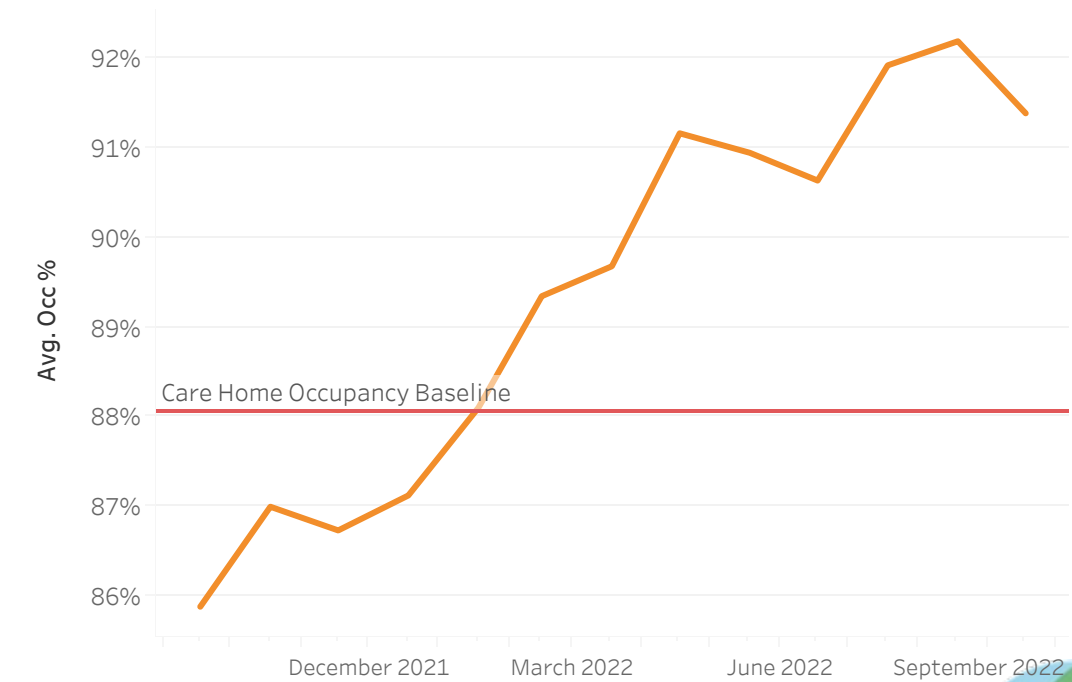
| | July 2022 | August 2022 | September 2022 | October 2022 |
|----------------------------------|-----------|-------------|----------------|--------------|
| Average Unmet Needs Clients | 138 | 113 | 128 | 147 |
| Average Unmet Needs Weekly Hours | 1,142 | 877 | 910 | 1,002 |



CARE HOME OCCUPANCY

| Baseline Position: Avg Occupancy Jan - Mar 2022 FY 2022 Q4 | Avg Occupancy for Latest Complete QTR FY 2023 Q2 |
|---|--|
| 88.20% | 91.58% |

| | July 2022 | August 2022 | September 2022 | October 2022 |
|-------------------|-----------|-------------|----------------|--------------|
| Average Occupancy | 90.64% | 91.93% | 92.20% | 91.39% |



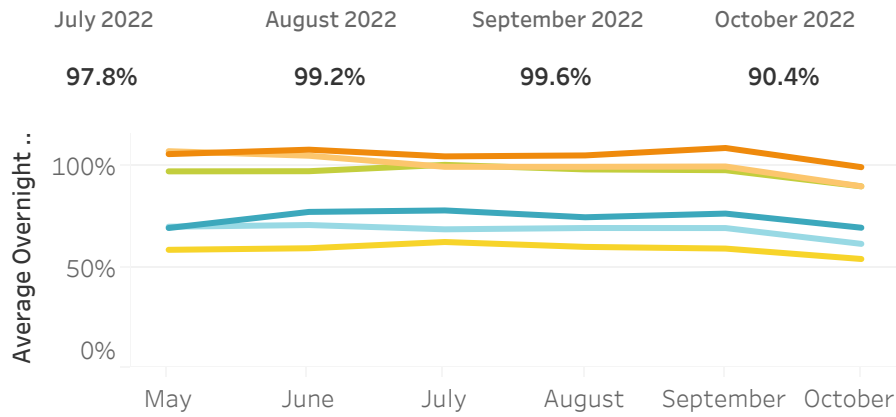
KEEPING PEOPLE SAFE AT HOME

REHABILITATION STRATEGIC REVIEW - IMPLEMENTATION PLAN BY APRIL 2023

SOARS OCCUPANCY

| | |
|---|--|
| Baseline Position: Average Occupancy for Jan - Mar 2022 | Latest Complete QTR 2022 Q3 |
| 93.7% | 98.9% |

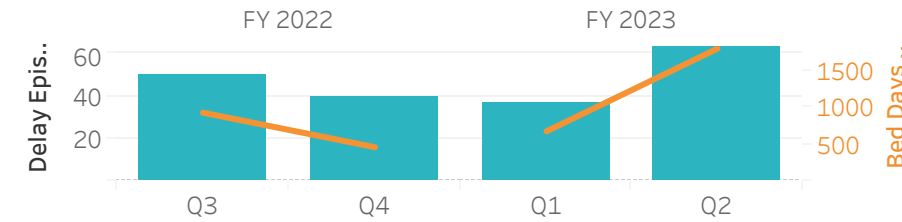
Monthly Breakdown



SOARS DELAYED DISCHARGES (STANDARD AND COMPLEX)

| | | | |
|---|------------------|---|------------------|
| Baseline Position: Sum of Delays Oct-Dec 2021 | | Latest Complete Quarter FY 2023 Q1 | |
| Total Delay Episodes | Bed Days Monthly | Total Delay Episodes | Bed Days Monthly |
| 50 | 928 | 37 | 675 |

| | May 2022 | July 2022 | August 2022 | September 20.. |
|----------------------|------------|------------|-------------|----------------|
| Total Delay Episodes | 18 | 36 | 33 | 32 |
| Bed Days Monthly | 311 | 580 | 681 | 537 |

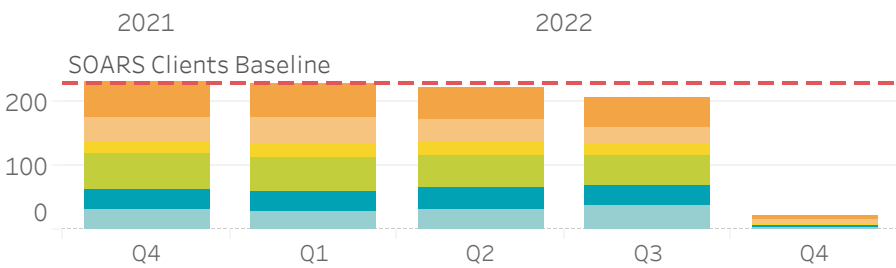


SOARS ADMISSIONS

| | |
|---|---|
| Baseline Position: Admissions Jan - Mar 2022 | Current Position: Admissions for Latest Complete QTR 2022 Q3 |
| 230 | 207 |

Monthly Breakdown

| Month | Admissions |
|----------------|------------|
| July 2022 | 69 |
| August 2022 | 71 |
| September 2022 | 67 |
| October 2022 | 22 |

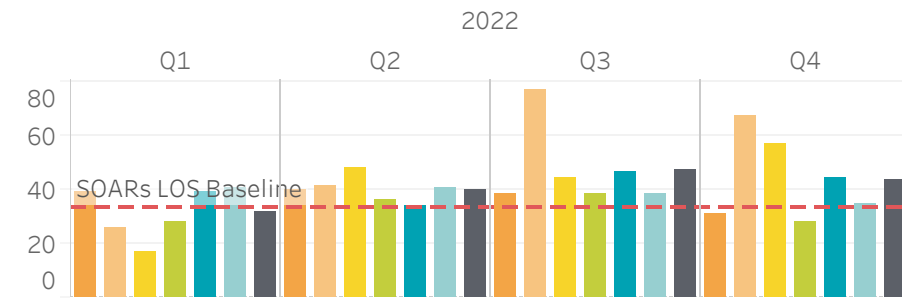


SOARS LENGTH OF STAY

| | |
|--|--|
| Baseline Position: Average LOS Jan - Mar 2022 | Current Position: Average LOS for Latest Complete QTR 2022 Q3 |
| 33.91 | 44.64 |

Monthly Breakdown

| Month | Average LOS |
|----------------|--------------|
| July 2022 | 35.43 |
| August 2022 | 46.58 |
| September 2022 | 52.65 |
| October 2022 | 42.99 |



Links Unit At .. Morningfield .. Neuro Rehab .. Orthopaedic R.. Stroke Unit Ea.. Stroke Unit W.. Total

FALLS



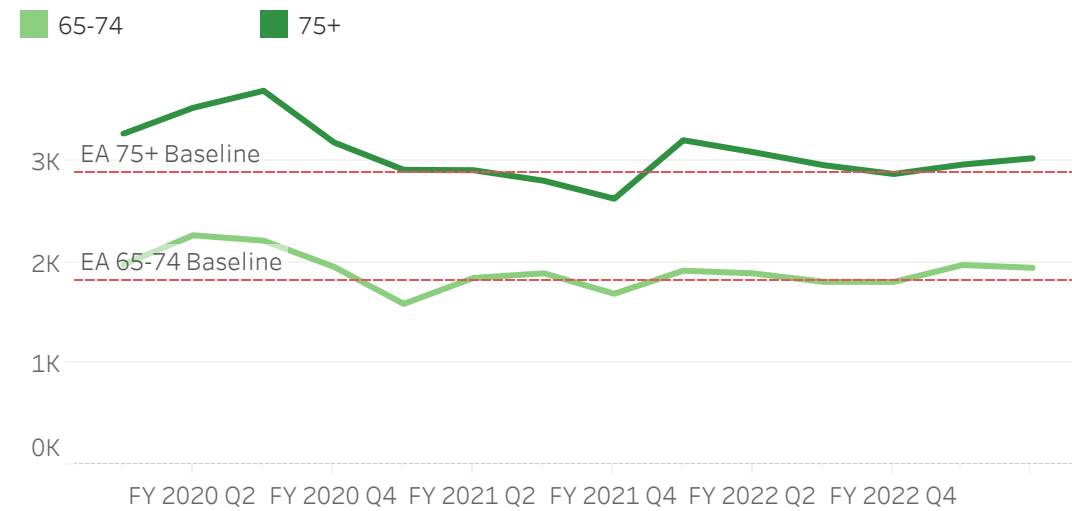
KEEPING PEOPLE SAFE AT HOME

UNSCHEDULED CARE

EMERGENCY ADMISSIONS

| Baseline Position: Jan - Mar 2022 | | Latest Position: Emergency Admissions | |
|-----------------------------------|-------|---------------------------------------|-------|
| Q4 | | FY 2023 | |
| 65-74 | 75+ | 65-74 | 75+ |
| 1,807 | 2,872 | 1,946 | 3,027 |

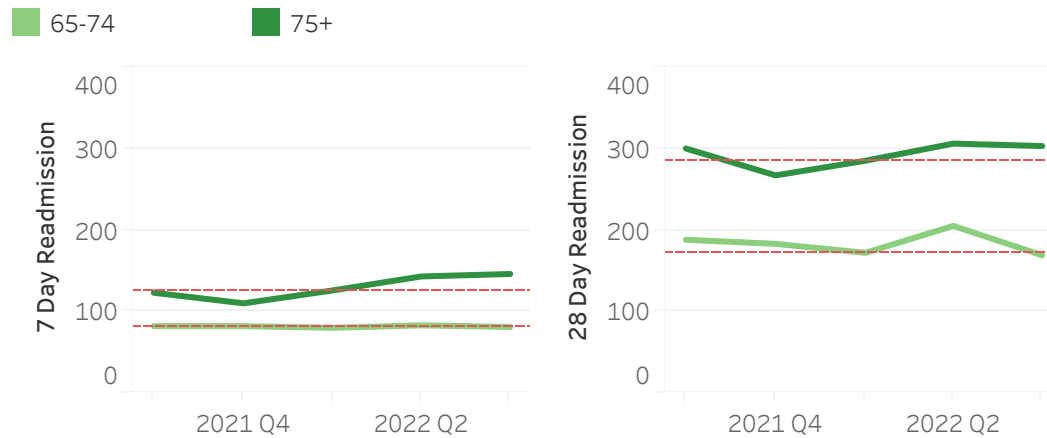
| | FY 2022 | | FY 2023 | |
|-------|---------|-------|---------|-------|
| | Q3 | Q4 | Q1 | Q2 |
| 65-74 | 1,808 | 1,807 | 1,974 | 1,946 |
| 75+ | 2,959 | 2,872 | 2,965 | 3,027 |



READMISSIONS

| Baseline Position: Jan - Mar 2022 | | Latest Position: Readmissions | |
|-----------------------------------|-----|-------------------------------|-----|
| Q1 | | 2022 | |
| 65-74 | 75+ | 65-74 | 75+ |
| 80 | 126 | 81 | 146 |
| 172 | 285 | 169 | 303 |

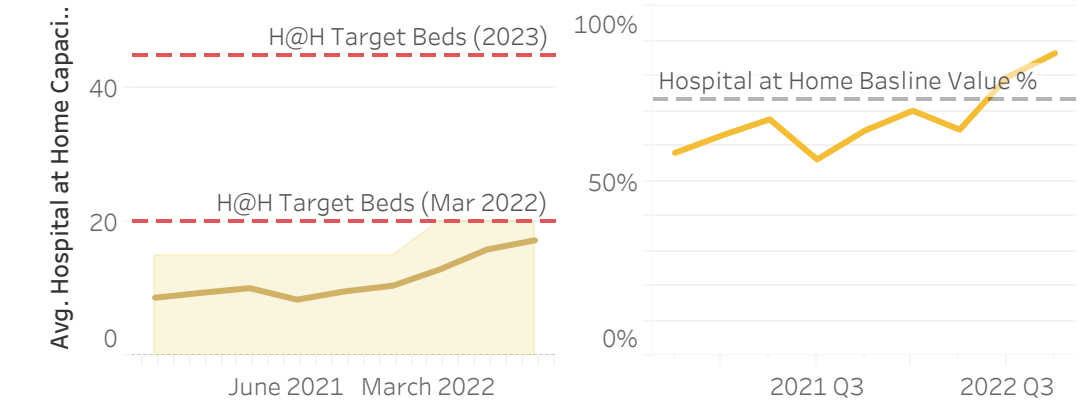
| | 2021 | | 2022 | |
|---------|------|-----|------|-----|
| | Q4 | Q1 | Q2 | Q3 |
| 7 Days | 192 | 206 | 226 | 227 |
| 28 Days | 450 | 457 | 511 | 472 |



HOSPITAL AT HOME OCCUPANCY

| Baseline Position: Average Occupancy Jan - Mar 2022 | | Latest Complete QTR 2022 | |
|---|----------------------------------|--------------------------|----------------------------------|
| Q3 | | Q3 | |
| Average Occupancy % | Average Overnight Beds Occupancy | Average Occupancy % | Average Overnight Beds Occupancy |
| 70% | 11 | 80% | 16 |

| | Average Overnight Occupancy: Monthly Breakdown | | | |
|----------------------------------|--|-------------|----------------|--------------|
| | July 2022 | August 2022 | September 2022 | October 2022 |
| Average Occupancy % | 81.1% | 87.6% | 69.8% | 86.5% |
| Average Overnight Beds Occupancy | 16.23 | 17.52 | 13.97 | 17.30 |



ADAPTATIONS

| Year | Major Adaptations | Minor Adaptations |
|---------|-------------------|-------------------|
| 2019/20 | 410 | 654 |
| 2020/21 | 63 | 295 |
| 2021/22 | 156 | 610 |

TELECARE

| Year | Community Alarm | Telecare package |
|---------|-----------------|------------------|
| 2018/19 | 1,569 | 1,234 |
| 2019/20 | 3,105 | 1,230 |
| 2020/21 | 1,313 | 1,230 |
| 2021/22 | 1,365 | 1,242 |

CARE AT HOME INTENSIVE NEEDS PATIENTS



PREVENTING ILL HEALTH

PREVENTION

ALCOHOL AND DRUG RELATED ADMISSIONS

Baseline Position: Total Admissions for Jan - Mar 2022

Alcohol Related Admissions

214

Drug Related Admissions

205

Total Admissions for Latest Complete Quarter

FY 2023

Q2

Alcohol Related Admi..

124

Drug Related Admissi..

127

SEXUAL HEALTH

Baseline: Total Clinic Visits Jan - Mar 2022

FY 2022

Q4

11,805

Latest QTR: Total Clinic Visits

FY 2023

Q1

12,373

IMMUNISATIONS

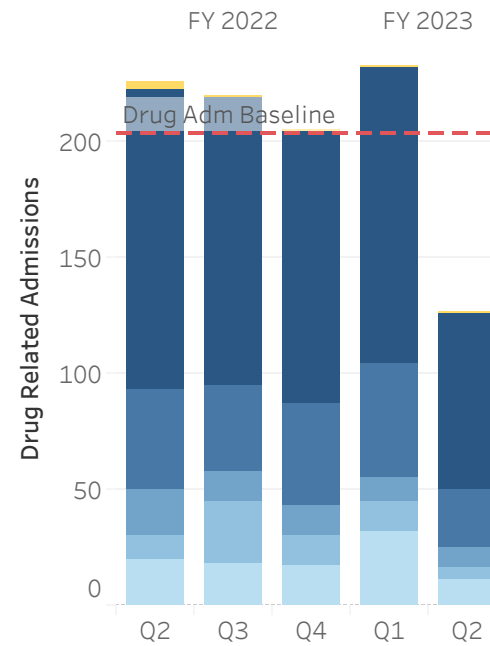
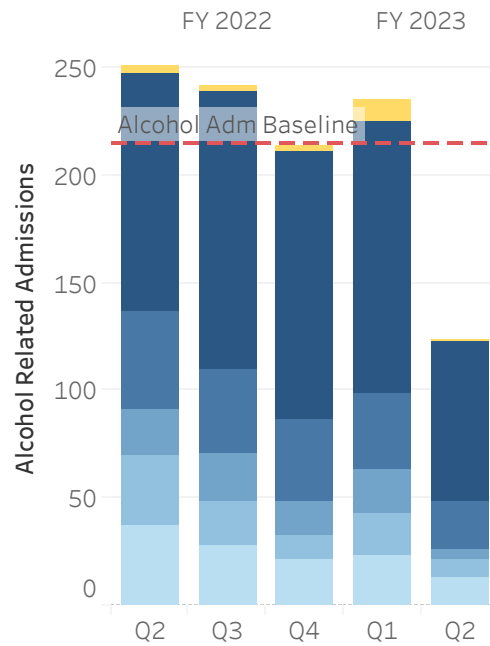
Monthly Breakdown

July 2022 August 2022 September 2022

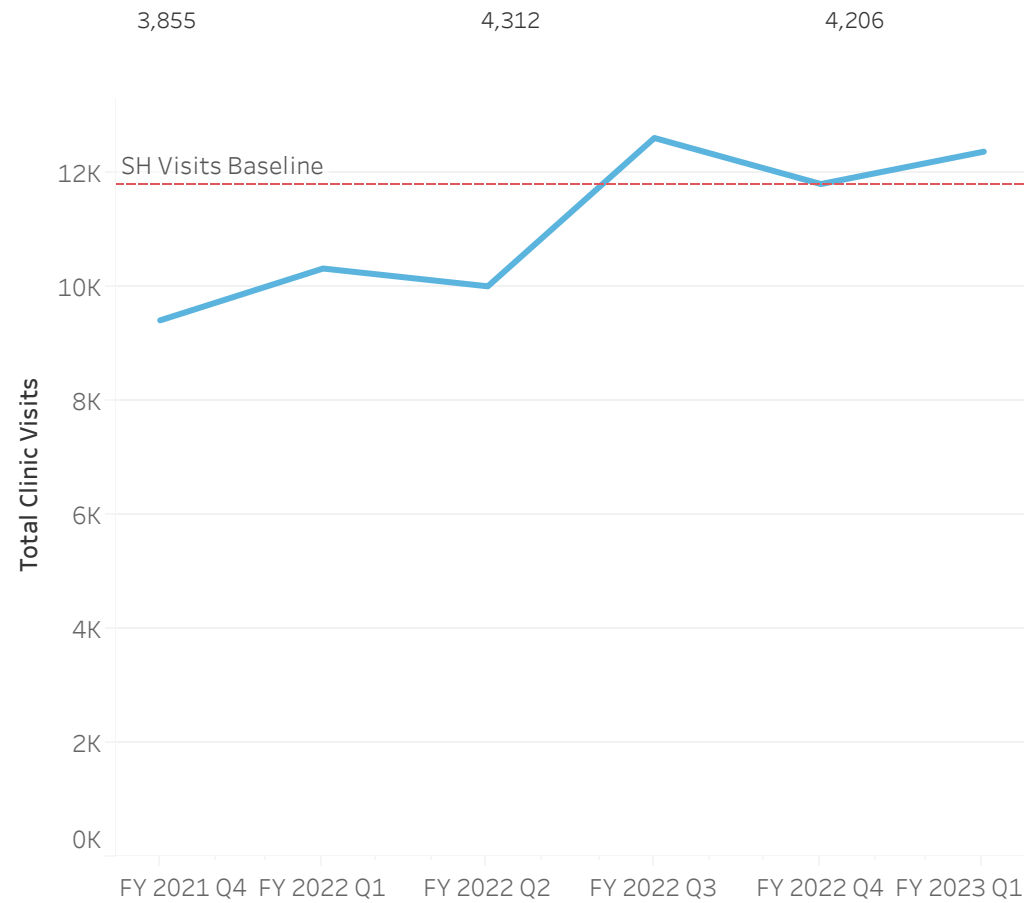
| | | | |
|----------------------------|----|----|---|
| Alcohol Related Admissions | 63 | 60 | 1 |
| Drug Related Admissions | 69 | 56 | 2 |

Local SIMD Quintile

Null 1 2 3 4 5



April 2022 May 2022 June 2022



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.

Workstream Statuses

Red: Serious issues and the project will probably be delayed or have significant budget overrun.
Amber: Potential issues with schedule or budget, but both can probably be saved with corrective actions.
Green: On schedule, on budget, all good.

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.

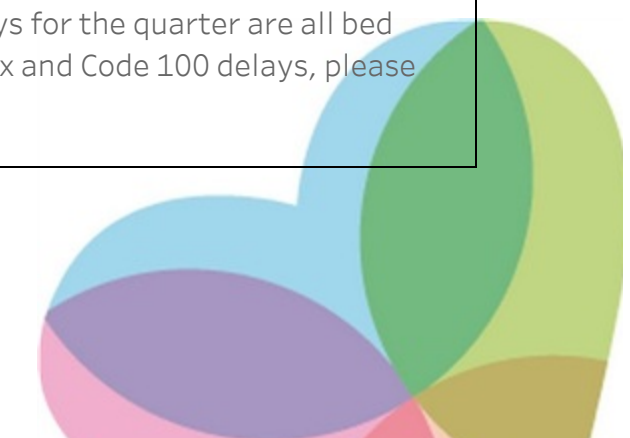
Length of Stay - This figure is the average length of stay within the ward for all patients (not just city patients), from the ward start date to the ward end date. **This is not overall admission time to discharge.** Patients who move wards will be included in this figure.

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.**





INTEGRATION JOINT BOARD

| | |
|---|--|
| Date of Meeting | 17 th November 2022 |
| Report Title | ACHSCP Annual Performance Report |
| Report Number | HSCP22.097 |
| Lead Officer | Sandra MacLeod Chief Officer |
| Report Author Details | Alison MacLeod, Lead for Strategy and Transformation. alimacleod@aberdeencity.gov.uk |
| Consultation Checklist Completed | Yes |
| Directions Required | No |
| Appendices | a. ACHSCP Annual Performance Report 2021-2022 |

1. Purpose of the Report

- 1.1. The purpose of this report is to present to the Risk, Audit and Performance Committee (RAPC) the approved Aberdeen City Health and Social Care Partnership (ACHSCP) Annual Performance Report (APR) (attached as Appendix A).

2. Recommendations

- 2.1. It is recommended that the RAPC:

(a) notes the contents of the attached Aberdeen City Health and Social Care Partnership Annual Performance Report 2021-2022 (as attached at Appendix A) and reviews the work and progress of the Aberdeen City Health and Social Care Partnership through 2021-2022.

3. Summary of Key Information

- 3.1. The ACHSCP Annual Performance Report (HSCP22.07) was presented to the Integration Joint Board (IJB) and approved for publication on 30th August



INTEGRATION JOINT BOARD

2022. The report is now remitted to RAPC to determine whether any of the performance reported requires further scrutiny.

- 3.2. Under the terms of the Public Bodies (Joint Working) Act 2014, the APR must outline a description of the extent to which the arrangements set out in the Strategic Plan have been achieved, or have contributed to achieving, the national health and wellbeing outcomes.
- 3.3. Neither the legislation nor accompanying guidance prescribes a specific template to be used for the APR. The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014 does set out prescribed content that is to be included in annual performance reports. Each partnership can design its own format to best explain and illustrate its performance within these prescriptions. The design of this year's report is based mainly on the very visual and easy read format which was well received for the previous two years APR's.
- 3.4. Last year's report devoted a section to Covid-19 and to ACHSCP's response to this. This year, we have resumed our format of detailing our progress under each strategic aim whilst also making reference to the ongoing impact which Covid-19 has had on our staff, our services, and our remobilisation efforts.
- 3.5. The RAPC are asked to note the significant progress made despite the challenging environment staff were working in. The delivery of the Covid Vaccination Programme; progress against our Primary Care Improvement Plan; the ongoing work of our Link Practitioners and our Stay Well Stay Connected Programme; and the significant contribution of the Rosewell House facility supported by Bon Accord Care, our Hospital at Home Team, and the new Care at Home arrangements delivered by the Granite Care Consortium assisted in keeping people safe at home and enabling timely discharges. These all helped to reduce the intense level of pressure on hospitals and the Scottish Ambulance Service, particularly in recent months.
- 3.6. As in previous years, and in agreement with colleagues nationally, we have produced two appendices (found within the APR appended to this report at Appendix A) which indicate our performance against the national and Ministerial Steering Group (MSG) indicators. These enable nationwide



INTEGRATION JOINT BOARD

benchmarking. Whilst performance against many of the indicators, particularly the subjective ones around patient and client experience, has deteriorated this is likely to be as a result of the Covid-19 pandemic conditions and is largely replicated in the Scottish average. The results from the Health and Care Experience Survey will be reviewed alongside our primary care colleagues and discussed within our Clinical and Care Governance Groups.

3.7. In terms of the national indicators, the following are worthy of note: -

3.7.1. The **number of carers who feel supported to continue in their caring role** was on a par with the Scottish average last year and although it has dipped this year it has not dipped as far as the Scottish average. The committee will be aware that we are currently revising the Carers Strategy which is due to be presented to the January 2023 meeting of the IJB.

3.7.2. The **percentage of adults who agreed they felt safe at home** fell by nine percent, but the Scottish average only fell 3 percent. This is an area of focus in our new Strategic Plan with significant activity planned around rehabilitation and complex care.

3.7.3. Our **premature mortality rate** increased by double the rate of the Scottish average (6% against 3%). Whilst this needs further investigation in relation to any specific areas of concern, we have committed to a significant programme of work around Prevention in our new Strategic Plan. In addition, there is an IJB Workshop on Population Health scheduled which should assist with members understanding of the complex factors feeding into this measure.

3.7.4. Our **Emergency Admission Rate** increased by 1.4% however the Scottish average increased by 4.8% which perhaps demonstrates the intense focus of staff efforts around diverting emergency admissions.

3.7.5. Our **Emergency Bed Day Rate** increased by 3.2% and the Scottish average increased by 4.8%.



INTEGRATION JOINT BOARD

- 3.7.6. Our **readmission rate** reduced from our previous rate which is encouraging as this has been an area of poor performance in the past. Whilst the Scottish average also improved that improvement was at a rate of 14.2% whereas our improvement was 16.5% which makes our performance in this area all the more impressive.
- 3.7.7. Our **falls rate** reduced slightly whereas the Scottish average stayed the same.
- 3.7.8. The **proportion of our care services which were graded good or better** by the Care Inspectorate fell significantly by 13%. Whilst the Scottish average also fell this was only by 6%. It should be remembered that Aberdeen City commission almost 100% of our social care services from external providers. These providers faced significant challenges throughout the Covid-19 pandemic and are currently still in recovery phase. We have retained the Care Home Oversight Group whose role it is to work with providers to improve the quality of service provided.
- 3.7.9. The **number of days people spent in hospital when they are ready to be discharged** increased by 17% however the Scottish average increased by 57.2%. This significant differential from the Scottish average performance is a result of the intense focus and effort of our teams to achieve safe and timely discharges and as a result of the IJB's support in transforming services particularly around the implementation of the Granit Care Consortium Care at home Contract, the redesign of Rosewell House and the increased resourcing of Hospital at Home. The focus will continue particularly over the winter period.
- 3.8. The MSG indicators show a mixed set of results with the number of **emergency admissions** and **A&E Attendances**, both increasing from the 2020/21 figures but both being below the 2019/2020 level. **Delayed Discharge Bed Days** increased on the 2020/21 figure but are 40% lower than the 2019/20 figure. **Unscheduled bed days for Geriatric Long Stay** have reduced significantly with the current figure being 24.7% below the average over the last three years. Again, all of these are testimony to the efforts of staff and the support of the IJB in transforming service delivery.



INTEGRATION JOINT BOARD

4. Implications for IJB

- 4.1. **Equalities, Fairer Scotland and Health Inequality** - The APR demonstrates our performance in general across services delivered to the whole population dependent on need, including those with protected characteristics such as age and disability and people experiencing inequality. It helps us identify areas for improvement.
- 4.2. **Financial** - There are no direct financial implications arising from the recommendations of this report. All services are delivered within existing agreed budgets.
- 4.3. **Workforce** - There are no direct workforce implications arising from the recommendations of this report. All services are delivered by existing workforce under the terms and conditions of the employing organisation.
- 4.4. **Legal** - Under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014, we have a statutory obligation to publish an Annual Performance Report. As in other years, due to governance arrangements, we are unable to publish a final report within the stipulated timescale (4 months after the end of the financial year (i.e., 31st July 2022)). This is due to the necessary inclusion of budgetary information and the need to report on national health and wellbeing outcomes which are unavailable in time for the June IJB reporting cycle. This is similar to many Partnerships and there is an acceptance at Scottish Government level that this is the case. Particularly in these last two years, leeway has been given to the publication timescale. This year the timescale for publication of the APR has been extended until November 2022. If the APR was not to be approved and published, we would be in breach of our legal obligation which would damage the reputation of the IJB and give rise to uncertainty around its performance.
- 4.5. **Covid-19** - There are no direct Covid-19 implications in relation to the APR. The report itself discusses the continued response to Covid-19 and the vaccination programme.
- 4.6. **Unpaid Carers** - There are no direct implications for Carers in relation to the APR. The report discusses ongoing work with unpaid carers, and it is



INTEGRATION JOINT BOARD

anticipated that the impact of the refresh of the Carers Strategy will feature in next year's APR.

4.7. Other - None

5. Links to ACHSCP Strategic Plan

5.1. The APR demonstrates the progress made in the final year of the ACHSCP's Strategic Plan 2019-2022.

6. Management of Risk

6.1. Identified risks(s)

There is a risk that we breach our legal obligation under the Public Bodies (Joint Working) (Scotland) Act 2014 (as described at 4.4 above) and also that we are not transparent and open about our performance.

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

This report links to Strategic Risk 5

Cause: Performance standards/outcomes are set by national and regulatory bodies and those locally determined performance standards are set by the board itself.

Event: 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.

Consequence: This may result in harm or risk of harm to people.

This risk is currently sitting at High.

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

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



Annual Performance Report 2021-2022

Page 107



Foreword to the Annual Performance Report

The past year has been another challenging one for Aberdeen City Health and Social Care Partnership (ACHSCP). Much of the work undertaken during 2021/22 has centred around remobilisation following the initial crisis response to the Covid 19 pandemic and into the 'living with Covid' phase. As Aberdeen City begins to get back to normal in the absence of restrictions, we have seen an increase in demand for services. Responding to these needs has not been easy as, in common with other workplaces, we have experienced significant levels of staff absences due to Covid. Despite this, staff have continued to turn up when they could, and they have continued to deliver quality care to people who are often at their most vulnerable. There are no words to express our gratitude to staff for their commitment and dedication during this difficult time. I know some shifts have been hard, I know there hasn't always been the time or resources to provide the level of care we would have wanted, but your efforts have enabled us to continue to provide services in what have been described as some of the most challenging times in the last 30 years. I would draw your attention to the work of the Vaccination programme (pages 7 and 8) and Rosewell House, (page 14), and our Hospital at Home Team (page 17) as just a few examples of this work.

The double whammy of the pandemic and the cost-of-living crisis has had a significant impact on our communities, and in this report, you can learn about some of the work our Link Workers and our Wellbeing Team have been doing to try to help those in the most need.

The forthcoming financial year will continue to be challenging however I have confidence in our workforce and our partners that we will continue to provide the best care we can for the people of Aberdeen. Our new Strategic Plan for 2022-2025 outlines our priorities for the next three years. The focus initially will remain with remobilisation and a review of some services, to enable us to do more. We will also refresh our carers strategy to ensure that the right support is available to this group and to enable them to continue their invaluable work.

Sandra MacLeod
Chief Officer
August 2022



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| Identified Priorities for 2021/22 |
| Strategic Aim Progress |
| Our Enablers |
| Governance |
| Strategic Plan 2022-2025 and Priorities for 2022/23 |
| Appendix 1 – National Indicators |

Introduction

This report finds us in the third and final year of the Aberdeen City Health and Social Care Partnership (ACHSCP) Strategic Plan 2019-2022. The past three years have proved more challenging for our Health and Social Care Services than anyone could have predicted. Our partnership has demonstrated incredible resilience in the face of adversity and our work ethic has been pushed to the limit during the COVID 19 response as we have asked every member of staff to go above and beyond on numerous occasions.

This Performance Report reflects on the 2021-2022 financial year and showcases some of the work which has been carried out in relation to our Strategic Plan within this period. The Report thereafter looks forward to the next three years and our priorities for Strategic Plan 2022-2025.

Identified Priorities for 2021/2022

As part of our 2020/21 Annual Performance Report, we presented our priorities for this financial year. You can find out more about these priorities and the progress made towards achieving these in the identified sections of the report.

Living with and responding to Covid 19. (see Prevention)

Staff Health and Wellbeing (see Enablers)

Reshaping our relationships with Communities

Inequality, Mental Health and Human Rights (see Connections)

Whole system and connected remobilisation

Strategic Plan Refresh

Local Survey 2022 (planned for 2022-2023)

Strategic Aims for the 2019-2022 ACHSCP Strategic Plan

Prevention

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

Resilience

Supporting people and organisations so that they can cope with, and where possible overcome, the health and wellbeing challenges they may face.

Personalisation

Ensuring that the right care was provided in the right place and at the right time when people were in need.

Connections

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

Communities

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

Prevention

COVID-19 Vaccination Programme

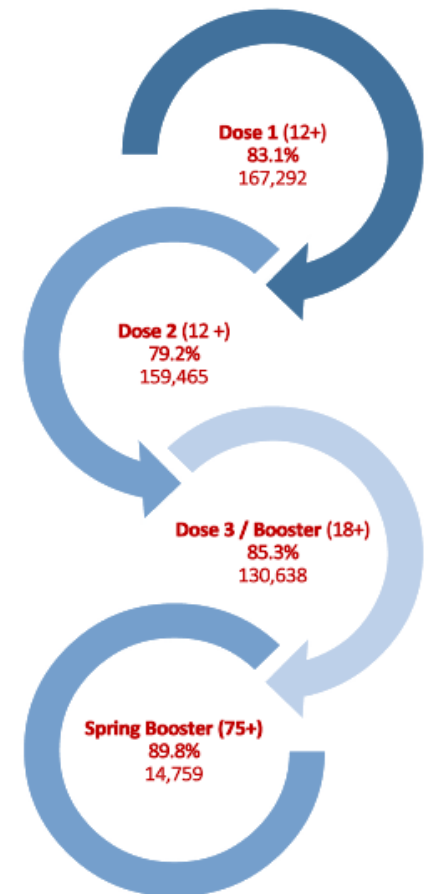
The past year has continued to be dominated by COVID-19, our response to it and trying to manoeuvre our services into responding where the need has been.

COVID-19 Vaccinations Delivered over the past year



Farewell to a Vaccination Team

On the 31st March we said Thank you and Farewell to a group of Vaccinators that joined us at the start of the pandemic to vaccinate and protect the population of Aberdeen against COVID-19.









Prevention

Vaccination Transformation Programme

By April 2022, the full suite of immunisations were transferred from GP Practices over to ACHSCP for delivery. This includes all Pre-School, School and Adult vaccinations.

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|  Pregnancy |  Birth |  Pre-School |  Children & Young People |  Adults |  Others |
|--|---|--|--|---|---|
| <ul style="list-style-type: none"> COVID-19 Flu <p>From Week 16</p> <ul style="list-style-type: none"> Pertussis* | <p>8 Weeks</p> <ul style="list-style-type: none"> Six-in-one** Rotavirus Meningitis B <p>12 Weeks</p> <ul style="list-style-type: none"> Six-in-one** Pneumococcal Rotavirus <p>16 Weeks</p> <ul style="list-style-type: none"> Six-in-one** Meningitis B <p>**diphtheria, tetanus, pertussis, polio, haemophilus influenzae type b, hepatitis B</p> | <p>12-13 Months</p> <ul style="list-style-type: none"> Hib/MenC*** Pneumococcal Meningitis B Measles, Mumps & Rubella (MMR) <p>Aged 2-5</p> <ul style="list-style-type: none"> Flu <p>3 Years 4 Months</p> <ul style="list-style-type: none"> Four-in-one**** MMR <p>***haemophilus influenzae type b, meningitis c</p> <p>****diphtheria, tetanus, pertussis, polio</p> | <p>Primary (5-11)</p> <ul style="list-style-type: none"> Flu <p>Secondary (12-17)</p> <p>S1-S6</p> <ul style="list-style-type: none"> COVID-19 Flu <p>S1</p> <ul style="list-style-type: none"> Human papillomavirus (HPV) <p>S2</p> <ul style="list-style-type: none"> Human papillomavirus (HPV) <p>S3</p> <ul style="list-style-type: none"> Tetanus, Diphtheria & Polio (Td/IPV) MeningitisACWY MMR (Status) | <p>18+</p> <ul style="list-style-type: none"> COVID-19 <p>Older Adults</p> <ul style="list-style-type: none"> Flu Pneumococcal Shingles | <p>Offered to eligible groups:</p> <ul style="list-style-type: none"> COVID-19 Flu HPV Pneumococcal Hepatitis B BCG***** <p>Including:</p> <ul style="list-style-type: none"> people with certain health conditions people who work in health and social care people travelling abroad refugees men who have sex with men (MSM) <p>*****bacillus calmette-guérin</p> |

100% of respondents felt they were well informed

Friendly and great with my little girl. She felt really comfortable

All the staff were VERY kind and helpful to me having a needle phobia and done everything they could to keep me comfortable

Thank you for making this service fast and efficient

94% felt that they did not have to wait long to be seen

Feedback gathered from vaccination clinics in Aberdeen City centre, Airyhall and Bridge of Don

Prevention



MENO & PAUSE

LETS TALK MENOPAUSE

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"A really good way to start talking about menopause locally. Allowing people to come together to work a way forward in supporting women in Aberdeen and Aberdeenshire"



Meno & Pause Co-Lab Café

ACHSCP have come together with Aberdeen Football Club Community Trust to host Meno & Pause Co-lab Café's at Pittodrie Stadium. The first event was held in March 2022, future events are planned throughout the summer.

The feedback so far from the events have been fantastic.

"Very interesting and reassuring in terms of there being many women experiencing the same period of life, even if symptoms varied. Nice to know I am not going daft, and everyone's symptoms/experiences are different and real."

"Very engaging, speakers made everyone feel at ease, the icebreakers worked a treat in getting people speaking. It was also empowering to hear other's stories on how the menopause affects them."

"Really good. Good atmosphere and wasn't too serious, whilst covering a range of matters. People treated as important and heard, and a great opportunity to hear about other's experiences."

"It was a great meeting and I felt safe and secure to say exactly how I've been feeling and hearing how others are feeling it made me feel not quite so alone"

Prevention

Parkinson's Classes

Partnership working with Sport Aberdeen, Parkinson's UK and Robert Gordon University piloted a new exercise programme in 2021, for people with Parkinson's Disease. Due to its success a lower impact class was integrated into their Active Lifestyle programme.

The higher intensity class at RGU means that there is a pathway for working age people with Parkinson's disease to progress to an exercise level which is right for them.

Outcomes from the programme included:

- 90% of participants felt their balance & coordination had improved and they reported 100% improvement of a positive impact on stiffness.
- 80% of participants reported an increase in self-confidence & positive mood
- 64% of participants registered the same score or improved on the 12 scale walking scale test.

Exercise After Stroke

The Exercise after Stroke course, piloted and run by Sport Aberdeen in 2021, was a great success. Some participants reporting improvements in several tests including "Time Up & Go, EQ-5D-3L & the Modified Tinetti Assessment".

Participants Next Steps:

- Two participants have started the Steady Steps follow on class and one has taken out a membership
- Two participants are due to start follow on classes and will receive follow on support from the Active Lifestyles team until they begin.

"I now walk every day"

"Enjoyed attending for the social interaction with others"

"Felt instructors & volunteers had good awareness of challenges faced such as balance"



Primary Care Improvement Plan (PCIP)

Since the inception of the 2018 General Medical Services (GMS) contract, we have established six new primary care services under our 'Primary Care Improvement Plan' (PCIP) to help support our GP Practices. The PCIP achieves this by expanding and enhancing the multidisciplinary team working to help support the role of GPs as Expert Medical Generalists, to improve patient outcomes.

Implementation of these services has continued despite the impact of the Covid19 pandemic, workforce challenges and we have successfully recruited to the following teams :

Pharmacotherapy

24 WTE pharmacists and pharmacy technicians

- to provide pharmacotherapy support to GP Practices by providing services such as managing acute and repeat prescriptions and undertaking reviews of patients.

CTAC & Immunisations

55 WTE nurses and HCSWs

- to support (non-covid) vaccinations such as pre-school, school-age and adult routine vaccinations, as well and the delivery of community treatment and care services (such as getting bloods taken or minor wounds dressed).

Urgent Care

9 WTE advanced practice clinicians

- Advanced Practice Clinicians visiting patients who need an unscheduled home visit that would have usually been undertaken by a GP. The patient is visited in their home, then the clinician liaises with the GP Practice for any further action.

First Contact Physiotherapy

6 WTE musculoskeletal physiotherapists

- These highly specialist physiotherapists are based in the GP Practices and have the advanced skills necessary to assess, diagnose and recommend appropriate treatment or refer for musculoskeletal problems on a patient's first contact.

Link Practitioners Service

23 WTE Links Practitioners

- Commissioned from SAMH, the service provides non-clinical support to people with issues they are experiencing, to identify and manage barriers that affect their ability to live well and help them to talk about what really matters to them.

Prevention

Primary Care Improvement Plan (PCIP) (Continued)

Key successes in implementing the Memorandum of Understanding (MoU) include:

Aberdeen City Health and Social Care Partnership (ACHSCP) has demonstrated real local innovation early in the implementation of the MoU, which paved the way for wider roll-out (for example with the City Visits and Link Practitioner Services)

- The transfer of practice-employed staff into the Community Treatment and Care (CTAC) service went smoothly, with close working with local practices. The decision to undertake TUPE has been beneficial as other Health and Social Care Partnerships (HSCPs) are now experiencing issues. Additionally, education opportunities for Health Care Support Workers (HCSWs) have greatly increased under NHSG.
- The First Contact Physiotherapy service took collaborative approach with General Practitioner (GP) representatives to ensure robust governance is in place.
- The Vaccinations service was delivered quickly resulting in keeping vaccinations away from General Practitioner (GP) workload during times of high pressure.
- The PCIP Group is receiving positive feedback across the services. There has been huge achievements and change in service delivery achieved by teams working under such unprecedented circumstances and pressures.
- ACHSCP will work to continue implementing and recruiting to these services over the coming year to ensure their scale up to all practices in Aberdeen and to help ensure their future sustainability.
- [Memorandum of Understanding GMS Contract Primary Care Improvement Plan](#)



Prevention

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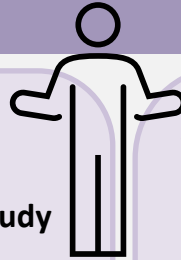
Reception
Yellow Zone

Sexual Health
Service

Sexual Health Services across Grampian are hosted by ACHSCP on behalf of the Aberdeenshire and Moray Integration Joint Boards.

In the past 12 months, the Grampian Sexual Health Service has provided 44,752 appointments. This is a significant increase from the previous year, as lots of activity shifted from primary care. The service continues to provide clinics in six locations across Grampian and its staff have worked hard to meet unprecedented demand. On a monthly basis, staff have answered an average of 3,054 telephone calls from patients.

In Aberdeenshire, it was the first service to return to face-to-face appointments during the Covid pandemic, while also maintaining the service at the Health Village.



Commissioned from SAMH, the service provides non-clinical support to patients with issues that are affecting their health and wellbeing. GP practices refer patients to Link Practitioners who hold meaningful conversations with patients and make person-centred assessments and referrals. Link Practitioners help patients to manage their own health and well-being and strengthen resilience. This helps to improve patient outcomes; reduce health inequalities; lower waiting lists; and enable GPs to fulfil their duties as expert medical generalists.

The Links service received 1977 referrals in 2021/22, an increase of 16.2% from the previous year.

Links Service Case Study

“Gary” is a gentleman that has been struggling with his mental health throughout lockdown. He was referred to Links Service from his GP.

Gary enjoys walking his dog and taking photos once a day. Gary is keen to meet people again and build his confidence in the community with a plan to move closer to the rest of his family for added support.

Aim: – Find meaningful activities, look at mental health support and look at housing options.

Actions:- Through conversations with Gary, he agreed that Computerised Cognitive Behavioural Therapy (CBT) (“Beating the Blues”) would be a good option to explore in the mean time, to help prepare for when he starts with the practice psychologist. Gary was also supported to submit applications for a couple of housing applications both with the local council and housing associations. Gary was referred and supported to attend a meet and greet with ‘Aberdeen Healthy Minds’ to look at supported activities to try.

Results:- Gary reported finding Beating the Blues helpful to work through. Gary has active housing applications and is awaiting a housing placement. Through meeting with Healthy Minds Gary was offered a place on a media and photography course. In addition Gary also signed up for a badminton group, walking group and art group through the organisation.

What’s next:- Gary has updated that the support he received helped with his mental wellbeing, and is aware that when he feels ready he can be re-referred to explore further support options.

Resilience

Frailty Pathway and Rosewell House

People, especially older populations, remain fitter and healthier the longer they remain at home when safe and appropriate to do so. Outcomes for many people following even a short stay in hospital can be negatively impacted. It makes sense that we try to provide more services in people's homes and communities, when safe and appropriate to do so, which is what people tell us they would prefer to a hospital admission.

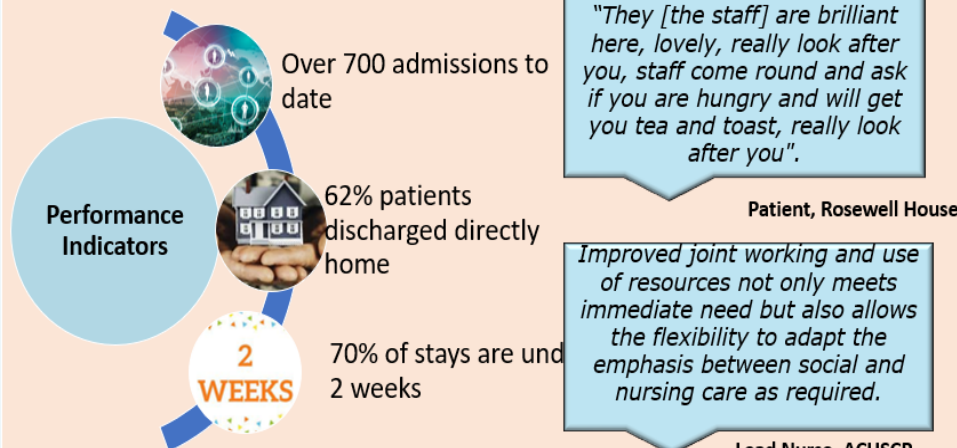
Over the past two years, we have been working hard to deliver improvements to our services which provide care for people living with Frailty. This involved major changes to how we deliver our services. In redesigning our Frailty Pathway, we moved staff and resources from the hospital to our community teams.

At Rosewell House, we have developed a 'step down' facility for those patients not quite ready to go home from hospital but who are not in need of acute care.

Find out more about some of them in this short video, or scan the QR Code.
https://youtu.be/2H7d_Pauc7c



Rosewell House



Resilience

Mental Health and Learning Disabilities

Learning Disability Service have been working with in-house services and commissioning providers on the development of Training, Skills and Development Services. In-house services have adopted the ASDAN model which is designed to develop skills for learning, work and life. Commissioned Providers have been focusing on ways to provide a variety of different learning opportunities for individuals to effectively develop their skills and self-confidence.

A new team for Perinatal Mental Health is being established to provide mental health support, assessment and care for pregnant and postnatal women across Grampian and is based in Aberdeen.



The Aberdeen Alcohol and Drugs Partnership ran a series of successful collaborative events to explore service developments aimed at reducing drugs deaths and harms in Aberdeen. Funding bids for a range of local services developed from these events were successfully made and services are to commence in 2022-23.

Personalisation

Rubislaw Park End-of-Life Care Beds

As part of a whole system pathway of care and ACHSCP planning for winter surge, five interim beds within Rubislaw Park Nursing Home were approved for use in December 2021 for End-of-Life Care. Nursing care and management resides with the nursing team within the home, and support is provided where appropriate by the community and out of hours nursing team and Hospital at Home.

The overall ambition for this capacity is that individuals can access this support, wherever they live within Aberdeen ensuring that the right care is provided in the right place and at the right time.



Personalisation

Hospital at Home Team

Hospital at Home (H@H) provides hospital level care by healthcare professionals in a person's own home, for conditions that would otherwise require acute hospital inpatient care. H@H offers patients an alternative to hospital admission and can also support an earlier discharge from hospital when a patient is still receiving medical support.

The service puts patients and their families at the centre of what we do leading to increased patient-centred care, reduced risk of hospital acquired infections and institutionalism. From a service perspective an effective H@H service helps reduce pressure on the hospital system. The current service forms part of the Frailty Pathway and is predominantly applied to older adults and adults living with frailty.

Since the first patient was admitted to the Aberdeen city H@H service in June 2018, the service has continued to expand and evolve.

Key Highlights 2021- 2022

- From 2021 the model of care has moved to a fully consultant led service.
- The capacity of beds the service can support has increased by 33% to 20 beds.
- The service additionally supports five end of life care beds based in Rubislaw Park Care Home.
- The H@H team has developed processes and skills within the workforce to support the out-patient parenteral anti-microbial therapy (OPAT) service in Aberdeen city.
- The number of patients using the service has increased 27% in the last 12 months to a total of 641.
- 79% of patients are discharged from H@H within 7 days and of those 43% are discharged within 3 days.
- Revamped referral pathway, making the referral process smoother.
- In November 2021, the service implemented Morse. A system to support efficient, accurate and secure patient records by healthcare professionals while working in community settings.
- Research paper published "Staff views on a hospital at home model implemented in a Scottish Care Setting" based upon the team. The full paper can be found [here](#)



"We are really most grateful to you all, for the help received. It has been truly exceptional"

"An amazing and most caring service"

"We have been absolutely amazed by your service. Your care, help and advice have been most helpful and very reassuring"

Patient Quotes

Connections

ACHSCP and Robert Gordon University (RGU) value partnership working and regularly work together to deliver placements for a number of students across several courses.



“The Aberdeen Health and Social Care Partnership allows RGU School of Health Sciences students access important partnership learning experience as well as the ability to contribute positively to the wider community. The feedback regarding placement and work based learning experiences with ACHSCP is exceptional from colleagues, service users and students. The students recognise the impact these experiences have on their employability and personal development. RGU is delighted to be able to contribute to and support the innovative solutions that the ACHSCP provide for their service users and people of Aberdeen.” Donna Wynne, Academic Strategic Lead (School of Health Sciences, RGU)

“ Mum was fair chuffed with her tea out and flowers, thanks so much to you all, I feel more relaxed knowing mum is not stuck in with her thoughts. She seemed so happy when I called in past on my way home”

Sport and Exercise Science

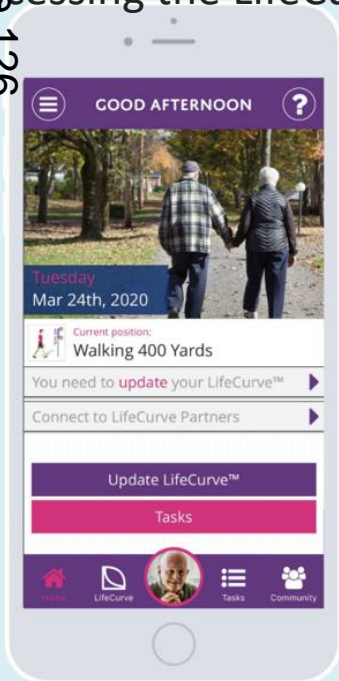
We also supported a placement for Sport and Exercise students in partnership with Bon Accord Care, within Kingswood Court Very Sheltered Housing and Day care. Students used the Physical Activity Packs (created within Stay Well Stay Connected) to make a positive impact of regular exercise for older adults and establishing an exercise group.

Connections

Occupational Therapy

Peer Digital Placement with Robert Gordon University (RGU) Occupational Therapy students allowed us to support and digitally connect residents in Dominies, Hilton and Stewart Park Court. With partnership working from ACC Libraries, Community Adult Assessment and Rehabilitation (CAARS), RGU, BAC and AHPSCP, the project covered many themes including accessing the LifeCurve App and its many benefits.

Students were given 'wellbeing sessions' educating AHP students about the benefit of wellbeing from a holistic stance. This can mean looking at some non-traditional interventions and community settings. Example of this include the Boogie in the Bar project (*see Communities for more information about this project*)



Connections

Equalities and Human Rights

Some of our residents, including our staff, experience inequality, stigma or discrimination due to their age, sex, disability, sexual orientation, gender reassignment, marital status, pregnancy or maternity status, race, religion, or belief.

In May 2021, Aberdeen City IJB updated their Equality Outcomes and Mainstreaming Framework (EOMF) with seven equality related outcomes covering all patients, clients, service users and their carers having access to, and confidence in the services we deliver as well as those delivering services having compassion and respecting the dignity of individuals and involving people in the way those services are delivered.

The Equality and Human Rights Sub Group of the Strategic Planning Group comprising of representatives of people and communities with protected characteristics provide constructive challenge to officers and monitor progress of delivery of the framework.

A key development during 2021/22 has been putting in place a more robust process for undertaking Health Inequality Impact Assessments (HIIA) for every major change to service provisions. The new process includes an initial assessment checklist to determine whether an HIIA is required and, if one is, a recording proforma to capture who was involved, what feedback they gave and what impact this had on the decision-making process.



Connections

Aberdeen HSCP, Third sector and Communities come together to support asylum seekers

In November 2021, Aberdeen City welcomed 110 male asylum seekers through the national dispersal scheme. The City's new residents came from a variety of countries, speaking many different languages between them. Some had been exposed to various traumas including trafficking and torture, all came to the UK seeking better lives as their lives back home were filled with fear, violence and persecution. They came with limited personal belongings, and basic needs such as appropriate clothing for living in the North East climate needed to be met.

This was the first time Aberdeen had experienced asylum seekers arriving in the city and with no resources or extra capacity being provided to support the vulnerable group there were a number of challenges to overcome to support their health and wellbeing. Staff from the partnership worked with MEARS, local churches, community volunteers, GREC, ACVO, Sports Aberdeen, Searchlight, WEA, The Foyer, Street Soccer and NESCOL to coordinate a range of opportunities including Fundraising, ESOL, Clothing and Orientation events. Primary care also provided a nurse drop in at the hotel supported by Marywell.

Activities and support for the dispersal hotel service users included:

- Health and accessing services inputs
- Vaccination awareness and information (with the option to get vaccinated)
- NEEDS assessment sessions (ACVO Adult Mental Health funding application supported events)
- £2K clothing spend (ACVO funding from Baptist church)
- Clothing donations coordinated between organisations
- 4 Desk top computers donated (Reboot Moray)
- Free data for 6 months – sims applied for by GREC
- First Bus : Bus passes (GREC)
- SEARCHlight – activity planning, assessing those involved in trafficking
- Cyrenians gym holdalls and Christmas welfare packs
- ESOL GREC Volunteers / WEA/ NESCOL
- Volunteering opportunities (LID HUB)
- Sport Aberdeen GYM passes
- Library support
- Toothbrushes and tooth paste (PH Dental service)
- Free haircuts NESCOL
- DR Bike : bike maintenance and free bikes

Connections



Breastfeeding Peer Support continues to be provided in the local community, both 1:1 and at breastfeeding groups in Tillydrone and Woodend. 42 hours of breastfeeding support was provided by peer support volunteers who receive training and mentorship from NHS Grampian. Across Aberdeen, there is a network of 22 volunteers who provide friendly, proactive and competent support.



Communities

Support to Unpaid Carers

The pandemic posed particular challenges for Unpaid Carers and this has been acknowledged nationally and locally. ACHSCP staff have continued to work hard to prioritise support for Carers. This includes Social Work developing a new approach to provision of respite within Localities which has had positive outcomes for Carers and those they care for. Whilst operational challenges meant we were unable to publish a revised Carer Strategy during 2021/22 we continued to progress with identified actions, and development is now underway to publish the revised strategy in Winter 2022. Our commissioned support service, Quarriers' Aberdeen Carer support service, have continued to work hard to ensure support is available for Adult Carers across the city. As a co-produced service, they work with Unpaid Carers to develop a programme of support activities to meet the needs of those who use them as well as 1:1 support and the opportunity to develop Adult Carer Support Plans.

"I think it is great that carers have been given the opportunity to contribute to further development of services provided by Quarriers. It shows that Quarriers actually do welcome input from the people who use their services."

The whole course was a joy! Every element was an invitation to learn something new and I feel I Have gained hugely from taking part.

The range of support groups being provided by Quarriers to Unpaid Carers (both online and in person) in Aberdeen include;

- Parent Carer Café
- Men's Group
- Connexions (Women's mental health support)
- Health & Wellbeing Book Group
- Carers Catch up
- Adult Carer's mindfulness

During 2021/22 Unpaid Carers in Aberdeen had the opportunity to take part in the 'Creative Paths' programme. Creative Paths was developed in partnership with Findhorn Bay Arts and Quarriers by Artists Dawn Hartley, Nicola Kennell and Quee MacArthur. Delivered online with in person meets for Quarriers Carers in the north east of Scotland, the project was supported by Creative Scotland, Quarriers and Findhorn Bay Arts. It supported Unpaid Carers to explore the Arts through music, mindfulness, artistic techniques and dance. A video was developed to showcase the project and is available via [this link](#).

Communities

The Wellbeing Team were formed in 2012 in Aberdeen City Council's Social Work directorate and it was one of the first wellbeing teams in Scotland.

Tasked with helping keep the over 65's healthy for longer, with an improved quality of life, their main objectives were to create more community capacity, meaningful activities for the older population, and to promote the concept of wellbeing through a social model of health. Aberdeen's Active Ageing calendar was thus born!



Pre-Covid, the team helped create, fund and influence a huge active ageing programmes in the City : from older adult exercise classes, special event days including Silver Sunday, Older Adults Day, Highland T in the Park, Technogym sessions, reminescent kits, Functional Fitness MOTs, cinema sessions, arts projects, lunch clubs, meaningful activities network, long term condition activities and the famous Golden Games- to name but a few!

The team has really challenged traditional approaches to health and wellbeing. They work in close partnership with stakeholders such as Sport Aberdeen, Aberdeen Football Club Community Trust, among others to co-produce increased community provision.

Communities



Seaton Soup and Sannies

This is a co-produced project with Aberdeen City Health and Social Care Partnership Wellbeing Coordinators, volunteers from SHMU and Aberdeen Football Club Community Trust. It is hosted and supported by Seaton Community Centre.

This was an extremely popular event prior to the covid19 pandemic, and it was evident when talking to the residents within the sheltered housing complexes in Seaton that there was still a need for this event.

It is held on the last Tuesday of every month from 11.30am-13.30pm. Due to restrictions the first one held in April could only allow 14 residents from Lord Hays Court, however in May the restrictions within the community centre were eased and this allowed for 28 residents from Lord Hays Court, Seaton House, Donview and Seaview House. A minibus with a tail lift is provided to pick all the residents up, if they require transport.

Communities

"It's so good to be back at the Boogie's - my life was not the same without them" Boogie Resident

Boogie in the Bar

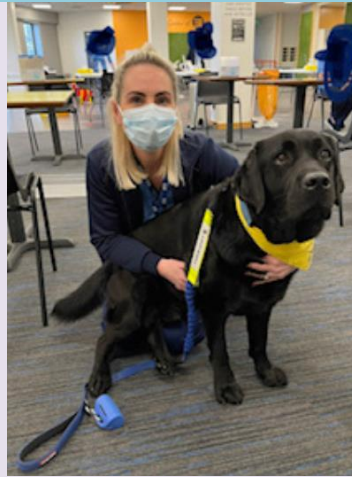
Boogie in the Bar is arguably the most popular event in the active ageing calendar!

It was one of the most missed activities through Covid 19 and the Wellbeing Team were delighted to be able to establish it again.

The Boogies currently run in three local areas, Kincorth (at the Abbot Bar), Northfield (Sunnybank FC) and the original at the Foundry Bar, Holburn Street . Held once a month it's run through partnership working with ACC Communities team, volunteers and the wellbeing team. It is the flagship of the City's Memories programme.



Our Enablers



Empowered Staff

The last 12 months has seen a significant increase in activity to support staff health & well-being, in recognition of the extreme pressures caused by Covid 19.

There has been significant financial investment in a range of free complimentary therapies provided across ACHSCP sites. They have included reflexology; pedicures, head & neck massages .

In order to encourage staff to take a break , we have provided large volumes of free tea/ coffees/ biscuits, soup , sandwiches and cakes!

Over autumn/ winter there was also distribution of personal alarms , torches , winter driving kits , all to increase staff safety as they travel to and from work.

Mindfulness sessions , pet therapy, listening services and team development sessions have also been widely used across city .

morse

Digital Transformation

In 2020, we implemented 'Morse' to our Health Visiting teams. This provided our teams with access to their patients record electronically at the point of contact. Based on the success of this, in May 2021 ACHSCP took the decision to procure further devices and licenses and implemented Morse to several other teams including School Nursing, Hospital at Home, Macmillan Nursing and Community Nursing teams.

"I think Morse has made our roles easier with regard to storing info and sharing info. I think it's a fantastic tool". Health Visitor, ACHSCP



Our Enablers

Sustainable Finance

Financial Year 2021/22 was challenging as our normal expenditure pattern continued to be disrupted by Covid. Spending in some areas decreased as service delivery was postponed or reduced and in other areas it massively increased as we responded to the pandemic. Robust arrangements were put in place to identify and monitor the financial impact and to ensure we were able to access additional funding to mobilise our response.

Our Income and Expenditure for 2021/22 is shown to the right. We were able to add to our reserves above the 2020/21 position. Our Medium-Term Financial Framework for 2022/23 to 2028/29 was approved at IJB on 10th March 2022 and our unaudited Annual Accounts were approved by the Risk, Audit and Performance committee in April 2022.

Comprehensive Income and Expenditure Statement

This statement shows the cost of providing services for the year according to accepted accounting practices.

| 2020/21 | | | 2021/22 | | | |
|--------------------|----------------------|---------------------|--|--------------------|----------------------|---------------------|
| Gross Expenditure | Gross Income | Net Expenditure | Gross Expenditure | Gross Income | Net Expenditure | |
| £ | £ | £ | £ | £ | £ | |
| 36,773,002 | 0 | 36,773,002 | Community Health Services | 36,816,513 | 0 | 36,816,513 |
| 22,694,740 | 0 | 22,694,740 | Aberdeen City share of Hosted Services (health) | 26,329,493 | 0 | 26,329,493 |
| 34,344,973 | 0 | 34,344,973 | Learning Disabilities | 34,689,647 | 0 | 34,689,647 |
| 21,098,094 | 0 | 21,098,094 | Mental Health & Addictions | 22,857,455 | 0 | 22,857,455 |
| 79,024,830 | 0 | 79,024,830 | Older People & Physical and Sensory Disabilities | 84,433,335 | 0 | 84,433,335 |
| 326,346 | 0 | 326,346 | Head office/Admin | 706,721 | 0 | 706,721 |
| 17,239,540 | 0 | 17,239,540 | Covid | 11,977,726 | 0 | 11,977,726 |
| 5,046,774 | (4,955,087) | 91,687 | Criminal Justice | 4,931,999 | (4,840,312) | 91,687 |
| 746,121 | 0 | 746,121 | Housing | 1,862,505 | 0 | 1,862,505 |
| 40,447,093 | 0 | 40,447,093 | Primary Care Prescribing | 40,165,525 | 0 | 40,165,525 |
| 42,512,697 | 0 | 42,512,697 | Primary Care | 43,058,027 | 0 | 43,058,027 |
| 2,750,857 | 0 | 2,750,857 | Out of Area Treatments | 2,494,721 | 0 | 2,494,721 |
| 47,802,300 | 0 | 47,802,300 | Set Aside Services | 49,408,000 | 0 | 49,408,000 |
| 4,437,062 | 0 | 4,437,062 | Transformation | 7,048,615 | 0 | 7,048,615 |
| 355,244,429 | (4,739,454) | 350,289,342 | Cost of Services | 366,780,281 | (4,840,312) | 361,939,969 |
| 0 | (365,923,226) | (365,923,226) | Taxation and Non-Specific Grant Income (Note 5) | 0 | (395,096,189) | (395,196,089) |
| 355,244,429 | (370,878,313) | (15,663,884) | Surplus or Deficit on Provision of Services | 366,780,281 | (399,936,501) | (33,156,221) |
| | | (15,663,884) | Total Comprehensive Income and Expenditure | | | (33,156,221) |

Our Enablers

Principled Commissioning

We continue to use our strategic commissioning approach to work with providers and service users to redesign provision of care, with a clear focus on outcomes. To support the transition towards a National Care Service for Scotland, the Partnership has been working to align its commissioning approach with ethical commissioning principles, as recommended in the Independent Review of Adult Social Care. These principles have a person-centred care first/human rights approach at the core, with an emphasis on collaboration and participation between all stakeholders.

The Partnership continues to respond to the need of managing “Supplier Sustainability” to support service providers through the Covid-19 pandemic. The Partnership manages the application process aligned to the Scottish Government’s national policy, and this support has enabled service providers to continue delivering high quality services to those people from, and living in, our communities. Up to May 2022, £14m of claims have been received and processed.

We have created Market Position Statements for Training and Skills Development services for people with mental illness and learning disabilities and also Mental Health and Learning Disability Residential and Supported Living Accommodation, based upon outcomes within our strategic documents, and co-designed between providers of services for people with mental illness and learning disabilities within Aberdeen City and colleagues within Aberdeen City Health and Social Care partnership.

Our Enablers

Modern and Adaptable Infrastructure

It is necessary for the Aberdeen City Health and Social Care Partnership to take account of the functional suitability and capacity of existing premises and emerging new settlements in line with local development plans, to determine the priorities across the city by identifying the current service model, the need for change and the required service strategy moving forward.

Aberdeen City Health and Social Care Partnership has invested in dedicated resource and capacity to ensure all actions in the Delivery Plan which supports our Strategic Plan are completed. This includes any capital and infrastructure projects across the city. This means that resource is available to support progression of approved capital projects via the Scottish Capital Investment Manual (SCIM) guidance.

Key infrastructure progress in 2021/22 has included:

- Identifying appropriate space in which CTAC services can be established.
- Agreeing and progressing the purchase of the former police station next to Danestone Medical Centre.
- Agreeing and progressing the purchase of a retail unit in the new Countesswells housing development to deliver a temporary solution to providing primary care services in the area.
- Following the closure of Carden Medical Practice in January 2022, ACHSCP has undertaken a robust and transparent process to utilise the Carden House building to its maximum capacity. By ensuring that the building once again hosts services that will provide patients with a range of health and care services this will be in line with the feedback received through patient consultation that was undertaken during the closure of Carden Medical Practice. This will also deliver a key infrastructure component of the ACHSCP delivery plan for 2022.
- £500,000 of NHS Grampian improvement grants were available in 2021/22 and a wide range of work was undertaken in pharmacies and dental and GP practices. These included installing gas central heating, improving physical access to buildings and repurposing rooms after the removal of medical records.

Governance

Integration Joint Board (IJB) Directions

The IJB is responsible for the planning of delegated Health and Social Care Services provided by both NHS Grampian and Aberdeen City Council. They achieve this through the Strategic Plan. Directions are the legal process used to instruct the parties (Aberdeen City and NHS Grampian) to deliver these services. An example of how these have been used is the development of the Rubislaw Park End-of-Life Care Beds referenced on p13.

The IJB is then responsible for monitoring the performance of the delivery of these services on an on-going basis.

Risk Register

Our Strategic Risk Register is reviewed by the IJB and the Risk, Audit and Performance Committee four times a year. The main movements in the strategic risks during 2021/22 have been the embedding of the risk of the IJB becoming a Category 1 Responder under the Civil Contingencies Act, 2004. The IJB also held a workshop in October 2021 where it reviewed the Board's risk appetite statement as well as undertaking a review of the high and very high risks on the register. The format of the Strategic Risk Register was also reviewed in 21/22 to include a new way of describing the individual risks. The Register now describes the cause, event and consequence of each risk.

Governance

Whistleblowing

Whistleblowing is when a person, usually working within a public service, raises a concern of mismanagement, corruption, illegality, or some other wrongdoing.

There are three main policies relevant to the IJB and ACHSCP;

- the National Whistleblowing Standards,
- Aberdeen City Council's Whistleblowing Policy and
- the IJB's Whistleblowing Policy.

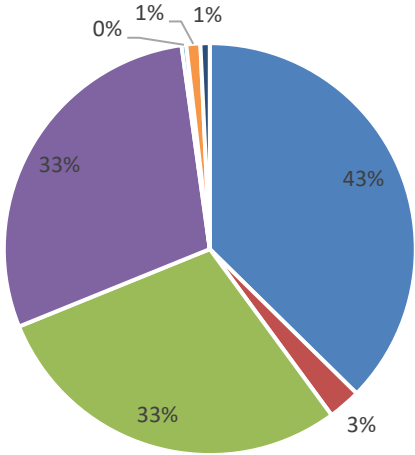
Whistleblowing incidents captured through the process will be reported to both the IJB and NHS Grampian on a quarterly basis. It is proposed that the Risk, Audit and Performance Committee receive the quarterly reports when there are incidents to report.

The IJB are committed to dealing responsibly, openly and professionally with any genuine concerns held by staff of the Aberdeen City Health and Social Care Partnership, Members of the Board or Office Holders, encouraging them to report any concerns about wrongdoing or malpractice within the IJB, which they believe has occurred.”

Governance

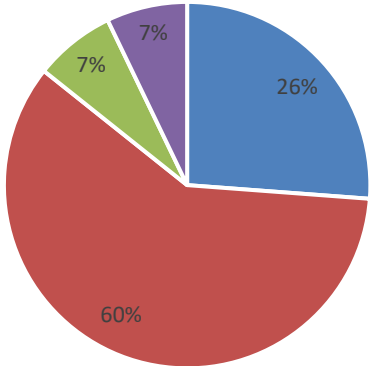
In 2021/22, there were 281 complaints registered with ACHSCP through either NHS Grampian or Aberdeen City Council. The following displays the outcomes from those received. Forty percent of the total number of complaints registered were upheld.

Number of complaints registered with NHSG and their outcomes. Total =239



- Upheld
- Not upheld
- no code attached
- Consent not received
- Transferred to another unit
- Complaint withdrawn
- Partially upheld

Number of complaints registered with ACC and their outcomes. Total=42



- Upheld
- Not Upheld
- Partially Upheld
- Resolved

Looking Ahead

The Annual Performance Report has focused upon our accomplishments over the past financial year. Our National Integration Indicators and Ministerial Steering Group indicators can be found in Appendix 1 and 2 and help to give context around our achievements compared to the rest of Scotland.

The next financial year will continue to have a theme of remobilisation as we 'get back to normal', however we intend to bring many areas of our learning through the Covid pandemic with us and where possible build upon these successes to provide the population of Aberdeen with a range of services which are robust and can be relied upon when required.

The following pages outline our Strategic Plan for 2022-25 and our priorities for the next financial year.

Strategic Plan 2022-2025

The Strategic Plan for 2022-25 was formally approved by the Integration Joint Board (IJB) in June 2022. It outlines the priorities for the next three years and based upon a delivery plan, it will allow the ACHSCP to display demonstratable progress towards these aims. The following shows the 'Strategic Plan on a Page'.

| Strategic Aims | | | | |
|--|--|--|---|---|
| CARING TOGETHER | KEEPING PEOPLE SAFE AT HOME | PREVENTING ILL HEALTH | ACHIEVE FULFILLING, HEALTHY LIVES | |
| Strategic Priorities | | | | |
| <ul style="list-style-type: none"> ▶ Undertake whole pathway reviews ensuring services are more accessible and coordinated ▶ Empower our communities to be involved in planning and leading services locally ▶ Create capacity for General Practice improving patient experience ▶ Deliver better support to unpaid carers | <ul style="list-style-type: none"> ▶ Maximise independence through rehabilitation ▶ Reduce the impact of unscheduled care on the hospital ▶ Expand the choice of housing options for people requiring care ▶ Deliver intensive family support to keep children with their families | <ul style="list-style-type: none"> ▶ Tackle the top preventable risk factors for poor mental and physical health including: <ul style="list-style-type: none"> - obesity, smoking, and use of alcohol and drugs ▶ Enable people to look after their own health in a way which is manageable for them | <ul style="list-style-type: none"> ▶ Help people access support to overcome the impact of the wider determinants of health ▶ Ensure services do not stigmatise people ▶ Improve public mental health and wellbeing ▶ Improve opportunities for those requiring complex care ▶ Remobilise services and develop plans to work towards addressing the consequences of deferred care | |
| Enabling Priorities | | | | |
| WORKFORCE | TECHNOLOGY | FINANCE | RELATIONSHIPS | INFRASTRUCTURE |
| <ul style="list-style-type: none"> ▶ Develop a Workforce Plan ▶ Develop and implement a volunteer protocol and pathway ▶ Continue to support initiatives supporting staff health and wellbeing ▶ Train our workforce to be Trauma informed | <ul style="list-style-type: none"> ▶ Support the implementation of appropriate technology-based improvements – digital records, SPOC, D365, EMAR, Morse expansion ▶ Expand the use of Technology Enabled Care throughout Aberdeen ▶ Explore ways to assist access to digital systems ▶ Develop and deliver Analogue to Digital Implementation Plan | <ul style="list-style-type: none"> ▶ Refresh our Medium-Term Financial Framework annually ▶ Report on financial performance on a regular basis to IJB and the Audit Risk and Performance Committee ▶ Monitor costings and benefits of Delivery Plan projects ▶ Continually seek to achieve best value in our service delivery | <ul style="list-style-type: none"> ▶ Transform our commissioning approach focusing on social care market stability ▶ Design, deliver and improve services with people around their needs ▶ Develop proactive communications to keep communities informed | <ul style="list-style-type: none"> ▶ Develop an interim and longer-term solution for Countesswells ▶ Review and update the Primary Care Premises Plan |

Priorities for 2022/2023

We have a number of priorities for the next financial year which are outlined below:

Refresh of the Unpaid Carers Strategy

The Workforce Plan 2022-2025 is to be implemented.

Continued Implementation of the Primary Care Improvement Plan

Increase the Number of beds available within the Hospital at Home Service

Progress the Mental Health and Learning Disabilities Transformation Programme

Further Information about our Delivery Plan can be found within the ACHSCP Strategic Plan 2022-2025

Appendix 1- National Integration Indicators

This displays the National Integration Indicators for 2021/22 compared with those received in 2019/2020. Indicators 1-9 are based upon the Health and Care Experience (HACE) Survey issued to patients on a biennial basis. The full results of the HACE Survey can be found here [Introduction - Health and Care Experience survey - 2022 - Health and Care Experience survey - Publications - Public Health The National](#)

Indicators 1-9 show that there has been a reduction in the overall feeling within our communities that they are well supported from the services that they receive. During the past year we have reacted to significant challenges in remobilising services after the effects of COVID19 and the indicators may reflect this. Aberdeen City's results are in line with those received across Scotland.

| | | Aberdeen City | | Scotland | |
|-------|--|---------------|---------|----------|---------|
| | | Previous | Current | Previous | Current |
| NI.1 | Percentage of adults able to look after their health very well or quite well | 94 | 93 | 93 | 91 |
| NI.2 | Percentage of adults supported at home who agreed that they are supported to live as independently as possible | 82 | 78 | 81 | 79 |
| NI.3 | Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided | 78 | 66 | 75 | 71 |
| NI.4 | Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated | 76 | 71 | 73 | 66 |
| NI.5 | Total % of adults receiving any care or support who rated it as excellent or good | 79 | 76 | 80 | 75 |
| NI.6 | Percentage of people with positive experience of the care provided by their GP practice | 77 | 65 | 79 | 67 |
| NI.7 | Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life | 84 | 79 | 80 | 78 |
| NI.8 | Total combined % carers who feel supported to continue in their caring role | 34 | 32 | 34 | 30 |
| NI.9 | Percentage of adults supported at home who agreed they felt safe | 85 | 76 | 83 | 80 |
| NI.10 | Percentage of staff who say they would recommend their workplace as a good place to work | | | | |

The ACHSCP Strategic Plan 2022-2025 outlines the intention to improve Primary Care stability by creating capacity for general practice via the delivery of the strategic intent for Primary Care Improvement Plan (PCIP). The implementation of PCIP should positively impact upon the results received within the next HACE survey carried out in 2023/24.

Appendix 1- National Integration Indicators (Continued)

| | | Aberdeen City | | Scotland | |
|-------|---|---------------|---------|----------|---------|
| | | Previous | Current | Previous | Current |
| NI.11 | Premature mortality rate per 100,000 persons | 432 | 458 | 457 | 471 |
| NI.12 | Emergency admission rate (per 100,000 population) | 9,201 | 9,329 | 10,952 | 11,475 |
| NI.13 | Emergency bed day rate (per 100,000 population) | 87,331 | 90,126 | 101,115 | 105,957 |
| NI.14 | Readmission to hospital within 28 days (per 1,000 population) | 139 | 116 | 120 | 103 |
| NI.15 | Proportion of last 6 months of life spent at home or in a community setting (%) | 91 | 91 | 90 | 90 |
| NI.16 | Falls rate per 1,000 population aged 65+ | 22 | 21 | 22 | 22 |
| NI.17 | Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections (%) | 91 | 78 | 82 | 76 |
| NI.18 | Percentage of adults with intensive care needs receiving care at home | 56 | 56 | 63 | 65 |
| NI.19 | Number of days people spend in hospital when they are ready to be discharged (per 1,000 population) | 276 | 323 | 484 | 761 |
| NI.20 | Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency | 26 | 27 | 24 | 24 |

The National Indicators 11-20 show that there a number of elements that ACHSCP are performing well at, compared with the last reporting period and nationwide. An example of this includes the decrease in the premature mortality per 100,000 people.

Areas where the ACHSCP do not appear to performing well is the number of days people spend in hospital when they are ready to be discharged, which is reported at sitting at 323 days per 1,000. Over the Covid 19 period, ACHSCP has made significant progress in redesigning the frailty pathway and establishing the Hospital at Home service. The delivery plan within the Strategic Plan 2022-2025 continues to place importance upon its continued delivery and on the services responsiveness to the population's needs.

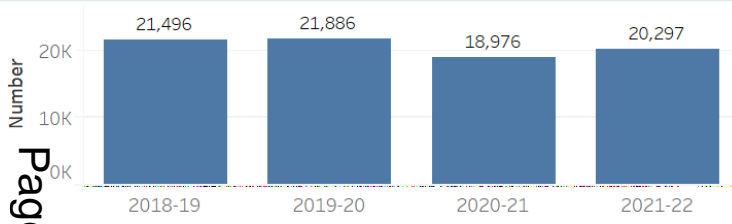
Appendix 2- MSG Indicators

Indicators are reported to the Scottish Government via the Ministerial Strategic Group for Health and Community Care (MSG). These measures are intended to provide a view of how Partnerships are progressing against a range of whole system level measures.

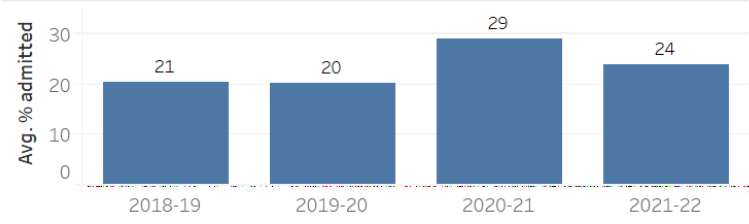
The MSG indicators show a mixed set of results. Most of the indicators display figures which are closer to 2019-20 results. This would indicate that services are remobilising after Covid19. However, indicator 2b shows that unscheduled bed days in geriatric long stay has decreased significantly, this is likely down to the success of the step down facility at Rosewell House.

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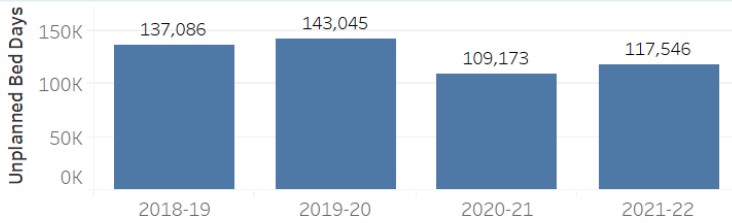
1a. Number of emergency admissions



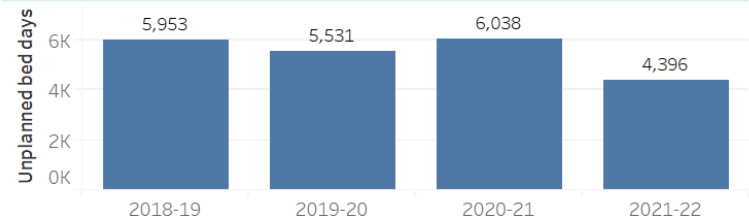
1b. Percentage admitted from A&E all ages (average for year)



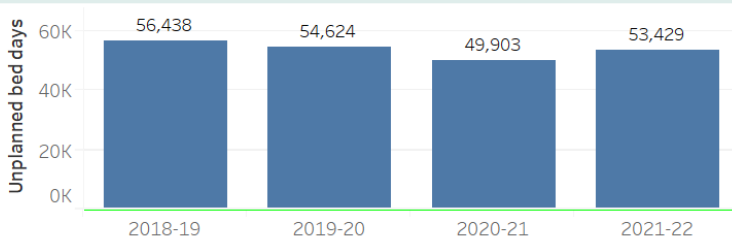
2a. Unscheduled bed days ; acute specialties



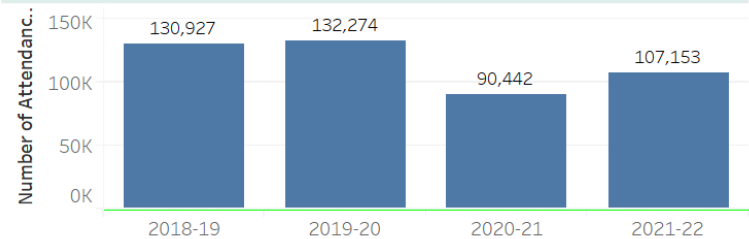
2b. Unscheduled bed days; Geriatric Long Stay



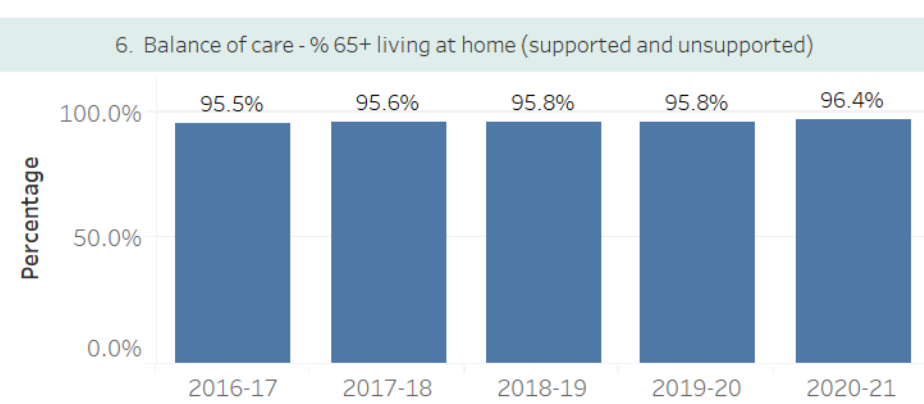
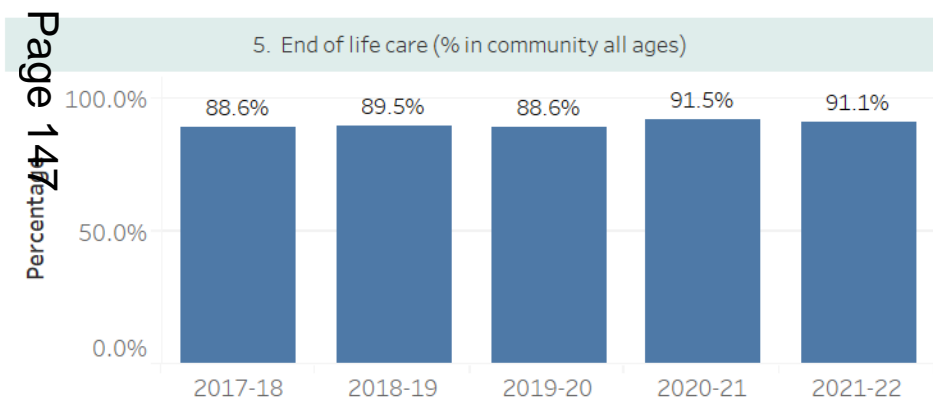
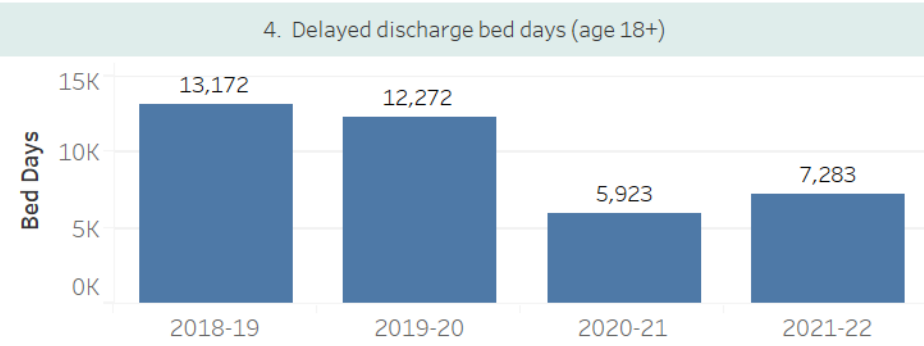
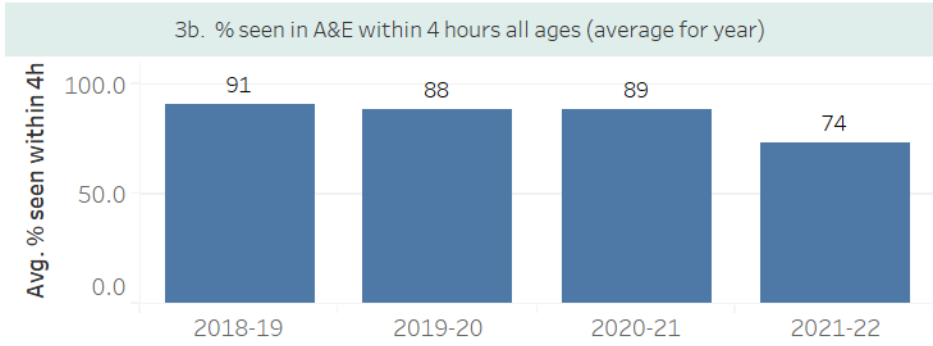
2c. Unscheduled bed days; Mental Health



3a. A&E attendances



Appendix 2-MSG Indicators (continued)



There has been a significant drop in the percentage of people seen in A&E within 4 hours. This is likely due to service pressures, and ACHSCP have responded operationally to this pressure. The figures show stability in end of life care and the balance of care (MSG five and six).

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