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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 21 February 2023

RISK, AUDIT AND PERFORMANCE COMMITTEE

The Members of the **RISK, AUDIT AND PERFORMANCE COMMITTEE** are requested to meet in **Virtual - Remote Meeting on TUESDAY, 28 FEBRUARY 2023 at 10.00 am.**

JENNI LAWSON
INTERIM CHIEF OFFICER - GOVERNANCE

B U S I N E S S

DECLARATION OF INTERESTS AND TRANSPARENCY STATEMENTS

1.1 Members are requested to intimate any declarations of interest or transparency statements

DETERMINATION OF EXEMPT BUSINESS

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

STANDING ITEMS

3.1 Minute of Previous Meeting of 17 November 2022 (Pages 3 - 8)

3.2 Business Planner (Pages 9 - 12)

GOVERNANCE

4.1 Board Assurance and Escalation Framework (BAEF) - HSCP.23.009 (Pages 13 - 52)

AUDIT

5.1 Internal Audit Plan 2023-26 - HSCP.23.016 (Pages 53 - 64)

5.2 Internal Audit Update Report - HSCP.23.012 (Pages 65 - 78)

5.3 Internal Audit - Transformational Programme - HSCP.23.013 (Pages 79 - 84)

5.4 Internal Audit - Data Sharing - HSCP.23.014 (Pages 85 - 90)

PERFORMANCE

6.1 Quarter 3 Financial Monitoring Update - HSCP.23.017 (Pages 91 - 104)

6.2 Strategic Plan 2022-2025: Delivery Plan Quarter 3 Update - HSCP.23.015 (Pages 105 - 126)

EXEMPT / CONFIDENTIAL BUSINESS

7.1 None at this time

COMMITTEE DATES

8.1 Date of Next Meeting - Tuesday 2 May 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
2 April 2024 (note – change from published)

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

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

Minute of Meeting

Thursday, 17 November 2022
10.00 am Virtual - Remote Meeting

ABERDEEN, 17 November 2022. Minute of Meeting of the RISK, AUDIT AND PERFORMANCE COMMITTEE. Present:- Councillor Martin Greig Chairperson; and Councillor John Cooke, June Brown (from Article 5), Luan Grugeon, John Tomlinson, Jamie Dale, Alison MacLeod and Paul Mitchell.

Also in attendance: Martin Allan, Sandra Borthwick, Danielle Elliot, John Forsyth, Vicki Johnstone, Graham Lawther, Sandy Reid and Amy Richert.

Apologies: Sandra MacLeod and Shona Omand-Smith.

The agenda and reports associated with this minute can be found here.

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

DECLARATIONS OF INTEREST AND TRANSPARENCY STATEMENTS

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

The Committee resolved:-
to note that there were no Declarations of Interest or Transparency Statements intimated.

EXEMPT BUSINESS

2. There was no exempt business.

MINUTE OF PREVIOUS MEETING OF 9 AUGUST 2022

3. The Committee had before it the minute of its previous meeting of 9 August 2022, for approval.

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

RISK, AUDIT AND PERFORMANCE COMMITTEE
17 November 2022

BUSINESS PLANNER

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

The Committee resolved:-
(i) to approve that line 40 - Audited Accounts be removed from the Risk, Audit and Performance Planner as these would be presented to the Integration Joint Board on 10 October 2023; and
(ii) to otherwise note the content of the Planner.

DIRECTIONS TRACKER - HSCP.22.089

5. The Committee had before it a report presenting a six-monthly update on the status of Directions made by the Integration Joint Board to Aberdeen City Council and NHS Grampian. Members heard that this was the first update in the new format which had been agreed by members at the Risk, Audit and Performance Committee on 23 June 2022.

The report recommended:-
that the Committee note the updates in Appendix A of the report.

The Committee resolved:-
to agree the recommendation.

STRATEGIC RISK REGISTER - HSCP.22.096

6. The Committee had before it a report presenting the most up-to-date versions of the Strategic Risk Register containing a "deeper dive" on the risks relating to finances and workforce.

Martin Allan – Business Manager, ACHSCP, presented the report. The Chief Finance Officer spoke in furtherance of the report and responded to questions from Members.

The report recommended:-
that the Committee note and comment on the Strategic Risk Register and the "deeper dive" on the risks on finance and workforce.

The Committee resolved:-
(i) to instruct the Chief Finance Officer to provide an update to the Committee regarding any savings following the next meeting of the Senior Leadership Team;
(ii) to note that a date for a Risk Register Workshop would be identified; and

(iii) to otherwise note the Strategic Risk Register and the "deeper dive" on the risks on finance and workforce.

INTERNAL AUDIT UPDATE REPORT - HSCP.22.092

7. The Committee had before it the Internal Audit Update Report prepared by the Chief Internal Auditor, providing an update on Internal Audit's work including progress against the approved Internal Audit plans, audit recommendations follow up, and other relevant matters.

Jamie Dale - Chief Internal Auditor, spoke to the report advising members that one audit report had been finalised, two audits were currently in progress and nine audit recommendations had been closed off, with only one currently outstanding.

Mr Dale reported that over the coming months, Internal Audit would complete the process for developing the 2023-26 Assurance Plan.

The report recommended:-
that the Committee:
(a) note the content of the RAPC - Internal Audit Update Report November 2022 ("the Internal Audit Update Report"), as appended at Appendix A of the report, and the work of Internal Audit since the last update;
(b) note the progress against the approved 2021-22 and 2022-23 Internal Audit plans as detailed in the Internal Audit Update Report;
(c) note the progress that management had made with implementing recommendations agreed in Internal Audit reports as outlined in the Internal Audit Update Report; and
(d) note the approach to be taken for the 2023-26 audit planning process as highlighted in the Internal Audit Update Report.

The Committee resolved:-
to approve the recommendations.

INTERNAL AUDIT - CARE MANAGEMENT - HSCP.22.095

8. The Committee had before it the Internal Audit Report on Care Management prepared by the Chief Internal Auditor, presenting the outcome from the planned audit of Care Management that was included in the Internal Audit Plan for Aberdeen City Council.

Jamie Dale - Chief Internal Auditor, presented the report and responded to question from Members.

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

The Committee resolved:-
to note the information provided.

FINANCIAL REGULATIONS REVIEW - HSCP.22.093

9. The Committee had before it a report on the Review of Financial Regulations providing an update on the Chief Finance Officer's review of the Integration Joint Board's Financial Regulations.

Paul Mitchell – Chief Finance Officer, ACHSCP, advised Members that there were two main changes as outlined at section 3.5 of the report in respect of committee name and Insurance arrangements.

The report recommended:-
that the Committee approve the revised Financial Regulations as attached at Appendix A of the report.

The Committee resolved:-
to approve the recommendation.

STRATEGIC DELIVERY PLAN DASHBOARD - HSCP.22.094

10. The Committee had before it the Strategic Delivery Plan Dashboard providing information regarding the progress being made on the Delivery Plan as outlined within the Strategic Plan for 2022-2025.

Alison MacLeod - Strategy and Transformation Lead, ACHSCP, presented the report and responded to questions from Members regarding delayed discharge, SOARS and Hospital at Home.

The report recommended:-
that the Committee note the Quarter 2 Delivery Plan Overview and Dashboard as appended to the report.

The Committee resolved:-
to approve the recommendation.

RISK, AUDIT AND PERFORMANCE COMMITTEE
17 November 2022

ANNUAL PERFORMANCE REPORT - HSCP.22.097

11. The Committee had before it the ACHSCP Annual Performance Report.

Alison MacLeod - Lead for Strategy and Transformation, ACHSCP, advised Members that the report had been approved for publication by the Integration Joint Board on 30 August 2022 and was now remitted to the Committee to determine whether any of the performance reported required further scrutiny.

The report recommended:-
that the Committee:
(a) note the content of the Aberdeen City Health and Social Care Partnership Annual Performance Report 2021-2022, as attached at Appendix A of the report; and
(b) note the work and progress of the Aberdeen City Health and Social Care Partnership through 2021-2022.

The Committee resolved:-
to approve the recommendations.

DATE OF NEXT MEETING

12. The Committee had before it the dates for future meetings, all at 10am:

- 28 February 2023
- 2 May 2023
- 13 June 2023
- 19 September 2023
- 28 November 2023
- 23 January 2024
- 26 March 2024

The Board resolved:-
to note the future meeting dates.
- COUNCILLOR MARTIN GREIG, Chair

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	A	B	C	D	E	F	G	H	I	J
1	**RISK and AUDIT PERFORMANCE COMMITTEE BUSINESS PLANNER**									
2	**The Business Planner details the reports which have been instructed by the Committee as well as reports which the Functions expect to be submitting for the calendar year.**									
3	**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**
4	**28 February 2023**									
5	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)	HSCP.23.009	Martin Allan	Business Manager	ACHSCP			
6		Internal Audit Plan 2023-26	To seek approval of the Internal Audit Plan for the Aberdeen City Integration Joint Board for 2023-26	HSCP.23.016	Jamie Dale	Chief Internal Auditor	Governance			
7		Internal Audit Update Report	To provide 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.	HSCP.23.012	Jamie Dale	Chief Internal Auditor	Governance			
8	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.	HSCP.23.013	Jamie Dale	Chief Internal Auditor	Governance			
9		Internal Audit Data Sharing	To present the outcome from the planned audit of IJB Data Sharing that was included in the Internal Audit Plan for Aberdeen City Integration Joint Board.	HSCP.23.014	Jamie Dale	Chief Internal Auditor	Governance			
10		Quarter 3 Financial Monitoring Report	To note 2022/2023 revenue budget performance for the services within the remit of the IJB for quarter 3 (end 31 Dec. 2022) / To note any areas of risk and management action relating to the revenue budget performance of the IJB services / To approve the budget virements so that budgets are more closely aligned to anticipated income and expenditure.	HSCP.23.017	Paul Mitchell	Chief Finance Officer	ACHSCP			
11	30.11.22	Strategic Plan 2022-2025: Delivery Plan Quarter 3 Update	To note the position and to provide assurance to the Committee relating to progress of the Delivery Plan as set out within the Aberdeen City Health and Social Care Partnership (ACHSCP) Strategy Plan 2022-2025	HSCP.23.015	Alison Macleod	Strategy and Transformation Team	ACHSCP			
12	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		D	Due to capacity issues, unable to submit for February 2023; asked for it to be deferred until May 2023 meeting.

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3	**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**
13	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;		Martin Allan	Business Manager	ACHSCP		R	There are no incidents to report at this time.
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		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. Deferred from November 2022. Update February 2023 - data further delayed.
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		R	A specific report is not required. SDS high level information to be included on the performance dashboards
16	27.01.22	Annual Review of RAPC			Paul Mitchell / Amy Richert	Chief Finance Officer	ACHSCP		T	Several links and references to the full financial year & the MTFF. Move this report to post year-end and take it to the RAPC on 2 May 2023
17	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		T	Several links and references to the full financial year & the MTFF. Move this report to post year-end and take it to the RAPC on 2 May 2023
18	**2 May 2023**									
19	Standing Item	Whistleblowing Updates	Quarterly update							
20	Standing Item	Directions Tracker	6 monthly reporting							
21		Strategic Risk Register	To seek approval of the Bi-Annual report							
22		Approval of Unaudited Accounts			Paul Mitchell	Chief Finance Officer	ACHSCP			
23	Standing Item	External Audit Strategy 2022/23				Audit Scotland	Audit Scotland	2021/22 Strategy considered at April 2022 RAPC; spring 2023 date TBC for next consideration.		
24	23.09.21	Primary Care Improvement Plan Update	Further update report (last reported at 23 September 21 RAPC - HSCP.21.105)		Emma King / Sarah Gibbon		ACHSCP	Presented to RAPC on 23 June 2022. Members agreed the recomendation:that a further PCIP performance update is presented to the committee in Spring 2023 (unless required by exception)		
25	**13 June 2023**									
26	Standing Item	Internal Audit Reports - Annual Report & IJB Performance Manangement Reporting	Assurance that services are operating effectively		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 shoud be identified.		

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3	**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**
27	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 meetign date in JUne 2023 to be decided for next consideration.		
28	30.11.2022	Quarterly Performance Reports against the Delivery Plan	To note the position.		Alison Macleod	Strategy and Transformation Team	ACHSCP			
29	**19 September 2023**									
30	Standing Item	Whistleblowing Updates	Quarterly update		Martin Allan	Business Manager				
31		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	ACHSCP			
32		ASP Inspection Report	To note the progress update regarding Next Stepfollowign the ASP Inspection published in April 2022.		Claire Wilson	Lead for Social Work				
33	30.11.2022	Quarterly Performance Reports against the Delivery Plan	To note the position.		Alison Macleod	Strategy and Transformation Team	ACHSCP			
34	**28 November 2023**									
35	Standing Item	Directions Tracker	6 monthly reporting							
36		IJB Annual Performance Report				Strategy and Transformation Team				
37	Standing Item	Internal Audit Update Report	To provide assurance that services are operating effectively and to note the update on the work of Internal Audit.		Jamie Dale	Chief Internal Auditor	Governance			
38	30.11.22	Quarterly Performance Reports against the Delivery Plan (TBC November 2023 or March 2024)	To note the position.		Alison Macleod	Strategy and Transformation Team				

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3	**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**
39	Standing Item	Financial Regulations Review	To approve the revised Financial Regulations. Last reviewed 17 November 2022.		Paul Mitchell	Chief Finance Officer	ACHSCP			
40		Workforce Plan	Members agreed at IJB in November 2022 to instruct the Chief Officer to report progress annually to the Risk, Audit, and Performance Committee.		Sandra MacLeod	Chief Officer	ACHSCP			
41	**23 January 2024**									
42	Standing Item	Whistleblowing Updates	Quarterly update		Martin Allan	Business Manager	ACHSCP			
43	30.11.22	Quarterly Performance Reports against the Delivery Plan (TBC November 2023 or March 2024)	To note the position.		Alison Macleod	Strategy and Transformation Team				
44	**26 March 2024**									
45	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.		
46		Annual Review of RAPC			Paul Mitchell / Amy Richert	Chief Finance Officer	ACHSCP		T	As 2023
47		Approval of Unaudited Accounts			Paul Mitchell	Chief Finance Officer	ACHSCP		T	As 2023

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

Date of Meeting	28 February 2023
Report Title	Review of Board Assurance and Escalation Framework
Report Number	HSCP.23.009
Lead Officer	Chief Operating Officer
Report Author Details	Name: Martin Allan Job Title: Business Manager Email Address: martin.allan3@nhs.net
Consultation Checklist Completed	Yes
Appendices	Appendix A - Board Assurance and Escalation Framework Revised 2023

1. Purpose of the Report

1.1. To present the annual review of the Integration Joint Board's (IJB) Board Assurance and Escalation Framework (BAEF) as part of the Risk, Audit and Performance Committee's (RAPC) annual review of the Framework.

2. Recommendations

2.1. It is recommended that the Committee:

(a) Approve the revised Board Assurance and Escalation Framework (BAEF) as attached at Appendix A.

(b) Agree that the Framework continue to be reviewed annually by RAPC.

(c) Agree that once the IJB approves the revised Scheme of Governance (including the terms of reference for the IJB and its committees) that the BAEF be updated to reflect any changes made to the Scheme.

Risk, Audit and Performance Committee

3. Summary of Key Information

Board Assurance and Escalation Framework (BAEF)

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

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

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

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

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

3.5. The RAPC performs the key role of reviewing and reporting on the effectiveness of the governance structures in place and on the quality of the assurances the Board receives.

3.6. The BAEF was formally approved by the IJB in 2016 and was last reviewed by RAPC on 23 September 2021. The 2023 review has been undertaken and the revised version is attached as Appendix A to this report.

3.7. The main change to the framework is in relation to updating the document to reflect the current Strategic Plan as well as changes made to the terms of reference of the Partnership's Senior Leadership Team and job titles.

3.8. The IJB will receive a revised Scheme of Governance at its meeting in April 2023, within this document will be proposed revisions to the terms of reference to the IJB and its committees, it is proposed that once the IJB approves the revised Scheme of Governance (including the terms of reference for the IJB and its committees) that the BAEF be updated to reflect any changes to the Scheme.

3.9. It is proposed that the BAEF continue to be reviewed on an annual basis.

4. Implications for IJB

4.1. **Equalities, Fairer Scotland and Health Inequality** – there are no direct implications arising directly as a result of this report, however the BAEF outlines the regulatory framework of the IJB, supporting its vision, values and principles in terms of equalities, the principles within the Fairer Scotland Duty and tackling health inequalities.

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

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

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

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

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

Risk, Audit and Performance Committee

5. Links to ACHSCP Strategic Plan

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

6. Management of Risk

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

6.2. **Link to risks on strategic or operational risk register:** The development and revision of the BAEF will help to mitigate all of the risks on the IJB's Strategic Risk Register, however the main risk that it will help mitigate is "There is a risk of reputational damage to the IJB and its partner organisations resulting from complexity of function, delegation and delivery of services across health and social care".

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

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

Aberdeen City Health & Social Care Partnership

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Board Assurance and Escalation Framework

Approved August 2021. Next review February 2023.

Content

Part 1: Introduction

1.1 Background

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

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

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

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

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

1.2 Regulatory framework

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

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

1.3 Purpose of the framework

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

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

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

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

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

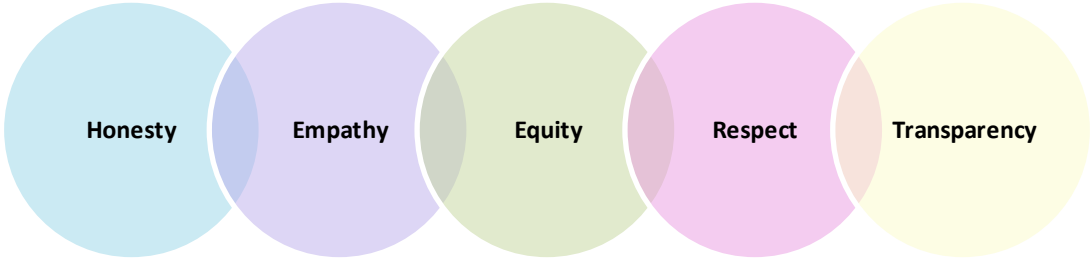
[3] Chartered Institute of Public Finance and Accountancy (CIPFA) and the International Federation of Accountants® (IFAC®). *International Framework: Good Governance in the Public Sector*, (2014) - http://www.cipfa.org/policy-and-guidance/standards/international-framework-good-governance-in-the-public-sector

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

The structures and systems described are those in place from January 2023. In order to ensure that the framework can best support the IJB in its ambitions going forward, it will be reviewed annually.

1.4 An integrated approach to governance for health and social care

In working towards the vision stated above, the IJB has agreed the following values in its Strategic Plan 2022-2025:



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

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

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

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

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

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

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

Table 1: Assurance and Compliance Framework

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

Part 2: The Framework

2.1 Strategic priorities

In its revised Strategic Plan[6] approved by IJB in June 2022, ACHSCP has articulated four broad strategic aims, and five enablers with a number of priorities identified under each.

Strategic Aims			
Caring Together	**Keeping People safe at home**	**Preventing Ill Health**	**Achieve fulfilling, healthy lives**
Strategic Priorities			
❖ 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	❖ 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	❖ Tackle the top preventable risk factors for poor mental and physical health including: - obesity, smoking, and use of alcohol and drugs ❖ Enable people to look after their own health in a way which is manageable for them	❖ 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

Strategic Enablers				
Workforce	**Technology**	**Finance**	**Relationships**	**Infrastructure**
❖ 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	❖ 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	❖ 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	❖ 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	❖ Develop an interim and longer-term solution for Countesswells ❖ Review and update the Primary Care Premises Plan

[6] Aberdeen City Health and Social Care Partnership Strategic Plan 2022-2025

A Delivery Plan has been developed detailing specific projects which ensure delivery against these priorities. The projects are managed using recognised project and programme management techniques with a member of the Senior Leadership Team (SLT) identified as Senior Responsible Officer (SRO). Progress is monitored regularly by the SLT, quarterly by the Risk Audit and Performance Committee and annually by the IJB via the Annual Performance Report (APR).

2.2 Risk Management Policy

a) Risk appetite

Risk appetite can be defined as:

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

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

b) Risk Appetite Statement

The IJB has consequently agreed a statement of its risk appetite. The IJB will review and agree the risk appetite statement on an annual basis. The IJB last reviewed its Risk Appetite Statement in October 2022.

This statement is intended to be helpful to the board in decision-making and to enable members to consider the risks to organisational goals of not taking decisions as well as of taking them. The ACHSCP's appetite for risk will likely change over time, to reflect the needs of the residents, the changing environment in which the ACHSCP operates and a desire to develop innovation in local service provision.

c) Risk Management Approach

The Risk Appetite statement, risk management system, strategic and operational risk registers together form the risk management approach as outlined in this Framework..

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

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

d) Risk Assessment methodology

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

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

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

It is important to note that in most areas of risk identified and managed by ACHSCP, the aim is to manage down the likelihood of a risk event and that in most cases, the consequence or severity of a risk event will remain the same throughout the lifetime of the

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

risk. For example, if there is a shortage of key clinical specialists one month, the consequence for service users could be a poorer health or wellbeing outcome. If vacancies are filled in a subsequent month, the likelihood of that consequence is reduced but if the risk event nevertheless occurs, the consequence for patients or clients may still be 'major' depending on the nature of the service involved.

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

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

The IJB's risk measurement table is shown below:

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

Risk Matrix

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

The outputs from risk assessment are as follows:

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

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

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

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

The risks are identified by:

- Discussions at Senior Leadership Team
- Review of Performance data and dashboards
- Review of Flash Reports escalated to SLT by Project Teams (based on project risk logs)
- Review of the Operational Risk Register (see below) including 'deep dives' on areas of operational risk aligned to strategic risk
- Review of Chief Officer reports and reports from IJB sub committees

The Senior Leadership Team agrees issues for inclusion on (and removal from) the SRR, and submits to the RAPC for formal review (twice a year) and an annual review by the IJB.

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

The SRR is shared with the NHS Grampian and Aberdeen City Council through the report consultation process. In addition to this, the SRR is submitted to ACC's Risk Board for information and scrutiny twice a year.

Corporate Level: Operational Risk Register

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

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

Risks from service risk registers are escalated to the ORR according to their risk assessment scores. New risks and risks proposed for escalation, will be discussed at the Clinical and Care Risk Meetings. New risks proposed for escalation can also be discussed at the Operational Leadership Team daily huddles as well as at quarterly Meetings of the Senior Leadership Team (when risk management is a standing item on the agenda).

The IJB has a standardised risk register format which is used for the ORR and all other risk registers as detailed below.

The Operational Risk Register comprises high scoring risks or those which cannot be managed locally from a range of sources. This document is reviewed by the Clinical Care and Governance committee (from a clinical and care governance perspective) to ensure:

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

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

Table 2: Risk Recording Format

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

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

- Review of Portfolio Management dashboards
- Operational department risk registers
- Service and locality risk registers and review of reports from service governance groups
- Review of reports from IJB sub committees
- ACHSCP Occupational Health, Safety and Wellbeing committee reports

The Chief Officer owns the Operational Risk Register, and the Clinical and Care Governance Group moderate risks escalated to ensure consistency and appropriateness of issues identified for inclusion and removal. The Clinical Care and Governance Group will meet every 2nd month and will identify any new risks. New or escalated risks are reported to the Clinical and Care Governance Committee so that the Committee are aware of the evolving profile of operational risks.

New operational risks proposed for escalation can also be discussed at the Operational Leadership Team daily huddles as well as at quarterly Meetings of the Senior Leadership Team (when risk management is a standing item on the agenda).

Occupational health and safety risks will be reported to the Partnership's Health, Safety and Wellbeing Committee. Some risks may be reported to both the Clinical Care and Governance Group and the Health, Safety and Wellbeing Committee. Governance arrangements are in place to capture these risks at source and share with the other forum.

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

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

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

Operational risks managed at the service and department level are monitored by the Chief Officer and Senior Leadership Team. The Clinical and Care Governance Group (see Appendix 3) has a key role in identifying risk across services which may affect the safety and quality of services to users. The Group also has responsibility for reminding risk owners to ensure operational risks are reviewed regularly and for reporting new and escalated risks to the Group. The aims in developing risk communication between services and the IJB will be to achieve consistency in reporting the nature and scale of risks and to clarify how these are reported, escalated and actions monitored. The risk escalation flowchart at Appendix 7 shows the basis for this process.

2.3 Roles and Responsibilities for governance

a) Committee structure

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

The board has established two committees, as follows: **Risk, Audit and Performance**, and **Clinical and Care Governance**. These committees have powers delegated to them by the IJB as set out in the Terms of Reference document.

In relation to governance and assurance, the **Risk, Audit and Performance Committee (RAPC)** performs the key role of reviewing and reporting on the relevance and rigour of the governance structures in place and the assurances the Board receives.

These will include a risk management system and a performance management system underpinned by an Assurance Framework.

The **Clinical and Care Governance Committee (CCGC)** performs the role of providing assurance to the IJB on the systems for delivery of safe, effective, person-centred care in line with the IJB's statutory duty for the quality of health and care services To

support this role, the CCGC is informed by the clinical and care governance arrangements in place across NHS Grampian and Aberdeen City Council (see Appendix 4 - Clinical and care governance diagram).

The IJB's **Senior Leadership Team (SLT)** is an executive group with oversight of the implementation of IJB decisions. The SLT will take collective responsibility and accountability for the delivery of Aberdeen City Health and Social Care Partnership's (ACHSCP) Delivery Plan 2022-2025. It will work together to identify any emerging risks and issues and to address those together. It will work to identify and embrace opportunities for accelerating the delivery of the Delivery Plan. It will provide a forum to 'join the dots' between local, regional and national initiatives ensuring that the HSCP operates as efficiently and effectively as possible

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

b) Individual responsibilities

1. Board and corporate level:

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

The Board and all its members must as a corporate body ensure good governance through the structures and systems described in this document. To provide assurance that the Board has the capability and competence required, an annual self-assessment and periodic (minimum 3 yearly) independent assessment will be undertaken.

2. Professional level:

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

- Chief Nurse & Frailty Lead
- Chief Officer Social Work (Adults)
- Allied Health Professional and Grampian Specialist Rehabilitation Lead
- Primary Care Lead
- Public Health Lead
- Medical Lead

3. Locality level:

The Board Assurance and Escalation Framework is aligned with the locality structure. This will require that there is a direct line of sight to the appropriate clinical and professional lead roles and must take into account the location of services: some are locality based and others not.

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

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

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

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

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

		Safeguarding alerts Risk assessment Incident reporting	Locality Empowerment Groups	

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

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

	Social Care Partnerships			
ACC & NHSG CEs	Chief Executives of NHSG and ACC and Chief Officer of ACHSCP	Quarterly Performance Review Meetings Bi-monthly 2-1 meetings	ACC NHSG ACHSCP	Performance Finance Risk Governance Directions Transformation Programme

2.5 Sources of assurance

a) Quality of services

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

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

b) Engagement

The IJB regards the engagement of its partners and stakeholders in the planning and delivery of services as essential to achieving the goals of integration. The nature and level of engagement varies from group to group and the range of stakeholders with whom the IJB engages is broad. In August 2021, the IJB approved guidance for public engagement which described the vision, scope, commitments and responsibilities with the aim of improving the range, quality and consistency of engagement practice. The guidance is based not only on the IJB's vision and values but also on relevant national and local policy including the Charter for Involvement, the National Standards for Community Engagement, Planning with People and Community Planning Aberdeen's Community Empowerment Strategy. Within the Strategy and Transformation Team there is a dedicated Engagement Officer whose role is to promote engagement in all its forms as an ongoing and integral activity ensuring it is constructive and a positive experience.

c) Other internal and external sources of assurance

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

- Internal Audit
- External Audit
- External inspection agencies (Care Inspectorate and Healthcare Improvement Scotland)
- Health and Safety Executive
- Mental Welfare Commission
- Externally commissioned independent investigations e.g. Ombudsman and homicide investigations
- Clinical Audit
- Scottish Council for Voluntary Organisations (SCVO)
- Royal College reviews
- Accreditation
- Information Services Division (ISD) Scotland
- Benchmarking with other health and social care providers
- Involvement in and learning from case reviews
- Voluntary Health Scotland
- Crown Office / Procurator Fiscal Reports

- The IJB will also commission external reviews of specific services where the need for additional independent assessments and assurance are identified.

Appendices

1 Strategic Risk Register format

2 Committee diagram

3 Transformation Programme Structure and Senior Management Structure

4 Role of the Committees

5 Clinical and care governance diagram

6 Risk assessment tables

7 Risk escalation process

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

Appendix 1 – Strategic risk register format

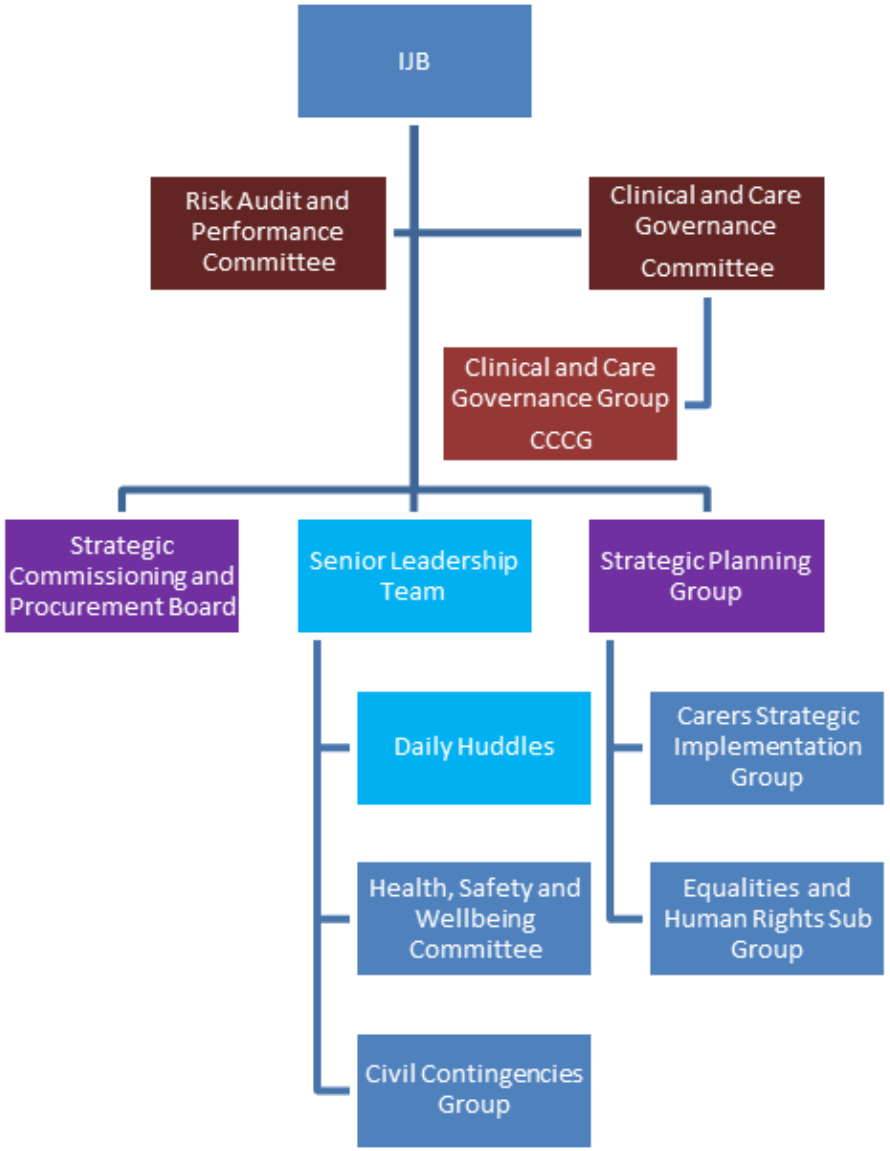
<table>
<tr><th colspan="3">- 1 -</th></tr>
<tr><td colspan="3">Description of Risk:</td></tr>
<tr><td colspan="2">Strategic Priority:</td><td>Lead Director:</td></tr>
<tr><td>Risk Rating: low/medium/high/very high

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

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

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

Appendix 2 - Board Committee diagram



Appendix 3 – Roles of the Governance Groups

Principal function/s	Membership	Reports to	Reports received / reviewed
Senior Leadership Team			
• Monitoring the delivery of the Delivery Plan 2022-25. • Monitor Key Performance Indicators across services. • Provide oversight of political enquiries and complaints. • Monitor the ACHSCP's Strategic Risk Register and identify emerging risks and issues. • Monitor the ACHSCP's financial position. • Oversee the IJB and committees' business planners. • Approve regular initiatives including, annual contract workplan, annual audit plan, annual governance statement	The core membership is as follows: • Chief Officer • Chief Operating Officer-Chair • Chief Finance Officer • Medical Lead • Strategy & Transformation Lead • Business Support, Communications & Contingency Lead • People and Organisation Lead • Allied Health Professional and Grampian Specialist Rehabilitation Lead • Chief Nurse & Frailty Lead • Chief Officer Social Work (Adults) • Mental Health & Learning Disabilities Lead (Community) • Mental Health & Learning Disabilities Lead (Specialist/In-Patient) • Commissioning Lead • Chief of Staff	IJB	The following will report as required to the Senior Leadership Team : • Senior Leadership team members • Service Managers • Transformation Programme Managers • Chief Officers – Moray and Aberdeenshire in relation to performance of 'hosted services' • Designated service health and safety leads • Partnership representatives /

Principal function/s	Membership	Reports to	Reports received / reviewed
and the Risk Appetite Statement. • Approval of ACHSCP strategies and policies prior to consideration by the IJB. • Provide a forum for escalation of matters arising from other relevant executive groups within the ACHSCP as set out in the Executive Governance Structures.	• Primary Care Lead • Strategic Change Lead • Public Health Lead		trade union representatives • Service Improvement and Quality • Chief Social Work Officer • Health Intelligence
Strategic Planning Group			
Establishing a Strategic Planning Group (SPG) is a requirement under the Public Bodies (Joint Working) (Scotland) Act 2014. Key partners in delivering health and social care integration are represented on the group. The SPG is the essence of the collaborative and co-productive approach of Aberdeen City Health and Social Care Partnership. It ensures that key strategic, policy, performance and improvement decisions relating to integration functions are informed and co-developed by partners and the organisations and communities they represent.	• Strategy and Transformation Lead (Chair)* • Primary Care Lead • Chief Nurse & Frailty Lead • Allied Health Professional and Grampian Specialist Rehabilitation Lead • Chief Officer Social Work (Adults) • Commissioning Lead • NHSG Planning Innovation and Programmes • Sexual Health Services • Mental Health and Learning Disability • Community Planning • ACC Housing Strategy • ACC Integrated Children's Services • ACVO • Scottish Care • Bon Accord Care • Active Aberdeen Partnership • Alcohol and Drugs Partnership	IJB	Locality Empowerment Groups Annual Performance Report Strategic Plan Carers Strategy Workforce Plan Equality and Human Rights Subgroup Climate Change Subgroup

Principal function/s	Membership	Reports to	Reports received / reviewed
	• Community Justice • Locality Empowerment Group Representatives • Civic Forum • Community Council Forum • Carer Representatives • Service User Representatives • ACC Business Intelligence • Health Intelligence		
Risk Audit and Performance Committee			
To review and report on the relevance and rigour of the governance structures in place and the assurances the Board receives. These will include a risk management system and a performance management system underpinned by an Assurance Framework.	The Committee will be chaired by a non-office bearing voting member of the IJB and will rotate between NHS and ACC. The Committee will consist of not less than 4 members of the IJB, excluding Professional Advisors. The Committee will include at least two voting members, one from Health and one from the Council. The Board Chair, Chief Officer, Chief Finance Officer, Chief Internal Auditor and other Professional Advisors and senior officers as required as a matter of course, external audit or other persons shall attend meetings at the invitation of the Committee. The Chief Internal Auditor should normally attend meetings and the external auditor will attend at least one meeting per annum.	IJB	Annual audit plan
Clinical & Care Governance Committee			
To provide assurance to the IJB on the systems for delivery of safe, effective, person-centred care in line with the	The Committee shall be established by the IJB and will be chaired by a voting member of the IJB. The Committee shall comprise of:	IJB	CCG Group report Feedback/Incidents Reporting

Principal function/s	Membership	Reports to	Reports received / reviewed
IJB's statutory duty for the quality of health and care services.	• 4 voting members of the IJB • Chief Officer • Chief Social Work Officer • Medical Lead • Chair of the Clinical and Care Governance Group • Chair of the Joint Staff Forum • Professional Lead – Nurse/AHP • Public Representative • Third sector Sector representatives		Escalations from CCG Group
Clinical & Care Governance Group			

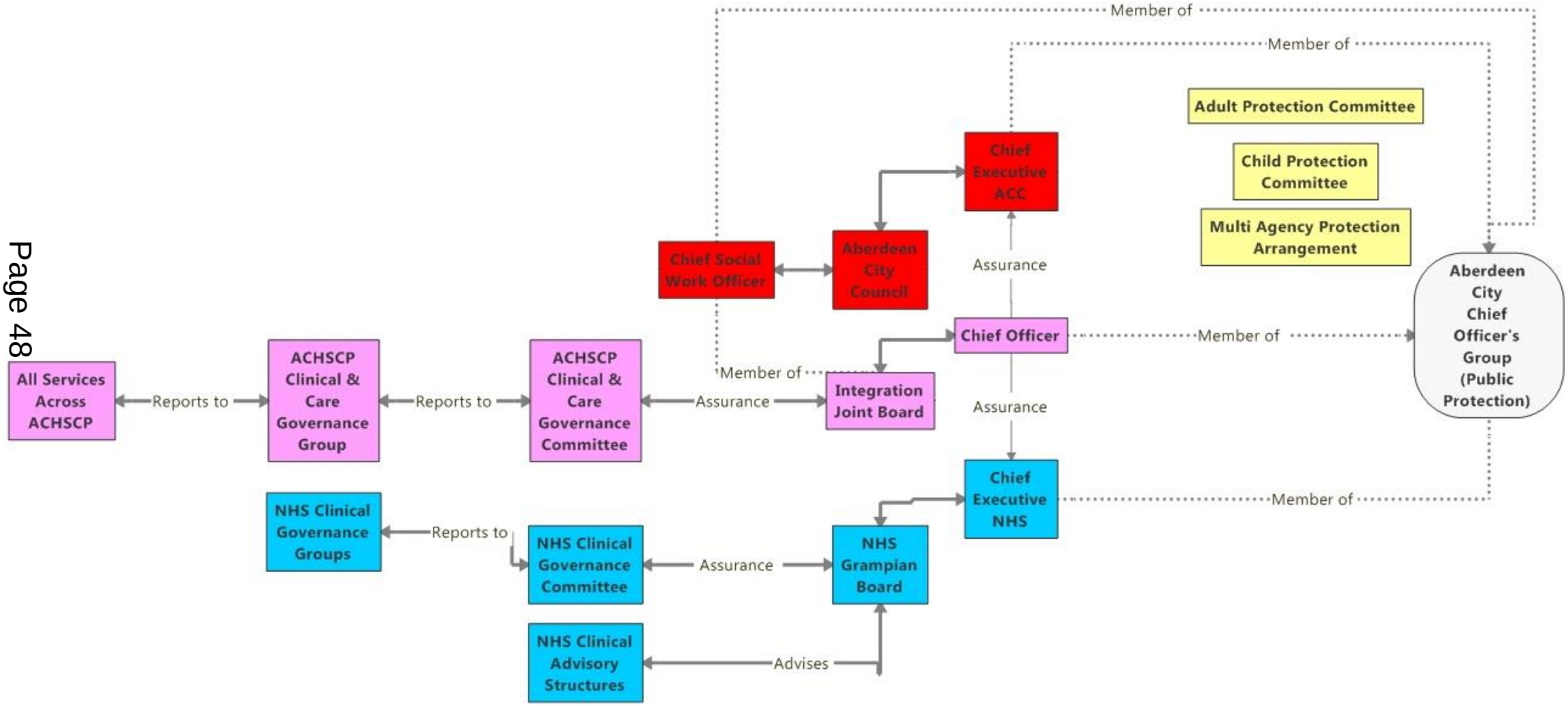
To oversee and provide a coordinated approach to clinical and care governance issues and risks within the Aberdeen City Health and Social Care Partnership.	• Medical Lead
	  • Chief Officer Social Work (Adults)
	  • Chief Nurse & Frailty Lead
	• Public Health Lead
	• Patient/Public Representative
	  • Allied Health Professional and Grampian Specialist Rehabilitation Lead
	• GP Representative
	• Dental Clinical Lead or Dental Service Representative
	• Lead Optometrist
	• Representative from Sexual Health Service
	• General Practice Patient Safety Lead
	• Woodend Hospital and Link@ Woodend Representative
	• Representative from Commissioned Service
	• Partnership Representative
		Senior Leadership Team
		Clinical and Care Governance Committee
		NHSG Clinical Quality & Safety Group
		ACC Public Protection Committee
			Reports from services:
			AHP
			Dentistry
			Optometry
			Pharmacy
			Nursing
			General Practice
			Social Work/Care
			Woodend Hospital and Links @ Woodend
			Biannual Reports
			Falls
			Pharmacy/medication
			Patient Safety in Primary Care
			New and escalated risks

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

Principal function/s	Membership	Reports to	Reports received / reviewed
The locality leadership group will also influence and be influenced by the Aberdeen City Community Planning Partnership.			
Strategic Commissioning and Procurement Board			
The purpose of the Strategic Commissioning and Procurement Board is to ensure effective and forward strategic planning of commissioning activity. It provides a central function drawing together representatives from ACC Procurement services and ACHSCP commissioners to ensure the smooth and efficient commissioning and procurement of social care services across the City.	• Lead Commissioner ACHSCP • Finance Officer ACC • Chief Officer Social Work (Adults) • Lead for Mental Health and Learning disability ACHSCP • NHS Grampian Health Intelligence • Head of Commercial and Procurement Services ACC • Category Managers, Commercial and Procurement Services • Scottish Care Representative • ACVO Representative • NHS Grampian acute services • NHS Grampian Procurement representative	IJB	Workstreams and project groups Business Case Programme Management documentation

Appendix 5 – Clinical and care governance diagram

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


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

NHS Scotland Core Risk Assessment Matrices

Table 1 - Impact/Consequence Definitions

Descriptor	Negligible	Minor	Moderate	Major	Extreme
Patient Experience	Reduced quality of patient experience/ clinical outcome not directly related to delivery of clinical care.	Unsatisfactory patient experience/clinical outcome directly related to care provision – readily resolvable.	Unsatisfactory patient experience/clinical outcome, short term effects – expect recovery <1wk.	Unsatisfactory patient experience/ clinical outcome long term effects –expect recovery >1wk.	Unsatisfactory patient experience/clinical outcome, continued ongoing long term effects.
Objectives/ Projects	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 s mino 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.	Justifie written complain. Justifie complain involving lack of appropriate care.	Below excess claim. Justifie complain involving peripheral to clinical care.	Claim above excess level. Multiple justifie complaints.	Multiple claims or single major claim. Complex justifie complaint.
Service/ Business Interruption	Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service.	Short term disruption to service with minor impact on patient care.	Some disruption in service with unacceptable impact on patient care. Temporary loss of ability to provide service.	Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked.	Permanent loss of core service or facility. Disruption a to significant "knock on" ef fect.
Staffing and Competence	Short term low staffing level temporarily reduces service quality (< 1 day). Short term low staffing level (>1 day), where there is no disruption to patient care.	Ongoing low staffing level reduces service quality. **Minor error** due to ineffective training/ implementation of training. Ongoing problems with staffing levels.	Late delivery of key objective/ service due to lack of staff. **Moderate error** due to ineffective training/ implementation of training.	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 3days. 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	• Can't believe this event would happen • Will only happen in exceptional circumstances	• Not expected to happen, but definite potential exists • Unlikely to occur.	• May occur occasionally • Has happened before on occasions • Reasonable chance of occurring.	• Strong possibility that this could occur • Likely to occur.	This is expected to occur frequently/in most circumstances more likely to occur than not.

Table 3 - Risk Matrix

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

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

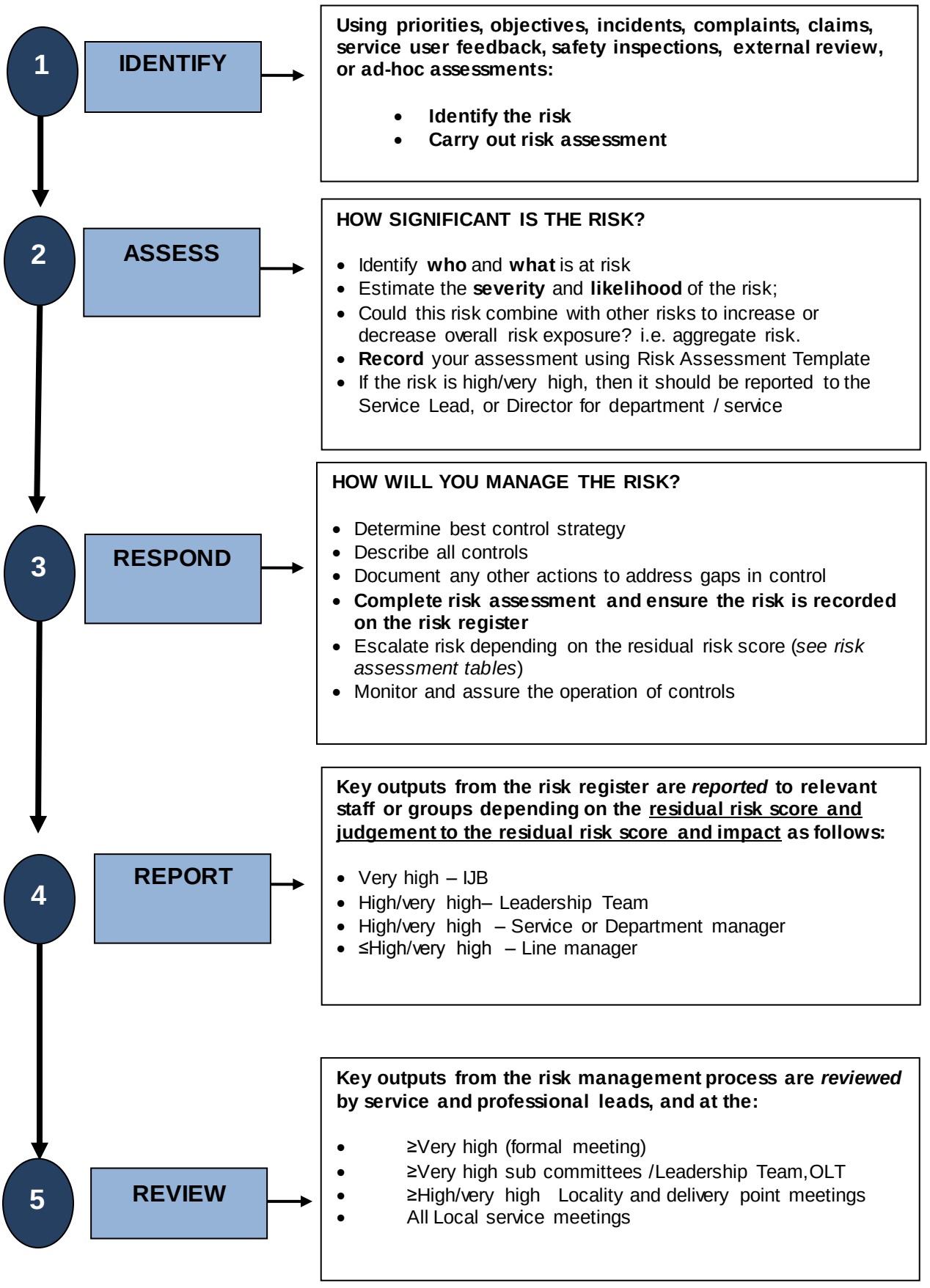
Table 4 - NHSG Response to Risk

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

Level of Risk	Response to Risk
Low	Acceptable level of risk. No additional controls are required but any existing risk controls or contingency plans should be documented. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective.
Medium	Acceptable level of risk exposure subject to regular active monitoring measures by Managers/Risk Owners. Where appropriate further action shall be taken to reduce the risk but the cost of control will probably be modest. Managers/Risk Owners shall document that the risk controls or contingency plans are effective. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective. Relevant Managers/Directors/Assurance Committees will periodically seek assurance that these continue to be effective.
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 controls to be effective and 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 systems 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 systems or information integrity, significant incidents(s) of regulatory non-compliance, potential risk of injury to staff and public.

Version March 2013

Appendix 7 – Risk escalation process



Appendix 8: Ownership & Version Control

Ownership:

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

Version Control

1. Version Control/Document Revision History (begun 24.11.2017)			
Version	Reason	By	Date
1.	Revisions to the BAEF requested by the Audit & Performance Committee at its meeting on the 21st of November 2017	Sarah Gibbon, Executive Assistant	24.11.2017
2.	Additional revisions to BAEF pending submission to IJB	Sarah Gibbon, Executive Assistant	22.01.2018
3.	Acceptance of changes	Sarah Gibbon, Executive Assistant	31.01.2018
4.	Annual Review	Sarah Gibbon Executive Assistant	18.01.2019
5.	Annual Review	Neil Buck Support Manager	22.04.2020
6.	Annual Review	Martin Allan Business Manager	August 2021
7.	Annual Review	Martin Allan Business and Resilience Manager	February 2023

Aberdeen City Health & Social Care Partnership
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RISK, AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	28/02/23
Report Title	Internal Audit Plan 2023-26
Report Number	HSCP23.016
Lead Officer	Jamie Dale
Report Author Details	Jamie Dale, Chief Internal Auditor jamie.dale@aberdeenshire.gov.uk
Consultation Checklist Completed	Yes
Appendices	Appendix A – Aberdeen City IJB – Internal Audit Plan 2023-26

1. Purpose of the Report

1.1. The purpose of this report is to seek approval of the Internal Audit Plan for the Aberdeen City Integration Joint Board for 2023-26.

2. Recommendations

2.1. It is recommended that the Risk, Audit and Performance Committee approve the Internal Audit Plan for 2023-26 as attached at Appendix A.

3. Summary of Key Information

3.1. It is one of the duties of the Integration Joint Board Risk, Audit and Performance Committee to review and approve the Internal Audit Plan on behalf of the Integration Joint Board and, thereafter, receive reports on that planned work.

3.2. The Internal Audit Plan, as it relates to the Integration Joint Board, is attached at Appendix A. Assurance will also be taken from the wider work of Internal

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

3.3. All audits included in the attached plan, as well as those in future plans, will help inform Internal Audit's opinion on the adequacy and effectiveness of the IJB's framework of governance, risk management and control. Where opportunities for improvement in controls and their application, or improvements in value for money, are identified these will be reported along with recommendations for management to consider.

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 Plan and there will be no differential impact, as a result of this report, on people with protected characteristics.

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

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

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

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

4.6. Other - NA

5. Links to ACHSCP Strategic Plan

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

RISK, AUDIT AND PERFORMANCE COMMITTEE

6. Management of Risk

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

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

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

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Aberdeen City Health & Social Care Partnership
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Internal Audit

Aberdeen City Integration Joint Board
Internal Audit Plan
2023-26

Contents

1 Executive Summary

1.1 Introduction and background

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.

The purpose of this report is to seek approval of the attached Internal Audit plan for 2023-2026.

All audits included in the attached plan, as well as those in future plans, will help inform Internal Audit's opinion on the adequacy and effectiveness of the Board's framework of governance, risk management and control, which is expressed in an annual report, and provides assurance to the Risk, Audit and Performance Committee. Where opportunities for improvement in controls and their application, or improvements in value for money, are identified these will be reported along with recommendations for Management to consider.

1.2 Management commentary

We welcome the Internal Audit Team's engagement with the Health and Social Care Partnership in the development of the proposed plan. We note that the Internal Audit Team has set aside capacity to support the Partnership's Senior Leadership Team with value added activity on a consultancy basis. This will likely be drawn upon in due course with a focus on supporting the Partnership build controls which facilitate the delivery of the Partnership's Workforce Plan and also a focus on Information Governance. Sound Information Governance arrangements will be critical to ensuring the delivery of the IJB's Strategic Delivery Plan.

2 Internal Audit Plan

2.1 Plan development

In previous years a single-year Plan has been set out for the Committee's approval. This provided clarity over planned work during each financial year, as changes in the risk environment were often less pronounced over a shorter period. However, this provided less opportunity for the Committee to gain an understanding of the wider context or 'audit universe'. In addition, the Plan was regularly not concluded in full during the financial year to which it originally referred – due to changes in priority, risks, and resources.

There was therefore scope to develop and extend planning to provide a clearer picture of Internal Audit's work and priorities, and to provide flexibility in timing of elements of that work, over an extended period. Therefore, from 2022, the Committee approved a rolling three year plan, with the recognition that this would still be assessed each year and updates made as required.

In formation of the plan, Internal Audit:

- **Reviewed historic audit outputs** – The initial planning stage involved a review of completed work from across the previous years. This looked to gauge the assurance that had been obtained recently and develop a baseline that could be built upon with the current plan. Where it is hoped that the greatest coverage can be obtained in a single year, this is not always possible, so instead it will be ensured that there has been coverage over a number of years, both previously and forward looking.
- **Reviewed the agreed Plan for 2022-25** – In addition to the review of previous assurance work, the agreed plans for 2023/24 and 2024/25, agreed as part of the 2022-2025 plan overall, were reviewed. This is the starting position for the current plan; however this will change based on developments in year and the changing risk profile of the Board.
- **Reviewed Management's progress in implementing agreed audit recommendations** – A review of the work of Management to implement audit recommendations . This looked to identify any areas where management has struggled to implement agreed actions, and where the risks remain, for these to be factored into the audit plan.
- **Reviewed different sources of information** – A suite of information, primarily Committee reporting and the Board's Risk Register, was reviewed to further develop Internal Audit's understanding of the operations and issues of the Board.
- **Reviewed information from other assurance providers** – Discussions were held and reports reviewed from other assurance providers.
- **Held discussion with key stakeholders** – Discussions were held with key stakeholders across the Board. These discussions focused on three key areas:
    - Key risks within the auditable area.

    - Any recent or upcoming developments.
    - Suggestions for assurance reviews, including value adding pieces of work.
- **Benchmarked against other IJBs** – A review of the Internal Audit plans for other IJBs as per their Committee reporting available online. This looked to gain an understanding of issues being faced by other IJBs and identify any auditable areas for Aberdeen City.

The Internal Audit plan for the period April 2023 to March 2026 is presented in Appendix 1 to this report, including the relevant Adult Social Care Service audits within the Aberdeen City Internal Audit Plan 2023-26; this is where Aberdeen City Council is the lead provider of the service.

The plan details what Internal Audit anticipates being able to review in the year, assuming stability in resources available to the Section. The plan is flexible and can be amended to reflect changes in priority or because of new risks being introduced or identified, although consideration needs to be given to the requirement for Internal Audit to complete sufficient work to provide an evidence based annual opinion. Internal Audit will continue to review the Board's risk registers and update its own risk assessments based on audit findings, throughout the Plan's term.

All audits included in the attached plan are part of a rolling programme of work, each element of which will help inform Internal Audit regarding the adequacy and effectiveness of the Board's framework of governance, risk management and control, allowing assurance to be provided regarding those arrangements. Where opportunities for improvement in controls and their application, or improvements in value for money, are identified these will be reported along with recommendations for management to consider. This is the priority of the work however where there are opportunities to provide value adding work, this has been factored into the plan.

The time allocation for all audits assumes that systems to be reviewed are adequately documented, detailing the controls put in place by management, and that testing identifies that these controls are being complied with. If this is not the case, there will be an impact on the time taken to review planned areas and on the plan's achievability.

The Plan also includes time set aside to assist Management in developing their controls and approach to improving compliance. This reflects continuing development of a more proactive value-added approach by Internal Audit, to supplement the more traditional core compliance-oriented audit work. For these elements of the Plan there will not be a separate Internal Audit report to the Risk, Audit and Performance Committee. Highlights from this work will however be provided as part of the regular Internal Audit progress reports provided to the Committee.

With approval of the plan, we will work with Management to schedule the audit work for the year. This will look to match our internal resourcing but also ensure that it is suitable for those relevant stakeholders across the Board. We will look to ensure that management are not inundated with consecutive audits and that fieldwork, where most input is required, is at a time which does not clash with other priorities or commitments.

2.2 Undertaking planned work

When commencing each planned audit, Internal Audit contacts Management responsible for the area to be reviewed along with any other nominated officer. They are reminded of the objective and scope of the review and of how Internal Audit intends to achieve the level of assurance required. Officers are invited to identify any specific aspects of the area to be reviewed that are of particular concern- and all of this is factored into the agreed scoping document. Once fieldwork has been completed, a draft report is issued to Management responsible for the area reviewed along with any other nominated officer. Prior to issuing the final report, Internal Audit seeks confirmation from the officers involved that they are satisfied with the report and actions agreed to address any identified issues.

Outputs from the IJB Internal Audit plan will be shared with Aberdeen City Council's Audit, Risk and Scrutiny Committee after they have been considered by the Risk, Audit and Performance Committee.

Whilst undertaking planned work, it is possible that Internal Audit may identify governance issues that are not within the stated scope of the review being undertaken. Public Sector Internal Audit Standards require that Internal Audit report such instances to those charged with governance. In this respect, Internal Audit's reports may contain issues that appear to be "outwith scope".

3 Appendix 1 – 2023-26 Internal Audit Plan

The below table sets out the Internal Audit Plan for 2023-26. The Plan should be read with the following considerations:

- Where each audit has been mapped to a risk area some reviews will cut across many different categories. This is to show that consideration has been given to ensuring the Plan addresses the myriad of risks across the IJB's operations; the principal risk has been shown below for ease of review.
- Core assurance audits are the typically traditional compliance based reviews that are the foundation for the annual opinion provided by the Chief Internal Auditor. Wider assurance audits are reviews that will focus more on value adding work. Whilst mapping has been provided to show a split in the Plan for the year, the type of review is not exclusive and Internal Audit will ensure that all work contributes to the annual opinion, whilst also adding value where possible.

The relevant planned work with the Aberdeen City Council is also presented.

Function	Auditable Area	Objective	Principal Risk	Assurance
2023/24				
Integration Joint Board	IJB Hosted Services	To obtain assurance that the IJB has adequate arrangements in place to monitor the performance of services hosted on its behalf.	Operational	Core
Integration Joint Board	Complaint Handling	To ensure that the complaints procedures are being complied with for all matters and that data generated is used by Management to monitor and improve performance.	Operational	Wider
2024/25				
Integration Joint Board	IJB Budget Setting and Monitoring	To ensure that appropriate arrangements are in place regarding IJB budget setting.	Financial	Core
Integration Joint Board	National Care Service[1]	To consider whether appropriate control is being exercised over the delivery of changes as a result of the roll out of the National Care Service.	Strategic	Wider
2025/26				
Integration Joint Board	National Care Service	To consider further whether appropriate control is being exercised over the delivery of changes as a result of the roll out of the National Care Service.	Strategic	Wider

[1] Given the pending introduction of the National Care Service and its impact on the IJB, further consideration will be given ahead of planning for 2024/25 and 2025/26 to identify appropriate auditable areas and value adding work.

Function	Auditable Area	Objective	Principal Risk	Assurance
2023/24				
Council Led HSCP Services	Care Management System	To consider whether appropriate control is being exercised over the care management system, including contingency planning, and disaster recovery, and its data input, and that interfaces to and from other systems are accurate and properly controlled.	Operational	Core
Council Led HSCP Services	Social Care Financial Assessments	To obtain assurance that adequate arrangements are in place to undertake social care financial assessments in an accurate and efficient manner, with a focus on the systems used.	Financial	Core
2024/25				
Council Led HSCP Services	HSCP Commissioning	To review plans and progress with commissioning across the Health and Social Care Partnership.	Operational	Core
2025/26				
Council Led HSCP Services	HSCP Delivery[2]	To obtain assurance that adequate arrangements are in place to facilitate the delivery of Health and Social Care Partnership services.	Operational	Wider

[2] Given the pending introduction of the National Care Service and its impact on the Council, further consideration will be given ahead of planning for 2025/26 to identify an appropriate auditable area and value adding work.

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

Date of Meeting	28/02/23
Report Title	Internal Audit Update Report
Report Number	HSCP23.012
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 February 2023

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 February 2023 ("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; and

2.3. Note the progress that has been made with implementing recommendations agreed in Internal Audit reports as outlined 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

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
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Internal Audit

Risk, Audit and Performance Committee
Internal Audit Update Report
February 2023

Contents

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:

- Two reports have been finalised, with the final review of the year in progress.
- Two audit recommendation have been closed, with one carried forward.

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
Integration Joint Board	Transformational Programme	**Final Report Issued**

2.2 2022-23 Audits

Service	Audit Area	Position
Council Led HSCP Services	Adults with Incapacity (Management of funds)	**Review in Progress**
Integration Joint Board	IJB Data Sharing	**Final Report Issued**

2.3 Audit reports presented to this Committee

2.3.1 Historic methodology

Report Title	Assurance Year	Conclusion
AC2211 – Transformational Programme	2021-22	Despite recruitment challenges and the impact of COVID-19, work is continuing to progress delivery of the IJB's transformation agenda. The Aberdeen City Health and Social Care Partnership's (ACH&SCP) Delivery Plan detailed in the Strategic Plan for 2022-25 provides a comprehensive framework for progressing the partnership's priorities over the next three years in the run up to the establishment of the National Care Service, with projects allocated to responsible officers and deadlines established and savings allocated at a high level to Strategic Plan aims and enablers. A system of dashboard reporting is in place for Senior Leadership Team and the Risk, Audit and Performance Committee to monitor Delivery Plan progress. In addition, statutory annual performance reporting including progress delivering on national integration outcomes is taking place. Transformation projects have progressed despite the unusual circumstances and challenges presented by COVID-19. Recommendations have been made to enhance controls over project management including formalising project management procedures and enhancing monitoring information available to groups responsible for project delivery, including project level workplans, operational risk logs and budget monitoring information.

2.3.2 Current methodology

Report Title	Assurance Year	Risk Level	Net Risk Rating	Conclusion
AC2302 – IJB Data Sharing	2022-23	Function	**Moderate**	The level of net risk is assessed as **MODERATE**, with the control framework deemed to provide **REASONABLE**

Report Title	Assurance Year	Risk Level	Net Risk Rating	Conclusion
				assurance over the IJB's approach to data sharing. Information risk is increased where data is shared between organisations, hence the Information Commissioner's Office (ICO) Data Sharing Code of Practice recommends that organisations have a data sharing agreement. A data sharing agreement between NHSG and the Aberdeen City, Aberdeenshire, and Moray councils was drafted and issued in 2022 but has not yet been signed by all parties. However the Policy, Procedure and Governance framework in place within each Partner organisation should ensure their staff are adequately trained in data protection to operate in a risk environment where their responsibility is clear. Records Management plans are in place in accordance with legislation, but how these and other procedural documents and the key staff involved fit into the overall information governance framework for the IJB is not clearly documented. The types of information, how this is shared, the systems used, and the individuals responsible for ensuring its quality, security, safe passage, and the authority required, should be clearly mapped out. Where appropriate, there may be scope for the harmonisation of procedures, potentially with the other IJB's that NHS Grampian serves. Assurance over information compliance can be drawn from the Partners' Risk Boards and records of training, data protection impact assessments, and information breaches, all of which are reported internally. The Chief Officer of the IJB is also a member of NHS Grampian's Chief Executive Team and similar with Aberdeen City Council. The Business and Resilience Manager is responsible for providing the IJB with this assurance: more comprehensive regular assurance reporting to the Risk, Audit and Performance Committee, based on such sources, would be beneficial for the IJB. The original intention of this review was for the assurance providers of the three organisations to work together and where individual reports would be produced, also include a covering report providing details of the assurance gained from all areas of

Report Title	Assurance Year	Risk Level	Net Risk Rating	Conclusion
				work. As there is currently limited assurance being provided directly to the IJB on this aspect of its business, Internal Audit sought assurance from the Partners over their data protection governance arrangements, and how these are applied in respect of services delegated to the IJB. Comprehensive data was available on the arrangements put in place by Aberdeen City Council. However, due to other commitments (a regulatory audit from the ICO) NHS Grampian has not been able to facilitate such a review and their auditors instead plan to carry out the work later in the year. The IJB will still require assurance over this aspect of its governance arrangements, and recommendations have been made in this report as to the type and extent of assurance required. The intention is still to carry out analysis of all three pieces of work and create an overarching summary, however this will not be available until later in the financial year. Where we have been unable to confirm arrangements or gain assurance over elements of the control framework managed by NHS Grampian, this has been highlighted in the report and Management should seek to gain assurance over these areas where they feel it is needed. However, assurance can be taken from the results of the ICO audit, and from the engagement of NHS Grampian in the finalisation of this report.

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 December 2022 (the baseline for our exercise), 3 audit recommendations were due and outstanding:

- Two rated as Moderate

- One rated as Minor

As part of the audit recommendations follow up exercise, two audit recommendations were closed. The outstanding position going forward is that of one recommendation carried forward. Management provided an update on this and a new implementation date agreed.

Appendix 1 – Grading of Recommendations (historic) and Appendix 2 – Grading of Recommendations (current) provides the definitions of each of the ratings used.

Appendix 3 – Audit Recommendations Follow Up – Outstanding Actions provides a detailed breakdown of the outstanding audit recommendation that will be taken forward and followed up as part of the next cycle.

3 Appendix 1 – Grading of Recommendations (historic)

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	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. Financial Regulations have been consistently breached.
Significant within audited area	Addressing this issue will enhance internal controls. An element of control is missing or only partial in nature. The existence of the weakness identified has an impact on a system's adequacy and effectiveness. Financial Regulations have been breached.
Important 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 – Grading of Recommendations (current)

Risk level	Definition
Corporate	This issue / risk level impacts the IJB as a whole. Mitigating actions should be taken at the Senior Leadership level.
Function	This issue / risk level has implications at the functional level and the potential to impact across a range of services. They could be mitigated through the redeployment of resources or a change of policy within a given function.
Cluster	This issue / risk level impacts a particular Service or Cluster. Mitigating actions should be implemented by the responsible Chief Officer.
Programme and Project	This issue / risk level impacts the programme or project that has been reviewed. Mitigating actions should be taken at the level of the programme or project concerned.

Net Risk Rating	Description	Assurance Assessment
Minor	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.	Substantial
Moderate	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified, which may put at risk the achievement of objectives in the area audited.	Reasonable
Major	Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Limited
Severe	Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Minimal

Individual Issue / Risk Rating	Definitions
Minor	Although the element of internal control is satisfactory there is scope for improvement. Addressing this issue is considered desirable and should result in enhanced control or better value for money. Action should be taken within a 12 month period.
Moderate	An element of control is missing or only partial in nature. The existence of the weakness identified has an impact on the audited area's adequacy and effectiveness. Action should be taken within a six month period.
Major	The absence of, or failure to comply with, an appropriate internal control, which could result in, for example, a material financial loss. Action should be taken within three months.
Severe	This is an issue / risk that could significantly affect the achievement of one or many of the IJB's objectives or could impact the effectiveness or efficiency of the IJB's activities or processes. Action is considered imperative to ensure that the IJB is not exposed to severe risks and should be taken immediately.

5 Appendix 3 – Audit Recommendations Follow Up – Outstanding Actions

Area	Report	Recommendation	Original Due Date	Current Due Date	Committee Update	Status
Health and Social Care Partnership	AC2211 - Transformational Programme	Where relevant, budget monitoring information should be regularly reported to groups responsible for Delivery Plan projects with sufficient detail to identify project budget underspends and pressures requiring corrective action. **(Moderate)**	31/12/2022	30/06/23	Detailed budget monitoring reports are provided ahead of these meetings, discussed and any relevant amendments/adjustments agreed before being changed on the ledger to flow through into the forecasts. We are in the process of assigning the budgets to the specific delivery plan projects, but this will take some time as there is considerable work required to allocate the individual budgets and then set-up a process to extract the information efficiently to allow for regular and relevant monitoring to take place. It is the intention to get the top-level budget set by the end of February, and then start work on allocating the budgets to the Delivery Plan before the year-end work starts.	**In Progress**

Aberdeen City Health & Social Care Partnership
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RISK, AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	28/02/23
Report Title	Internal Audit Report – IJB Transformational Programme
Report Number	HSCP23.013
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 IJB Transformational Programme that was included in the Internal Audit Plan for Aberdeen City Integration Joint Board.

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. At its first meeting on 26 April 2016, the IJB agreed a Transformational and Strategic Commissioning Plan (Transformation Programme), detailing high level investment proposals for over £33m of mainstreamed funding for the 2016-19 period. This was to transform the way services are delivered

through the partnership of Aberdeen City Council and NHS Grampian, in conjunction with Care Organisations in the independent and third sectors. The IJB's transformation agenda has continued through subsequent strategic plans, the most recent of which was approved for 2022-25 by the IJB on 7 June 2022.

Objective

3.2. The objective of this audit was to provide assurance that the IJB is continuing to make progress with delivery of its transformation agenda.

Assurance

3.3. Despite recruitment challenges and the impact of COVID-19, work is continuing to progress delivery of the IJB's transformation agenda.

3.4. The Aberdeen City Health and Social Care Partnership's (ACH&SCP) Delivery Plan detailed in the Strategic Plan for 2022-25 provides a comprehensive framework for progressing the partnership's priorities over the next three years in the run up to the establishment of the National Care Service, with projects allocated to responsible officers and deadlines established and savings allocated at a high level to Strategic Plan aims and enablers. A system of dashboard reporting is in place for Senior Leadership Team and the Risk, Audit and Performance Committee to monitor Delivery Plan progress. In addition, statutory annual performance reporting including progress delivering on national integration outcomes is taking place.

3.5. Transformation projects have progressed despite the unusual circumstances and challenges presented by COVID-19. Recommendations have been made to enhance controls over project management including formalising project management procedures and enhancing monitoring information available to groups responsible for project delivery, including project level workplans, operational risk logs and budget monitoring information.

Findings and Recommendations

3.6. The project management process applied by the Strategy and Transformational team has yet to be formalised. Key template documentation is available for use, covering the various stages of a project. However, it was noted that this was not always used with certain concluded transformation projects not having project close documentation to reflect on

lessons learned and some ongoing Delivery Plan projects not having business cases. In the absence of a clear framework describing when project management documentation is and is not required, and the associated governance arrangements for this documentation, there is a greater risk projects will not be managed as intended and Best Value will not be achieved. A recommendation graded 'Significant within audited area' was raised for the Partnership to ensure that the project management process is formalised.

3.7. The IJB approved its budget for 2022/23 and Medium-Term Financial Framework (MTFF) in March 2022. The MTFF sets out the need to achieve £35.6m of saving through a programme of transformation and service efficiencies and allocates these savings across the seven financial years to 31 March 2029 at a high level by each Strategic Plan Strategic Aim; infrastructure enablers; and a full-service redesign. Whilst savings are clearly linked to the Strategic Plan for 2022-25 in the MTFF at a high level, savings have not been allocated to budget holders for later years. Where savings are not allocated to responsible officers and plans for their delivery established, there is a greater risk they will not be realised.

3.8. A sample of five former Transformation Programme projects carried forward into the Delivery Plan for 2022-25 was reviewed to ensure projects were progressing as required and are subject to adequate governance arrangements at a project level. Whilst projects have been allocated to responsible officers, the adequacy of governance arrangements varied.

3.9. Detailed workplans monitored by relevant delivery groups with tasks allocated to responsible officers and deadlines were in place for three projects (60%), including the Primary Care Improvement Plan (PCIP), hospital at home (H@H) and commissioning projects reviewed. However, this was not the case for two (40%) reviewed – the staff health and wellbeing and digital records projects. Work to digitise records had not been scoped beyond May 2022. On staff health and wellbeing, a draft Workforce Plan was considered by the IJB on 30 August 2022 describing aims and associated performance measures, high level leads, and deadlines. In addition, the Healthy Working Lives Group has been monitoring delivery of staff health and wellbeing initiatives. However, a detailed workplan of health and wellbeing initiatives was not established with responsible officers and deadlines allocated and an operational risk register / log was not in place.

Staff health and wellbeing is recorded in the Strategic Risk Register as a mitigating factor to address the very high risk of potential loss of life and unmet health and social care needs due to insufficient staff. In the absence of a detailed workplan and operational risk register / log, monitored by a delivery group, there is a greater risk necessary improvement to staff health and wellbeing will not be achieved. Recommendations graded 'Significant within audited area' were raised for detailed Delivery Plan project level workplans and risk logs to be monitored for all Delivery Plan projects.

3.10. Budget monitoring information was available to project managers where relevant however the quality of information reported to groups responsible for oversight of project delivery varied. The PCIP project has been delayed due to the impact of COVID-19 and recruitment challenges resulting in underspent ring-fenced funding of £4.2m being carried forward from previous years. The budget monitoring information received by the PCIP group on a quarterly basis in relation to the PCIP fund is basic and whilst it breaks down the 2022/23 forecast into the relevant projects making up the PCIP, information is lacking for group members to scrutinise the forecasts, including spend to date and subjective analysis of forecasts. For the H@H delivery project, the budget had been allocated to where it needed to be spent however budget monitoring information for this project was not reported to the group responsible for delivery at all. In the absence of regular oversight of detailed budget monitoring information by the groups responsible for project delivery, there is a greater risk underspends (such as those relating to recruitment) or pressures will not be identified, subject to adequate scrutiny by the officers responsible for delivery and mitigated. A recommendation graded 'Significant within audited area' was raised with the Service for budget monitoring information to be improved at a project level to address this.

Management Response

3.11. Aberdeen City Health and Social Care Partnership (ACHSCP) accept the findings of this audit and welcome the recommendations as areas for improvement. Delivering transformation activity during the global pandemic was challenging and whilst some transformations, such as the implementation of digital solutions like 'Near Me' were accelerated, others were paused whilst officers were diverted to the pandemic response. During this time, it was not always feasible to follow robust project management processes. In addition, the Transformation Team were subject to

amalgamation with two other ACHSCP teams and a subsequent restructure with resultant staff changes. As we move out of this phase, we look forward to a more stable environment within which we can continue to deliver on the transformation agenda improving processes and procedures as we go. In relation to the achievement of MTFF savings, this is being considered as part of the 2023/24 budget setting and MTFF refresh process, with engagement with relevant budget holders planned to ensure savings are appropriately allocated for delivery.

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.

RISK, AUDIT AND PERFORMANCE COMMITTEE

6. Management of Risk

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

6.2. **Link to risks on strategic risk register:** There is a risk of financial failure, that demand outstrips budget and IJB cannot deliver on priorities, statutory work, and projects an overspend.

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.

Aberdeen City Health & Social Care Partnership
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RISK, AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	28/02/23
Report Title	Internal Audit Report – IJB Data Sharing
Report Number	HSCP23.014
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 IJB Data Sharing that was included in the Internal Audit Plan for Aberdeen City Integration Joint Board.

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

Assurance Assessment

3.1. The level of net risk is assessed as **MODERATE**, with the control framework deemed to provide **REASONABLE** assurance over the IJB's approach to data sharing.

3.2. Information, when used lawfully, held securely and is reliable in terms of its availability and accuracy, facilitates the Aberdeen City Health and Social Care Partnership in providing high quality, safe and effective services which meet service user needs. Data ultimately facilitates the IJB and Partnership management's decision making in order for integration and transformation intentions to be realised, performance targets to be met, and strategic objectives delivered.

3.3. Data Protection and other information legislation requires the Partners within the Aberdeen City Health & Social Care Partnership (Aberdeen City Council and NHS Grampian) and the IJB to be aware of the consequences of inadequate information risk management. Accordingly appropriate resources, robust policies and procedures, and a clear governance framework must be in place to ensure data is appropriately managed in an information risk environment which the Aberdeen City Health & Social Care Partnership and the IJB itself understands.

3.4. Information risk is increased where data is shared between organisations, hence the Information Commissioner's Office (ICO) Data Sharing Code of Practice recommends that organisations have a data sharing agreement. A data sharing agreement between NHSG and the Aberdeen City, Aberdeenshire, and Moray councils was drafted and issued in 2022 but has not yet been signed by all parties. However the Policy, Procedure and Governance framework in place within each Partner organisation should ensure their staff are adequately trained in data protection to operate in a risk environment where their responsibility is clear.

3.5. Records Management plans are in place in accordance with legislation, but how these and other procedural documents and the key staff involved fit into the overall information governance framework for the IJB is not clearly documented. The types of information, how this is shared, the systems used, and the individuals responsible for ensuring its quality, security, safe passage, and the authority required, should be clearly mapped out. Where appropriate, there may be scope for the harmonisation of procedures, potentially with the other IJB's that NHS Grampian serves.

3.6. Assurance over information compliance can be drawn from the Partners' Risk Boards and records of training, data protection impact assessments, and

information breaches, all of which are reported internally. The Chief Officer of the IJB is also a member of NHS Grampian's Chief Executive Team and similar with Aberdeen City Council. The Business and Resilience Manager is responsible for providing the IJB with this assurance: more comprehensive regular assurance reporting to the Risk, Audit and Performance Committee, based on such sources, would be beneficial for the IJB.

3.7. The original intention of this review was for the assurance providers of the three organisations to work together and where individual reports would be produced, also include a covering report providing details of the assurance gained from all areas of work. As there is currently limited assurance being provided directly to the IJB on this aspect of its business, Internal Audit sought assurance from the Partners over their data protection governance arrangements, and how these are applied in respect of services delegated to the IJB.

3.8. Comprehensive data was available on the arrangements put in place by Aberdeen City Council. However, due to other commitments (a regulatory audit from the ICO) NHS Grampian has not been able to facilitate such a review and their auditors instead plan to carry out the work later in the year. The IJB will still require assurance over this aspect of its governance arrangements, and recommendations have been made in this report as to the type and extent of assurance required. The intention is still to carry out analysis of all three pieces of work and create an overarching summary, however this will not be available until later in the financial year. Where we have been unable to confirm arrangements or gain assurance over elements of the control framework managed by NHS Grampian, this has been highlighted in the report and Management should seek to gain assurance over these areas where they feel it is needed. However, assurance can be taken from the results of the ICO audit, and from the engagement of NHS Grampian in the finalisation of this report.

Management Response

3.9. Management welcome the audit and its recommendations. The audit will help to provide assurance to the Partnership's Senior Leadership Team as well as the IJB. The Business and Resilience Manager post can provide assurance to the Senior Leadership Team around data sharing and the IJB's Data Protection officer can provide assurance to the Board. The mapping of

this assurance from the IJB's partners (NHS Grampian and Aberdeen City Council) helps to provide clarity as well as assurance and the mapping process can assist in outlining the roles and responsibilities of the Business and Resilience Manager and Data Protection officer posts in relation to data sharing matters for the IJB.

3.10. The remit and agency of the IJB over data protection governance is relatively limited – as it is data controller for only a limited amount of information. It will need to rely on Partners to the Integration Scheme (NHSG and Aberdeen City Council) which are data controllers in their own right, and have their own governance and reporting arrangements, in respect of appropriate processing of personal data in the joint activities Directed by the IJB; and in addressing the implications of any data breaches. Training has been provided by the DPO in this regard in previous years. However, it is acknowledged that a review of the assurance required by and provided to the IJB could be beneficial.

3.11. A pan-Grampian data sharing agreement was drafted in 2022 and shared with relevant partners. There has been positive feedback and it is awaiting conclusion of the relevant partners' internal governance arrangements before it can be fully implemented.

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.

6.2. **Link to risks on strategic risk register:** There is a risk of financial failure, that demand outstrips budget and IJB cannot deliver on priorities, statutory work, and projects an overspend.

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.

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Aberdeen City Health & Social Care Partnership
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RISK, AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	28 February 2023
Report Title	Quarter 3 (2022/23) Financial Monitoring Update
Report Number	HSCP23.017
Lead Officer	Paul Mitchell, Chief Finance Officer
Report Author Details	Paul Mitchell, Chief Finance Officer PauMitchell@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Appendices	Appendix A -Finance Update as at end December 2022 Appendix B - Variance Analysis Appendix C - Mobilisation Plan Costings Update Appendix D - Progress in implementation of agreed savings – December 2022 Appendix E - Budget Reconciliation Appendix F - Budget Virements Appendix G - Summary of risks and mitigating action.

1. Purpose of the Report

a) To summarise the 2022/2023 revenue budget performance for the services within the remit of the Integration Joint Board (IJB) for quarter 3 (period ended of 31 December 2022).

b) To advise on any areas of risk and management action relating to the revenue budget performance of the IJB services.

c) To approve the budget virements so that budgets are more closely aligned to anticipated income and expenditure.

2. Recommendations

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

a) Note this report in relation to the IJB budget and the information on areas of risk and management action that are contained herein.

b) Approve the budget virements indicated in Appendix F

3. Summary of Key Information

Background

3.1. This financial year (2022/23) the IJB has found itself in the same position as last year with additional costs being incurred due to the implications of COVID-19 on the delegated services.

3.2. There has been no change from Quarter 2 to Quarter 3 in the forecast of the Covid-19 specific costs. For the year to 31 March 2023 the total forecast to be funded from the Covid Reserve remains at £10,057,000.

3.3. These costs relate to the continuation of support for Covid expenditure that was previously being funded and agreed in 2021/22. This total includes costs incurred since the funding was passed over to the IJB. The amount attributable to 2022/23 is £3,800,000 with the individual claims significantly reducing each month.

Aberdeen City IJB Financial Information

3.4. To maintain a consistent approach with the financial position reported in previous financial years, a prudent methodology continues to be taken in respect of forecasting. The financial position of the IJB as at 31 December 2022 is as follows:

RISK, AUDIT AND PERFORMANCE COMMITTEE

	As at 31 Dec 2022 £'000
Overspend\(Underspend) *as at (Appendices A and B)*	**0**
Represented by:	
Overspend\(Underspend) on Mainstream Budgets (Appendix B)	**0**

3.5. The mainstream position is showing a balanced budget and information on the individual variances to date are contained in Appendix B.

3.6. Budget Holders have regular review meetings with dedicated finance staff and the Senior Leadership Team receive regular financial reports and continually monitor the overall forecast position.

4. Implications for IJB

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

Key underlying assumptions and risks are set out within the Appendices to this report.

4.2. **Equalities, Fairer Scotland and Health Inequality** – there are no implications arising from this report.

4.3. **Financial** – the financial implications are contained throughout the report.

4.4. **Workforce** – there are no workforce implications arising from this report.

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

4.6. **Other** – there are no other implications arising from this report

5. Links to ACHSCP Strategic Plan

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

6. Management of Risk

6.1. Identified risks(s)

See directly below.

6.2. **Link to risks on strategic or operational risk register:** Strategic Risk #2

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

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

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

Appendix A: Finance Update as at end December 2022

Period 9	Full Year Revised Budget £'000	Period Budget £'000	Period Actual £'000	Period Variance £'000	Variance Percent %	Forecast £'000	Full Year Variance £'000	App B
Mainstream:								
Community Health Services	38,543	28,851	29,026	175	0.6%	38,869	326	*a*
Aberdeen City share of Hosted Services (health)	28,441	21,264	21,356	92	0.4%	28,366	(75)	*b*
Learning Disabilities	37,797	28,348	28,761	413	1.5%	37,969	172	*c*
Mental Health and Addictions	24,017	18,311	17,765	(546)	(3.0)%	24,026	9	*d*
Older People & Physical and Sensory Disabilities	100,857	75,643	73,701	(1,942)	(2.6)%	100,621	(236)	*e*
Directorate	1,961	1,206	1,215	9	0.7%	1,876	(85)	*f*
Criminal Justice	153	115	114	(1)	(0.9)%	153	-	
Housing	1,848	1,386	1,549	163	11.8%	1,848	-	
Primary Care Prescribing	39,425	29,600	31,782	2,182	7.4%	42,638	3,213	*g*
Primary Care	45,000	33,776	31,005	(2,771)	(8.2)%	41,219	(3,781)	*h*
Out of Area Treatments	2,000	1,517	1,748	231	15.2%	2,457	457	*i*
Set Aside Budget	47,802	35,852	35,852	0	-	47,802	-	
Direct COVID Costs	10,057	7,312	7,211	(101)	(1.4)%	10,057	-	*j*
Transforming Health and Wellbeing	2,669	1,996	2,162	166	8.3%	2,669	-	*k*
	380,570	**285,177**	**283,247**	**(1,930)**	**(0.7)%**	**380,570**	**-**	
Funds:							-	
Integration and Change	349	235	235	0	-	349	-	
Uplift Funding	5,815	0	0	0	-	5,815	-	
Winter Funding	0	0	0	0	-	0	-	*l*
Primary Care Improvement Fund	306	231	231	0	-	306	-	
Action 15 Mental Health	1	1	1	0	-	1	-	
Alcohol Drugs Partnership	0	0	0	0	-	0	-	
	6,471	**467**	**467**	**0**	**-**	**6,471**	**-**	
	387,041	**285,644**	**283,714**	**(1,930)**	**(0.7)%**	**387,041**	**-**	

Appendix B: An analysis of the variances on the mainstream budget is detailed below:

a **Community Health Services (Forecast Position - £326,000 overspend)**

Major Variances:

1,636,000	Across non-pay budgets
(254,000)	Over receipt on income
(1,056,000)	Staff Costs

Staffing costs projected underspend due to recruitment to vacancies particularly in Nursing and AHPs.
This is augmented by an over recovery on income.
Overspend in Non pay is largely due to Property costs and Equipment costs. All savings targets are now realigned to one budget code within community.

b **Hosted Services (Forecast Position £75,000 underspend)**

The Hosted Services position is now reporting an underspend mainly due to the allocation of cost pressure funding from the Integrated Joint Board.

Intermediate Care: Has an overspend position in city despite an allocation of additional funding. The Grampian Wide service has an overspend position due to locum costs, agency nursing costs and an overspend in medical supplies mainly in rehab.

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

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

c **Learning Disabilities (Forecast Position - £172,000 overspend)**

Council: £62,000 overspent, mostly on commissioned services.
NHS: Pressures have arisen due to an increase in care packages estimated at £230,000, partially offset by underspends of £120,000 on staffing due to vacancies

d **Mental Health & Addictions (Forecast Position - £9,000 overspend)**

Council: £30,000 under due to various small underspends across the service.
NHS: £39,000 over due to various small overspends across the service.

e **Older People & Physical and Sensory Disabilities (Position £236,000 underspend)**

The underspend remains the same as per Quarter 2 with underspend on staffing due to vacancies, partially offset by the under recovery of client income

f **Directorate (Position – £85,000 underspend)**

Various small underspends, mostly in Business Support.

Appendix B: An analysis of the variances on the mainstream budget is detailed below:

g **Primary Care Prescribing (Forecast Position – £3,213,000 overspent)**

Agreement was reached between the Scottish Government and Community Pharmacy Scotland for 22/23 and a tariff price reduction was implemented from April 2022. This resulted in a reduced actual average price per item of £10.62 in April which increased to £10.67 in May. Part of the agreement with Community Pharmacy Scotland includes a transfer to Pharmacy Global Sum from prescribing which was achieved by a reverse allocation actioned In October. This is as similar arrangement in prior years.

The estimated position to M9 includes an accrual for November and December. Actual data has now been received to October. The actual data indicates the item price has increased significantly and is now in October £11.30/item. The price in May was £10.67/item. The price increase is partly attributed to the impact of short supply causing a spike in prices which is being sustained and increasing. There is a spread across a range of products and mitigation measures are being considered continually. This has also impacted on tariff reduction achievement, and this is also being continually reassessed by the Scottish Government . A price of £11.25 has been used for the November and December estimate in anticipation that cessation of short supply may in part be achieved but this may not be immediate and will need to be monitored.

The actual volume of items increases to November including nationally estimated items for October has increased further to 4.17% higher than 21/22, this remains higher than anticipated following a period of increased volumes in 21/22. The estimated position has been adjusted to include an overall 4.00% volume increase for the 9 months to December..

The price increase and volume increase both continue to move adversely impacting on the overall expenditure position to date.

h **Primary Care Services (Forecast Position - £3,781,000 underspend)**

The GP contract for 22/23 uplift has now been determined and allocations received included in the above noted position. A favourable variance of £62k on Global sum has resulted to M9 for this element.

The main overspend on enhanced services remains broadly consistent. From July Enhanced Services resumed with a period of protection for those with lower recorded activity. This protection has now ceased. Activity being recorded and submitted was lower than expected and practices were reminded to complete recording. Actual recorded activity is still being analysed to revise the forecast for Enhanced Services overall.

Premises continues with underspends, mainly in Aberdeen City and Aberdeenshire where one-off benefits from prior year rates refunds received in 22/23 alongside reduced business rates & water charges for 22/23 which will be recurring.

Other smaller minor underspending areas remain, including Training Grant contribute to the overall underspend.

The underspend on Board administered funds including Seniority payments and locum payments has been reduced as a significant number of claims have been received for maternity and sickness cover.

Appendix B: An analysis of the variances on the mainstream budget is detailed below:

i **Out of Area Treatments (Forecast Position - £457,000 overspend)**

The current forecast position for the year is an overspend of £457,000 (slight reduction from 21/22 overspend of £494,000)

The makeup of the change is:-

Reductions in spend	
Impact of discharges during 21/22	(145,000)
Impact of move within a placement	(43,000)
Expected reduction in additional nursing	(113,000)
Increases in spend	
Full year effect 21/22 placement	147,000
Estimated pay and prices	117,000
Net change in spend and in overspend	(37,000)

j **COVID -19 Costs (Forecast Position - balanced)**.

Direct Costs to be funded from Covid Reserve:-

Staff overtime and additional hours	335,000
Care Homes Sustainability	9,486,000
PPE Partnership	212,000
Chief Social Work Officer	24,000
	10,057,000

k **Transforming Health and Wellbeing (Forecast Position - balanced)**.

Council: £79,000 overspent on staffing as new team members have been recruited.
NHS: Underspends on pay due to vacancies, held to match the Council's position to give an overall breakeven forecast

l **Funds (Forecast Position - balanced)**

Income will match expenditure at the end of the financial year.

Appendix C: Mobilisation Plan Costings

	Forecast 2022/23 £'000	
Direct Costs Agreed Locally		
Staff overtime and additional hours	335	Required to support residential settings and for weekend working. Also agency staff taken on to process sustainability claims.
Care Homes Sustainability	9,486	Support to care homes financially due to a reduction in number of residents.
PPE Partnership	212	Additional cost to social care and partnership.
Chief Social Work Officer	24	As per agreement
	10,057	

Appendix D: Progress in implementation of savings – December 2022

Programme for Transformation:	Agreed Target £'000	Status	Forecast £'000
Prescribing	(350)	Description - To seek alternatives to medicines (social prescribing), ensuring our prescribing processes and management of patients using medicines is as efficient as it can be and also stopping the prescription of drugs where there is evidence of little clinical value Status - The budget is regularly reviewed and the saving is expected to materialise.	(350)
Whole system and connected remobilisation	(825)	Description - undertake a strategic review of the data, demographic and demand picture to understand the "bed base" for unscheduled care. Status - The budget is regularly reviewed and the saving is expected to materialise.	(825)
	(1,175)		**(1,175)**

Undeliverable due to COVID-19 **0**

Appendix E: Budget Reconciliation

	NHSG £	ACC £	IJB £
ACC per full council:	0	118,486,677	
NHS per letter from Director of Finance:	243,488,986		
Budget NHS per letter		0	
	243,488,986	118,486,677	
Reserves Drawdown			
Quarter 1	14,410,228		
Quarter 2	7,230,194		
Quarter 3	3,424,739		
Quarter 4			
	268,554,147	**118,486,677**	**387,040,823**

Appendix F: Budget Virements (balancing)

Health 7-9		£
Hierarchy Change	City Core Community Health	(87,711)
Hierarchy Change	Transforming Health and Wellbeing	87,711
IJB budget v3 - adjust covid budgets to match FPR	Direct Covid expenditure	307,000
Total Virements		307,000

Social Care 4-6		£
IJB budget v2 - move Scottish Care grant to Directorate	Directorate	119,506
IJB budget v2 - move Scottish Care grant to Directorate	Strategy & Transformation	(119,506)
IJB budget v3 - adjust covid budgets to match FPR	Directorate	3,176,000
IJB budget v3 - adjust covid budgets to match FPR	Learning Disabilities	50,000
IJB budget v3 - adjust covid budgets to match FPR	Mental Health/Substance Misuse	(70,000)
IJB budget v3 - adjust covid budgets to match FPR	Resource Transfer	(3,156,000)
Total Virements		-

Appendix G: Summary of risks and mitigating action

	Risks	Mitigating Actions
Community Health Services	The current financial position is dependent on vacancy levels.	Monitor levels of staffing in post compared to full budget establishment. A vacancy management process has been created which will highlight recurring staffing issues to senior staff.
Hosted Services	There is the potential of increased activity in the activity-led Forensic Service. There is the risk of high levels of use of expensive locums for intermediate care, which can put pressure on hosted service budgets.	Work is being undertaken at a senior level to consider future service provision and how the costs of this can be minimised. The movement of staff from elsewhere in the organisation may help to reduce locum services.
Learning Disabilities	There is a risk of fluctuations in the learning disabilities budget because of: Staff vacancy levels Expensive support packages Increase in provider rates	Monitor levels of staffing in post compared to full budget establishment. Review packages to consider whether they are still meeting the needs of the clients. All learning disability packages are going for peer review at the fortnightly resource allocation panel.
Mental Health and Addictions	Increase in activity in needs led service. Potential complex needs packages being discharged from hospital. Increase in consultant vacancies resulting in inability to recruit which would increase the locum usage. Average consultant costs £12,000 per month average locum £30,000 per month.	Work has been undertaken to review levels through using CareFirst. Review potential delayed discharge complex needs and develop tailored services. A group has been established in the city to look at supplementary staffing on a regular basis.
Older people services incl. physical disability	There is a risk that staffing levels change which would have an impact on the current financial position. There is the risk of an increase in activity in needs led service, which would also impact the financial position.	Monitor levels of staffing in post compared to full budget establishment. Regular review packages to consider whether they are still meeting the needs of the clients.
Prescribing	There is a risk of increased prescribing costs as this budget is impacted by volume and price factors, such as the increase in drug prices due to short supply. As both of which are forecast on basis of available date and evidence at start of each year by the Grampian Medicines Management Group	Monitoring of price and volume variances from forecast. Review of prescribing patterns across General Practices and follow up on outliers. Implementation of support tools – Scriptswitch, Scottish Therapeutic Utility. Poly pharmacy and repeat prescription reviews to reduce wastage and monitor patient outcomes.
Out of Area Treatments	There is a risk of an increase in number of Aberdeen City patients requiring complex care from providers located out with the Grampian Area, which would impact this budget.	Groups to be re-established reviewing placements and considering if these patients can be cared for in a community setting.

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Aberdeen City Health & Social Care Partnership
A caring partnership

RISK, AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	28 February 2023
Report Title	Strategic Plan 2022-2025: Delivery Plan Quarter 3 Update
Report Number	HSCP23.015
Lead Officer	Sandra MacLeod, Chief Officer
Report Author Details	Michelle Grant migrant@aberdeencity.gov.uk Alison MacLeod alimacleod@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Appendices	*a. Delivery Plan Q3 Updates* *b. Delivery Plan Dashboard*

1. Purpose of the Report

1.1. This report seeks to provide assurance to the Risk, Audit and Performance Committee (RAPC) relating to progress of the Delivery Plan as set out within the Aberdeen City Health and Social Care Partnership (ACHSCP) Strategy Plan 2022-2025.

2. Recommendations

2.1. It is recommended that the Risk, Audit and Performance Committee note the Delivery Plan Quarter 3 Update and Dashboard as appended to this report (appendices a and b respectively).

3. Summary of Key Information

3.1. It is outlined in the Strategic Plan's Reporting Framework that RAPC should be reported to on a quarterly basis in order to provide assurance on progress being made towards achieving the ACHSCP's strategic intent as set out within the Delivery Plan.

3.2. In previous reporting quarters, this has been primarily achieved by presenting the Delivery Plan Dashboard alongside an overview highlight report. The highlight report was used to give insight into the ongoing work and any high-level risks and issues being experienced by the team. In December 2022, internal audit recommended that where possible the same reporting techniques should be used for RAPC as is for the Senior Leadership Team (SLT) who receive updates on the delivery plan monthly. This recommendation is due to be achieved by the production of this report and its appendices.

3.3. Appendix A is the Delivery Plan Progress Tracker which is a spreadsheet utilised by our programme and project teams to provide updates to the SLT. For the purposes of RAPC, an update which spans the full quarter has been submitted to provide an overview of what has been achieved over the period from 1st October - 31st December 2022 and any significant risks or issues encountered during that time. A BRAG (Blue, Red, Amber, Green) status is also provided giving an overarching indication of the health of the delivery plan entry. It should be noted that the status of a particular project may have progressed since the update in the report was given and therefore should be deemed to be historically accurate.

3.4. The escalation process as defined by the SLT dictates that where significant risks or issues exist relating to the delivery of intended projects and programmes, or there is a BRAG status of Red assigned, that these are escalated to the SLT in the first instance by means of a Flash Report. In quarter three, the following Flash Reports were submitted, and all of these have been resolved.

Identification Code	Delivery Plan reference	Overview of Flash Report submitted	SLT Outcome
KPS17	Bed Base Review	Timeline to be extended from September to December 2023 due to resourcing.	Approved
AFHL05	Complex Care Service Design	Timeline to be extended in recognition that the project will continue into 2023-24	Approved

RISK, AUDIT AND PERFORMANCE COMMITTEE

Identification Code	Delivery Plan reference	Overview of Flash Report submitted	SLT Outcome
AFHL06	Complex Care Partnership Working	Timeline to be extended in recognition that the project will continue into 2023-24	Approved
AFHL07	Complex Care Future Need/Demand	Timeline to be extended in recognition that the project will continue into 2023-24	Approved
AFHL09 a-f	Mental Health Learning Disabilities Programme (a-f workstreams thereof)	Timeline to be extended in recognition that the project will continue into 2023-24	Approved

3.5. It was agreed that the timelines originally allocated to the above projects had been challenging and coupled with some gaps in resourcing it had proved impossible to deliver within these. The projects are all part of the overall Strategic Plan which has to be delivered by March 2025. It was anticipated that some flexibility would be required across the three years of the plan's lifecycle.

3.6. The Unscheduled Care Bed Based Review extension was a relatively short one and the project has now been delivered within Year 1. The learning from this will inform another of the Delivery Plan projects in relation to a review of bed-based rehabilitation services however the short delay did not have a detrimental impact on delivery of this.

3.7. The Complex Care and Mental Health and Learning Disability projects are all significant pieces of work which were not fully scoped at the time the original timelines were set. the project teams are confident the new timescales are realistic and achievable and will not need to be revisited.

3.8. Appendix B demonstrates the Delivery Plan Dashboard and this, as with previous quarters pulls together some overarching metrics which the progression of the ACHSCP delivery plan looks to positively impact upon.

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 financial implications arising from this report.

4.3. Workforce

There are no direct workforce implications arising from this report.

4.4. Legal

There are no direct legal implications arising from this report.

4.5 Unpaid Carers

There are no implications for unpaid carers as a result of this report.

4.6 Covid-19

There are no implications in relation to Covid-19 as a result of this report.

4.7 Other

None

5. Links to ACHSCP Strategic Plan

This report and its appendices directly link to the ACHSCP Strategic Plan and our performance in achieving the associated Delivery Plan. The Strategic Plan's Reporting Framework outlines our requirement to provide assurance to RAPC on a quarterly basis that progress is being made in achieving the Delivery Plan, and this report ensures that this element of governance is achieved in a robust manner.

RISK, AUDIT AND PERFORMANCE COMMITTEE

6. Management of Risk

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

This report links to Strategic Risk 4 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.

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.

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

The report and its appendices help to mitigate the risk by providing assurance that progress against the Strategic Plan 2022-2025 and the associated Delivery Plan is being achieved, that this is being monitored by the SLT on a monthly basis who consider and direct remedial action and unblock barriers where relevant.

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Delivery Plan Y1 Workplan 2022-23

Blue = complete
Red = missed deadline/unable to deliver
Amber = at risk of non-delivery/not meeting deadline
Green = on track to delivery by deadline

Ref	Programme/Projects	Project Name	Leadership Team (SRO)	Start Date	End Date	BRAG	Latest Update
AFHL01	Deliver on our Equality Outcomes and Mainstreaming Framework, report on our progress to both the IJB and the Risk, Audit and Performance Committee and plan to revise the EOMF in advance of the 2025 deadline.	Deliver EOM Framework	Alison MacLeod	01/04/2021	Mar-23	Green	Equality Outcomes and Mainstreaming (EOM) Framework is a standing item of Equalities and Human Rights (EHR) group agenda. A number of areas being progressed including; DiversCity Officers Network, delivery of the Staff Equality and Human Rights awareness programme, review of the partnership's Equality and Human Rights internal and external webpages, and development of the bi-annual report against delivering our Equality Outcomes.
AFHL02	Undertake and publish Health Inequality Impact Assessments (HIIAs), where relevant, for major service change, in conjunction with people and communities with the relevant protected characteristics.	Publish HIIAs	Alison MacLeod	01/04/2021	Mar-23	Green	New process and paperwork developed by EHR group and agreed by RAP Committee. Initial discussions have been held with report authors (required to provide HIIAs) to begin embedding them into the process. Capacity has limited our ability to implement this at a wider scale thus far. Report Authors have been using the HIIAs with Committee reports as required. Further work required to publish HIIAs in line with review of website.
AFHL03	Make Every Opportunity Count (MEOC) by identifying any wider determinant issue and ensuring patients, clients and their carers are signposted to relevant services for help.	MEOC	Alison MacLeod	Apr-22	Mar-23	Green	MEOC training has been reviewed and updated. MEOC training delivered by Health Improvement Officer to approx. 50 new ACC Libraries. Roll out of MEOC traininig to other staff groups nd volunteers.
AFHL04	Embed consideration of the impact of climate change in health and social care planning and in business continuity arrangements aiming to reduce our carbon footprint and deliver on our Net Zero emissions target.	Climate Change and NetZero	Martin Allan/Alison MacLeod/Shona Omand-Smith	Aug-22	Mar-23	Green	Climate change report approved by IJB on 29th November 2022. This included the climate change report for Scottish Government (subsequently submitted to Scot Gov on 30th Nov), and an IJB report detailing the work to be carried out under an ACHSCP climate change programme until March 2025. A strategic oversight group has been created with three SLT leads and NHSG & ACC climate change leads/reps to oversee the programme being implemented. Further scoping is required to fully assess the work required.
AFHL04a	Engender cultural change around climate change across the Partnership, through effective training and awareness raising,enabling the creation of a climate-literate workforce.	Championing Carbon Literacy	Alison MacLeod	Oct-22	Sep-23	Green	Kick-off event is being planned and climate literacy training is being scheduled for two members of staff to then support the wider development of training for staff. Meeting is scheduled with ACC & NHSG green champions to identify possible lessons learned and collaboration opportunities.
AFHL05	Link in with local authority and third and independent sector providers to bring the Complex Care conversation to the fore and bring a degree of pace to achieving a solution for this area of need.	Complex Care Service Design	Kevin Dawson	01/06/2022	Mar-24	Amber	Meeting with care providers was undertaken on 2/12/2022. Proposal for quarterly meetings beginning in the New Year was agreed and arranged. The group focused on the challenges faced in relation to current rules on Housing Benefit and would like to explore this further with support from the ACC Housing Strategy Officer. Project end date is now reflective of the MHLD Portfolio Board approval of SBAR and SLT approval n November 2022.
AFHL06	Work with neighbouring areas to understand the scale of current service needs for complex care across Grampian.	Complex Care Partnership Working	Kevin Dawson	01/06/2022	Sep-23	Green	The Complex Care Business Case was issued to ACC Chief Officer on 1/12/2022 and thereafter approved by committee. This is now progressed to an Outline Business Case which is due to be completed by 28 February 2023. Accommodation modelling alongside the Hub will begin in the new year with a workshop scheduled for the 9 January 2023. TOR for the new Complex Care Programme Board and communication on the new governance structure have been issed to all members. Project end date is now reflective of the MHLD Portfolio Board approval of SBAR and SLT approval in November 2022.

AFHL07	Work with Children's Social Work and health services, to predict future demand for complex care.	Complex Care Future need/demand	Kevin Dawson	01/06/2022	Mar-24	Green	Children's Services to form part of a Complex Care Programme Board and Learning Disabilities Operational Group. This work will feed into LD Transitions project, looking at LD transitions pathway for Children, including Complex Care transitions. Data gathering continues. Project end date is now reflective of the MHLD Portfolio Board approval of SBAR and SLT approval in November 2022.
AFHL09	Continue to progress Mental Health and Learning Disabilities (MHLD) transformation to evidence increased community delivery across secondary and primary care with a clear plan for 2022 and 2023 in place by June 2022.	MHLD Programme	Jane Fletcher/Kevin Dawson	01/06/2022	Mar-24	Green	MHLD Transformation Programme is continuing. The first MHLD Transformation Workshop took place on the 5 December 2022. The next is scheduled for 14 February 2023. Additional projects progressing are Nursing Workforce and Review of the Older Adult & Learning Disabilities Service Model (Temporary Ward/Day Hospital Closures). Regular updates to the MHLD Portfolio Board continue to be undertaken. Workstreams for AFHL09 are outlined in separate flash reports. Project end date is now reflective of the MHLD Portfolio Board approval of SBAR and SLT approval in November 2022.
AFHL09a	Implement the actions in the MHLD Transformation Plan (Forensic Services)	MHLD Programme	Jane Fletcher	01/06/2022	Mar-24	Green	MHLD Transformation Workshop on 5 December 2022 includes Forensic Services (Blair Unit). There will be an update on the progress of the Forensic Service Pathway Review Group (FSPRG) at the MHLD Transformation Workshop on the 14 February 2023. Decision on members of the Forensic Services Accommodation subgroup have still to be made. The next FSPRG meeting on the 26 January 2023 will discuss feedback on the PID focusing on Forensic Services Accommodation. Project end date is now reflective of the MHLD Portfolio Board approval of SBAR and SLT approval in November 2022.
AFHL09b	Implement the actions in the MHLD Transformation Plan (Psychological Therapies)	MHLD Programme	Jane Fletcher/Kevin Dawson	01/06/2022	Sep-23	Amber	Psychological Therapies (PT) Improvement Plan has been received by Scottish Government and feedback was shared with the PT Improvement Board wb: 19 December 2022. Subgroups supporting the work within the action log are beginning to be established. The Board has shifted to monthly meetings to accommodate the work required within each subgroup. Recovery & Renewal funding for this financial year has still to be determined. Project end date is now reflective of the MHLD Portfolio Board approval of SBAR, SLT apprival gained in November 2022.
AFHL09c	Implement the actions in the MHLD Transformation Plan (L&D Health Checks)	MHLD Programme	Kevin Dawson	Aug-22	Sep-23	Amber	SG has confirmed funding allocation on 10/1/23 for spends 22/23. Working Group has re-established bi-weekly meetings to address model and Grampian-wide funding allocation. Governance and documentation being updated to reflect latest information. LDHCs for all population age 16+ to be offered by 31 October 2023.
AFHL09d	Implement the actions in the MHLD Transformation Plan (Public Empowerment & Engagement)	MHLD Programme	Jane Fletcher/Kevin Dawson	01/06/2022	Mar-24	Green	Monthly PEG meetings continue with representation from ACHSCP. A meeting with the Director of Health & Social Care Alliance Scotland, took place on 12 December 2022. Unfortunately due to technical issues this meeting was brief. However, Alliance is keen to support the vision for the PEG group and support requirements will be outlined in the new year. Project end date is now reflective of the MHLD Portfolio Board approval of SBAR and SLT approval in November 2022.
AFHL09e	Implement the actions in the Mental Health Learning Disabilities (MHLD) Transformation Plan (Royal Cornhill Hospital Review)	MHLD Programme	Jane Fletcher	01/06/2022	Mar-24	Green	MHLD Transformation Programme is continuing. The first MHLD Transformation Workshop took place on the 5 December 2022. The next is scheduled for 14 February 2023. Additional projects progressing are Nursing Workforce and Review of the Older Adult & Learning Disabilities Service Model. Regular updates to the MHLD Portfolio Board continue to be undertaken. Workstreams for AFHL09 are outlined in separate flash reports. Project end date is now reflective of the MHLD Portfolio Board approval of SBAR and SLT approval in November 2022.
AFHL10	Explore opportunities for working with those on waiting lists to help support them while they wait, or divert them from the list	Waiting Lists Support	Claire Wilson		Mar-23	Not Started	*Focus initially on Unmet Needs and responding to current system pressures*
AFHL11	Plan service capacity to include the impact of the consequences of deferred care and Long Covid	Impact Deferred Care & Covid	To be re-assigned		Mar-23	Not Started	*Focus initially on Unmet Needs and responding to current system pressures*
AFHL12	Remobilise services in line with the Grampian Remobilisation Plan as soon as it is safe to do so	Deliver Remobiliation Plan	Leadership Team		Mar-23	Green	*Remobilisation Plan superceded by Grampian Delivery Plan. Relevant ACHSCP actions have been transferred to this and quarterly reports are being provided as per deadlines provided*
AFHL13	Develop a plan ready to respond to increased demand due to covid variants or vaccinations	Covid19 Surge Plan	Martin Allan/Alison MacLeod		Sep-22	Complete	Plan approved by IJB on 11 Oct 2022

CT01	Redesigning Adult Social Work enhancing the role of Care Managers in playing a guiding role in the promotion of personalised options for care.	Redesigning Adult Social Work	Claire Wilson		Sep-22	Green	All adult Social work teams have continued to receive an increased number of referrals . Within Care Management , who support Older adults and physical disabilities , we are continuing to transition model of response . Alongside this we have created an online referral form and a dedicated phone line for referrals which has supported ease of access for referrers. We are embarking on Small aids training which will enable our frontline staff to assess and provide Ot aids as part of their initial assessment . This will support timely enablement of clients alongside assisting reduce BAC/OT waiting lists . We are actively developing a TEC library which will be of great benefit to expanding staff knowledge in identifiying technology that could support or replace existing care . In time we plan to look how to create an accessible TEC library to residents of Aberdeen City Within wider Social work redesign , we are actively undertaking a project around Hospital social work . This will enable us to explore the demands upon the team and how we can create a workforce that can respond. An extension to deadline is being sought via SLT
CT02	Undertake a strategic review of specific social care pathways and develop an implementation plan for improving accessibility and coordination.	Strategic Review Social Care	Claire Wilson	Jul-22	Dec-25	Green	Project Initation Documents in place. Project Group set up. Multi-Agency Project Board set up to meet monthly. Stakeholder workshop session delivered. The key task for Y1 has been achieved as the Implementation Plan has been prepared and presented for approval to the Project Board. Further refinement has taken place on the Implementation plan which was considered at the Social Care Pathways Board meeting on 20th January 23. A Workshop on dveloping a 'preventative and proactive' approach is scheduled for February 24th with a range of Stakeholders to be included. Review of Hospital Social Work Pathways under way with a view to implementing identified tests of change once completed.
CT04	Implement the recommendations from the current Adult Support and Protection inspection	ASP Recommendations Implementation	Claire Wilson	Jan-21	Mar-23	Green	• Improvement to recording by NHS Grampian staff of Adult Support and Protection (ASP) activity – Complete: training curriculum has been amended and a specific Practice Note issued to patient-facing staff. • Case conferences are taking place when needed, being addressed via Operational Procedures, Council Officer support groups, development of Meetings Guidance, and revised training for Case Conference Chairs. D365 'flags' will also assist. UPDATE: QA checks to be undertaken and findings considered • Chronologies & Protection Planning – In progress: Now covered in Council Officer training and Operational Procedures. With regards to the 'multi agency' perspective, work around this is to be progressed at a Grampian level, aligning to national work which is also being taken forward on the back of the revised national Code of Practice for ASP. • Access to Advocacy – In progress: A Strategic Assessment of the use of Advocacy in ASP is close to completion and will inform improvement work. UPDATE: Strategic Assessment in use of Advocacy in ASP completed and findings being taken into account as part of recommissioning of independent advocacy service. Findings also to be considered by Service Managers to inform work to improve practice and processes. • Multi Agency Evaluation & Involvement of staff in improvement work – In progress: A Performance & QA Sub Committee of the APC is progressing a multi agency QA programme, Multi agency events held (13/10 and 10/11). Follow-up to be considered by Stakeholder Engagement Sub Committee of APC.A 'Consultation / Reference group' of Council Officers and Seniors is being established to consider proposed changes and improvements.

CT05	Deliver the Justice Social Work Delivery Plan	Deliver JSW Plan	Claire Wilson		Mar-23	Amber	Progress in Aberdeen City's Justice Service has been impacted by the replacement of the Carefirst recording system with D365 and the temporary withdrawal of the Level of Service Case Management Inventory (LS/CMI) risk/needs assessment tool since 03 March 2022. Despite this, the service is progressing and managing the demands of the service appropriately and within the Delivery Plan objectives. Following the implementation Bail Supervision/Electronic Monitoring, there has been an increase in staffing and training of Pre-Disposal Team to meet the demand of intense supervision. The Women's Services are virtually fully staffed and are providing positive support to service users. Unpaid Work hours are increasing and higher than the national average, and Throughcare and Community Payback Order Teams are meeting all deadlines in terms of National Standards and MAPPA obligations. The Delivery Plan Working Group will meet on 28 November 2022 and the information and feedback from that will be presented and discussed at the Performance Improvement Board meeting on 19 December 2022.
CT06	Develop and implement a Transition Plan for those transitioning between children and adult social care services, initially for Learning Disabilities	Transition Plan	Kevin Dawson	Jul-22	Nov-23	Green	Project Initation Documents in place. Project Group set up. Test of Change pilot being developed in consultation with main stakeholders from schools; children's and adult services. Three strategic outcomes set. Project updates will be reported to multi-agency LD Transitions Group. Implementation Plan draft framework proposed and out for review with implementation team. Project deadline has been approved by SLT to be extended until Nov 2023. Engagement planning initiated.
CT07	Develop cross sector, easily accessible, community hubs where a range of services coalesce, all responding to local need	Priority Intervention Hubs	Emma King/Claire Wilson/Lynn Morrison/Fiona Mitchellhill		Mar-23	Green	Test of Change established for Get Active@ Northfield - working with Sport Aberdeen co-located services, linked with KPS03, supporting Rehab in Community, and linking with Community First objectives. Services already started are Listening Service, and Speech and Language Therapy. Pulmonary Rehab Project SO11 with LOIP linking in with site and have scoped venue for establishing new classes to help increase uptake. Project Team established have been meeting since December 2022
CT08	Develop the membership and diversity of our Locality Empowerment Groups (LEGs)	Develop LEGS	Alison MacLeod	Apr-22	Mar-23	Amber	LEG membership survey complete and results collated, findings indicate that number of LEG members has decreased since the pandemic and cost of living may have an impact on this too. Membership list updated. Workshops on role and remit taking place. Meetings with Senior Managers continue to review next steps. LEGs and integrated locality planning are standing agenda item on Community Empowerment Group.
CT10	Deliver our Locality Plans and report on progress	Deliver Locality Plans	Alison MacLeod	Apr-22	Aug-22	Complete	Annual Report produced and approved by IJB on 30 Aug 2022.
CT11	Train our staff and embed the use of Our Guidance for Public Engagement	Public Engagement Training	Alison MacLeod		Mar-23	Green	Development Officer (Consultation and Engagement) post filled 21 November 2022 with a view to progressing this training.
CT12	Promote the use of Care Opinion to encourage patients, clients, carers and service users to share experiences of services, further informing choice.	Care Opinion Promotion	Alison MacLeod		Mar-23	*Amber*	Development officer (Consultation and Engagement) post was filled 21 November 2022 and this project was commenced thereafter in conjunction with Graduate Intern from the Data and Evaluation team. Initial meeting held with Care Opinion in December 2022. Project planbeing compiled and will likely spread into Year 2 as BAU.
CT13	Finalise the arrangements for the closure of Carden Medical Practice and identify an alternative use of the building	Carden House	Emma King	01/02/2022	Mar-23	Amber	A mixed model of GMS and Partnership services to occupy Carden House was approved by SLT in December 2022, consisting of Newburn Medical Practice, District Nursing Team, Health Visiting Team, CTAC and Psychological Therapies/Chaplaincy/Link Workers. Work is ongoing in relation to identifying funding and agreeing refurbishments.It expected that this will be presented to NHSG AMG for approval in February 2023. "
CT14	Improve primary care stability by creating capacity for general practice	Primary Care Stability	Emma King		Mar-23	Green	The Aberdeen City Primary Care Team have completed the sustainability study for 2022 which outlines the overall situation in General Practice across the city. The team continue to work with practices on the various challenges in terms of high demand and sustainability issues highlighted, with a particular focus on practices most at risk. The Primary Care Contracts Team in conjunction with the Primary Care Team are currently linking with the (LMC) Local Medical Council and the Scottish Government to look at improving local arrangements across Grampian

CT15	Deliver the strategic intent for the Primary Care Improvement Plan (PCIP)	Deliver PCIP	Emma King		Mar-23	Green	The PCIP Programme is at green status overall, with CTAC operating from 5-7 sites across the city (to increase to full capacity by early 2023). Vaccinations are fully delivered and Pharmacotherapy service is almost at full capacity. Urgent Care, Links Practitioners and Physiotherapists are all at full roll-out, however the Physiotherapy Service has not progressed as well as we would have liked due to challenges recruiting a highly-skilled workforce required. Bi-annual reporting to IJB/RAPC is in place.
CT16	Develop and deliver a revised Carers Strategy with unpaid carers and providers of carers support services in Aberdeen, considering the impact of Covid 19	Revised Carers Strategy	Alison MacLeod	16/03/2022	Feb-23	Complete	The final version of the Carers Strategy was approved by IJB on 31st January 2023.
KPS01	Commence strategic review of rehabilitation services across ACHSCP\SOARS\Portfolio and have an implementation plan in place to commence by April 2023	Strategic Review Rehab	Lynn Morrison/Jason Nicol	01/08/2022	Apr-23	Green	A strategic planning framework and phased timeline for the undertaking of strategic reviews across the wider rehabilitation services, drawing on learning from neurorehabilitation review has been created and will be presented to the IJB in April 2023. Programme Board to be established in coming weeks; Terms of Reference in draft. Workshops to be planned for development and co-production in February 2023.
KPS03	Explore how other partners in sports and leisure, can assist in delivering rehabilitation across multiple areas.	Rehab in Sports/Leisure	Lynn Morrison/Jason Nicol		Sep-22	Green	Sport Aberdeen Northfield site opened 26/9/22, with a plan for programmes starting in studio area and the consultation rooms. Rehabilitation services will be identified from the Strategic Review with timescales in line with the Strategic Review Implementation Plan. Funding agreed until March 2024 to give time to embed new model of working and evaluate. SALT and Listening services established in programme
KPS06	Grow and embed the COPD hotline to support people in their own home.	Grow COPD Hotline	Lynn Morrison/Jason Nicol	01/08/2022	Mar-23	Green	Respiratory Interface Group, reviewing all and prioritising respiratory projects. COPD Hotline will be prioritised as the pathways for Respiratory Projects develop such as Hospital @Home and Community Respiratory Team. Approach to include this as part of the Flow Navigation Centre
KPS07	Undertake a strategic review of the Neuro Rehabilitation Pathway	Strategic Review Neuro-Rehab	Lynn Morrison/Jason Nicol	01/07/2022	Apr-23	Green	Neurorehabilitation commission approved by SLT in December 2022, marking move to the next phase of the review (Develop Phase). Proposed change ideas captured from a series of co-production workshops are being developed and refined. Ongoing engagement and communication with wider teams across the neurorehabilitation pathway, and other HSCP / Board areas. Commission was submitted to the Portfolio Executive Leads Meeting on 23.01.2023.
KPS11	Build on our intermediate bed-based services to create 20 step-up beds available for our primary care multi-disciplinary teams (MDTs) to access.	20 Step-Up Beds	Fiona Mitchellhill	01/03/2022	Sep-23	Green	This objective will be delivered in couple of ways with the 20 beds being the aspirational target. The step-up beds at Rosewell House continue to have a positive impact in the flow of patients from Primary Care. Positive progress has been made on the test of change for GP admission beds at Woodlands Care Home which will reduce the pressure on ARI.
KPS12	Increase our hospital at home base with an ultimate ambition of 100 beds. These will be for unscheduled, older people, respiratory and cardiac pathways	H@H Beds 100	Fiona Mitchellhill	Ongoing	Sep-25	Amber	From late September 22 H@H has increased it's capacity from 20 beds to the current capacity of 35 beds (20 frailty consutlant led, 5 frailty ANP led, 5 OPAT and 5 End of Life Care). The aim was to increase the capacity to 45 beds by the end of February 23. There is currently a minor delay (2-3 weeks) in meeting this trajectory due to further discussions required to commence the acute pathway, once agreement has been given around some key clinical areas it is hoped scale up on the pathway will take place steadily. Ongoing work after this as per original project plan to deliver 100 beds by Sep-25.
KPS13	Deliver the second phase of the Frailty pathway	Frailty Pathway 2nd Phase	Jason Nicol	Ongoing	Sep-22	Amber	The Fraily Pathway Oversight group has been focused on a prioritised programme plan with key objectives for the winter period. The pathway remains under intense pressure, along with the rest of the system.
KPS16	Develop a flexible bed base within the community that can respond, through secondary and primary care support, to surges in pressure particularly in winter, whilst ensuring that our fixed,	Flexible Bed Base	Claire Wilson /Fiona Mitchellhill/Shona Omand-Smith		Sep-23	Green	The review of interim and respite beds in Aberdeen City is taking place and due for completion mid 2023. The review will look at the current systems whilst considering the impact of the introducton of Woodlands Care Home. This work is also linked closely with KPS17 below, from these pieces of work, further objectives may be identified.
KPS17	Undertake a strategic review of the data, demographic and demand	Strategic Bed-Base Review	Alison MacLeod		Dec-22	Complete	Baseline data collected from Health Intelligence and analysed alongside relevant literature. Report presented to SLT 18th January.
KPS18	Working with ACC as a planning authority, create incentives for investment in specialist housing	Specialist Housing Investment	Alison MacLeod		Mar-24	Green	Specific work for Complex Care being progressed with development/asset colleagues to be presented at Finance and Resources Committee in March, which may support a model for future development across service areas.
KPS19	Help people to ensure their current homes meet their needs including enabling adaptations and encouraging the use of Telecare where appropriate	Suitable Homes	Alison MacLeod		Mar-23	Green	Planning undertaken with Bon Accord Care to develop awareness raising / training sessions to promote the use of Telecare. DAG meets quarterly and considers all major and minor adaptations to meet needs and requirements of people living in their homes.

KPS20	Respond to the national consultation on equipment and adaptations helping to shape future guidance in this area.	National Consultation Equipment/Adaptations	Alison MacLeod		Jun-22	Complete	Submitted on 2 June 2022
KPS21	Work with ACC Housing and RSLs to ensure energy efficient, affordable housing is made available to those who need it most	Efficient, Affordable Housing	Alison MacLeod		Mar-23	Green	The Integration and Housing meeting is being re-established and is where we link with Housing Strategy colleagues to contribute to planning for the availability of suitable housing for the people of Aberdeen
KPS22	Work with Integrated Children's Services to support the delivery of the Family Support Model particularly in	Family Support Model Delivery	Fiona Mitchellhill		Mar-23	Amber	Links with the ACC Children's Services Programme, Fiona is leading on specific Workstreams. Governance and reporting is via the Children's Services Programme Board.
PIH01	Reduce the use and harm from alcohol and other drugs	Alcohol & Drugs Reduction	Kevin Dawson		Mar-23	Green	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.
PIH02	Deliver actions to meet the HIS Sexual Health Standards	HIS Sexual Health Standards	Sandy Reid		Mar-23	Amber	An initial benchmarking exercise has been completed and a draft prioritisation plan has been put in place for NHSG sexual health. NHS Grampian Sexual Health continues to experience a sustained increase in demand with a now reduced WTE due to challenges in filling vacancies. Demand is due to increase in symptomatic presentations, Gonorrhoea rates, abortion care requests and LARC requests. Risk register has been updated to reflect this and additional resource has been pulled from public health to support, primarily, increase Gonorrhoea rates.
PIH03	Deliver our Immunisations Blueprint.	Deliver Immunisations Blueprint	Fiona Mitchellhill		Mar-23	Green	Focus has been on delivering Covid and Flu vaccinations over the autumn/winter period. Staffing has been challenging as all NHSG and HSCP services are operating normally and there is not the same pool of staff to deliver the programme as there was during the mass vacination response. As at 26th January 89,392 Flu Vaccinations and 73,342 Covid Vaccinations have been delivered in Aberdeen City.
PIH04	Continue the promotion of active lives initiatives including encouraging active travel.	Promote Active Lives	Alison MacLeod	Apr-22	Mar-23	Green	Ongoing work has included: 1) Facilitating connections between sport providers, Sport Aberdeen, RGU, OT and other health and social care staff for Specialist Referrals for long term conditions. 2) Community Physical Activity Plan are a kickstart/entry level opportunity to re-join or re-start any physical activity ambitions for older adults. 3)Physical Activity Academy – plans to pilot upskilling of BAC staff in Sheltered Housing in Strength & Balance exercises & delivery. 4)Link with 'Ashgrove Connects' to discuss opportunities for active travel health behaviour change opportunities within project. 5) Working in partnership with Sport Aberdeen delivering classes using PA packs with older people 6) Working in partnership to increase active travel to Foresterhill Campus
PIH05	Continue to contribute to the NHS Grampian Tobacco Strategic Plan for the North East of Scotland particularly in relation to encouraging the uptake of Smoking Cessation Services	Uptake Smoking Cessation Services	Alison MacLeod	Apr-22	Mar-23	Green	Ongoing work has included: 1) Smoking Cessation App – NHSG have purchased licenses to issue to groups 2) Reduction in second hand smoke resources to be used with training with family learning staff. 3) ASH Scotland training delivered to youth work teams in November 2022. 4) Working with Charleston School on Vaping prevention. 5) PHCs a stakeholder in review of Grampian Smoking Strategy.

PIH06	Continue to deliver our Stay Well Stay Connected Programme of holistic community health interventions focusing on the prevention agenda around achieving a healthy weight through providing advice and support for positive nutrition and an active lifestyle.	Deliver SWSC Programme	Alison MacLeod	Apr-22	Mar-23	Green	Mental Health - Grampian wide PH partnership (MH & WB Network) developing strategic framework to improve mapping of MH & WB services (non-Clinical) in Aberdeen City, with focus on gaps in perinatal mental health provision, meetings with local providers and stakeholders ongoing. Poverty Connections made between Health Improvement fund and Covid 19 recovery fund to support applications for warm spaces, food and hygiene provision. Health Issues in the Community taster sessions to be provided to LEG members. Winter Wellness programme continues to be delivered. Stay Well Stay Connected continues to be delivered, initiatives ongoing include Seaton Soup and Sannies; Boogie in the Bar, menopause support for people with autism; social isolation programmes such as Conversation Cafes and supporting men who have recently retired or suffered a bereavement. Participated in 16 days of activism against gender based violence. Locality service mapping ongoing.
PIH07	Continue to contribute to the Grampian Patient Transport Plan (GPTP) and the Aberdeen Local Transport Strategy (ALTS) encouraging sustainable and active travel.	Contribute to Transport	Alison MacLeod	01/04/2022	Mar-23	Green	Grant letters issued to Buchan Dial-a-bus and Aberdeenshire Council for our contribution to THInC in the City. Bike store installed on Rosewell site to encourage active travel by bike. We plan to contribute to the refresh of the Aberdeen Local Transport Strategy and associated Active Travel Action Plan (ATAP) when this work begins. We are currently exploring the most effective way of linking in with the Grampian Patient Transport Plan. We have met with the Programme Manager for the Health Transport Action Plan (HTAP) and agreed to join the HTAP's Access to Health and Social Care sub-group. The HTAP is also due to be refreshed so we will be included in this work. We have met with the Council officer for the ATAP and have started to promote its aspirations so that we can try to reflect these generally in our project work. We have linked with public health colleagues to ensure that this action complements other actions in the delivery plan relating to active travel.
SE01	Develop a Workforce Plan taking cognisance of national and regional agendas	Develop Workforce Plan	Sandy Reid		Nov-22	Complete	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 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 workforce plan is aligned with the ACHSCP strategic plan 2022 – 2025 and focusses on three essential core elements; recruitment & retention, mental health & wellbeing, and growth & opportunities. A wider workforce consultation has been completed and feedback obtained which was considered alongside feedback from the Programme Office and SLT. The final version of the ACHSCP workforce plan 2022 - 2025 was approved by IJB on 29 Nov 2022. Project marked as complete and will move into implementation phase.
SE03	Continue to support initiatives supporting staff health and wellbeing	Staff Health & Wellbeing	Sandy Reid		Mar-23	Green	Continuous work ongoing to deliver health and wellbeing initiatives. Focus has recently turned to initiatives that help with winter preparedness. Funding being sought from 23/24 budget process to continue initiatives
SE04	Train our workforce to be Trauma Informed	Trauma Informed Workforce	Sandy Reid		Mar-23	Amber	Updates being compiled across various staffing groups to establish specifics in relation to % of staff trained. Evaluation and performance measures also to be explored.
SE05	Support the implementation of digital records where possible	Digital Records	Alison MacLeod		Mar-23	Green	Implementation of Morse to Community Nursing completed. Interfaces outstanding and being progressed despite challenges in relation to Information Governance. Evaluation of the implementation to Community Nursing started and due to be presented at IJB in April. RAG Green due to progression of implementation and the evaluation. Pan Grampian discussion on the possibility of Morse being implemented across Community AHP and Community Nursing Services ongoing with Chief Officers and Chief Finance Officers.
SE07	Seek to expand the use of Technology Enabled Care (TEC) throughout Aberdeen.	Expanded Use TEC	Claire Wilson/Shona Omand-Smith		Mar-23	Green	All Care Searches being reviewed for the appropriateness of TEC input. Use of TEC a focus of the Social Care Sustainability work being reported through Whole System Decision Making Group. SRS recruited to Care Technologist post and have purchased devices for the TEC lending library. SRS plan to launch Digital Hub in February. Balnagask Court TEC project in discovery phase with review of current systems and requirements ongoing. Pilot of Everon equipment at Stocket Parade planned for Feb 23. Project initiated for the replacement of meal ordering system in very sheltered housing. The use of Komp devices within TEC projects being explored. Workshop on refreshed TEC strategy held in December.

SE08	Support the implementation of the new D365 system which enables the recording, access and sharing of adult and children's social work information	Implement D365	Claire Wilson		Jul-22	Green	System Went live on the 17th of October . Close board for this phase of the project (Microsoft engagement) was 18th of November This was accepted by all members to close Microsoft engagement for this phase System is now BAU Current areas of focus for the team are •Reporting •Lone working •Retention
SE09	Deliver a single point of contact for individuals and professionals including a repositry of information on health and social care services available, eligibility criteria and how to access	SPOC for Individuals/Professionals	Alison MacLeod		Mar-23	Amber	Life events to focus on have been identified- Substance misuse and mental health. Key stakeholder meetings held and user journeys have been mapped with substance misue. Designed online alcohol self referral form, which has been approved by Integrated Alcohol Service (IAS). Benchmarking completed.
SE11	Explore ways we can help people access and use digital systems	Access to Digital	Alison MacLeod		Mar-23	Green	The major project bridging the digital divide is AGILE (Aberdeen Guide to Independent Living and Enablement. The digital version is now completed. The Hardcopy version is indevelopment. The Team is working with Care Management a possible place in the digital hub at the Quay where we hope to have other projects promoted including Life Curve and an Analysis Survey to identify the digital gap and need. Promotion to increase local providers in programs such as Abilitynet, Silver City Surfers, City libraries, ECPC, Steering group. Well being cordinators are supporting the ACC digital stering group in promoting in community level.
SE12	Develop and deliver Analogue to Digital Implementation Plan	Analogue 2 Digital	Alison MacLeod		Mar-23	Green	Approval at Project Board for: 1) To remain with the recommended option for digital ARC procurement while progressing the pre-rollout activities that will be required regardless of the adopted procurement option. 2) To order Tunstall Hybrid and Digital alarm units and not to add to the current Possum devices stock unless preferred devices could not be delivered on time. The PB Finance sub-groups is working on organising the required fund for the programme. The project continues to liaise with the Digital Office as an early adopter in the Shared ARC programme. The tender is anticipated to be launched early 2023. Grouped Housing pilot site survey was conducted on 18th November with a follow up meeting to identify requirements. NB: project is ongoing and already features in Y2
SE13	Monitor costing implications and benefits of Delivery Plan actions esuring Best Value is delivered	Financial Monitoring	Chief Finance Officer		Mar-23	Green	Regular reporting of the forecasted budget position to Senior Leadership Team, Risk, Audit and Performance Committee and the IJB Committee continues. The Delivery Plan Review will form part of the updated MTFF. This will be scrutinised by the Senior Leadership Team prior to being formally presented to the IJB in February 2023.
SE15	Develop proactive, repeated and consistent communications to keep communities informed	Community Communications	Martin Allan		Mar-23	Green	Communications staffing now resolved until March 2023. Two members of staff now in post - one for external and one for internal communications. Secondment of 2nd adviser expires at end of March 2023. Ongoing conversations around handover and cover for internal/social media comms.

SE16	Continue to deliver on our commissioning principle that commissioning practice includes solutions co-designed and co-produced with partners and communities	Deliver Commissioning Principles	Shona Omand-Smtih			Green	IJB approved the extension of the End of Life Beds at Rubislaw Park Nursing Home to allow a further evaluation of the pathway to take place. The pathway has been opened further to Oncology and Haematology. Initial meetings have been scheduled to discuss and map Out of Hours and weekend admissions to the pathway. Discussions have taken place in terms of the GP arrangement at Woodlands Nursing Home for interim and respite beds. Initial meetings have been held with Scottish Government following the succesful pathfinder application for Getting it Right for Everyone (GIRFE). The 2 areas of focus are around Transitions and older adults/frailty. Letters have been issued to Grant Funded services for applications of grant funding for the year April 2023 - 2024. Business Cases have been completed and submitted for the approval of the funding. Work has begun on the intergenerational living work with RGU and initial meetings have taken place. Work is progressing with Aberdeenshire around standardising our Grant Funding Process, quarterly reviews are now being undertaken and a standard template being developed to apply a consistent approach across all reviews hopefully making things easier for local providers. A commissioning project plan has been developed to identify future commissioning work and any links with other programmes/projects.
SE17	Continue to transform our commissioning approach, building on the work we undertook with our Care at Home contract, developing positive relationships with providers, encouraging collaborative approaches and commissioning for outcomes	Transform of Commissioning Approach	Shona Omand-Smtih		Mar-23	Green	IJB approved the extension of the End of Life Beds at Rubislaw Park Nursing Home to allow a further evaluation of the pathway to take place. The pathway has been opened further to Oncology and Haematology. Initial meetings have been scheduled to discuss and map Out of Hours and weekend admissions to the pathway. Discussions have taken place in terms of the GP arrangement at Woodlands Nursing Home for interim and respite beds. Initial meetings have been held with Scottish Government following the succesful pathfinder application for Getting it Right for Everyone (GIRFE). The 2 areas of focus are around Transitions and older adults/frailty. Letters have been issued to Grant Funded services for applications of grant funding for the year April 2023 - 2024. Business Cases have been completed and submitted for the approval of the funding. Work has begun on the intergenerational living work with RGU and initial meetings have taken place. Work is progressing with Aberdeenshire around standardising our Grant Funding Process, quarterly reviews are now being undertaken and a standard template being developed to apply a consistent approach across all reviews hopefully making things easier for local providers. A commissioning project plan has been developed to identify future commissioning work and any links with other programmes/projects.
SE18	Focus on long term contracts and more creative commissioning approaches such as direct awards and alliance contracts which will provide greater stability for the social care market	Long Term and Creative Contracts Focus	Shona Omand-Smtih		Mar-23	Green	IJB approved the extension of the End of Life Beds at Rubislaw Park Nursing Home to allow a further evaluation of the pathway to take place. The pathway has been opened further to Oncology and Haematology. Initial meetings have been scheduled to discuss and map Out of Hours and weekend admissions to the pathway. Discussions have taken place in terms of the GP arrangement at Woodlands Nursing Home for interim and respite beds. Initial meetings have been held with Scottish Government following the succesful pathfinder application for Getting it Right for Everyone (GIRFE). The 2 areas of focus are around Transitions and older adults/frailty. Letters have been issued to Grant Funded services for applications of grant funding for the year April 2023 - 2024. Business Cases have been completed and submitted for the approval of the funding. Work has begun on the intergenerational living work with RGU and initial meetings have taken place. Work is progressing with Aberdeenshire around standardising our Grant Funding Process, quarterly reviews are now being undertaken and a standard template being developed to apply a consistent approach across all reviews hopefully making things easier for local providers. A commissioning project plan has been developed to identify future commissioning work and any links with other programmes/projects.
SE19	Continue to deliver ethical commissioning in relation to financial transparency and fair working conditions for social care staff as well as progressing implementation of Unisons Ethical Care Charter.	Delivery of ethical commissioning	Shona Omand-Smtih		Mar-23	Green	A review of Unisons Ethical Care Charter is being scheduled for the project team to revisit and ensure alignment with ongoing commissioning projects.

SE20	Develop an interim solution for the provision of health and social care services within the Countesswells housing development and work on the long-term solution	Counteswells Housing Development	Emma King/Alison MacLeod	01/04/2020	Mar-23	Green	A unit at the new retail site at Countesswells has been purchased by NHS Grampian. Initial work has been done to identify suitable services to operate from the unit. We are in the process of commissioning the services of a design team to provide a proposed plan and costs. Initial plans for two consultancy rooms with supporting space have been approved by the leadership team. Our consultant architects are now producing a full design and costing for the work. A project team is to be established to finalise the configuration of services that will operate from the facility. An HAI-Scribe infection control assessment is being carried out. The current position is that it won't be able to accomodate any services that generate clinical waste, discussions are ongoing. A paper on the works required to fit out Countesswells is due to go to NHS Grampian's Asset Management Group and SLT early in 2023.
SE21	Continue to review and update the Primary Care Premises Plan (PCPP) on an annual basis.	Primary Care Premises Plan	Emma King/Alison MacLeod	01/03/2022	Mar-23	Green	A wide range of colleagues from across Grampian were involved in contributing to the 2022 update. This was submitted to the July AMG and approved. They have instructed the Primary Care Premises Group to carry out a major overhaul of the plan for the 2023 update. This has been reported to the PCPG and remitted to its plan sub-group for action. We are scoping the extent of work that is required to provide the level of detail that AMG expect for the 2023 update. A single workshop to review the premises requirements of all GP Practices has been suggested and is being explored as a feasible way to deliver what is required for the 2023 update. An action paper was drafted which gave all 6 sectors who contribute to the PCPP a guide on how to carry out this work. This was distributed to PCPP sub-group members for action in December 2022.

CARING TOGETHER

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

DELAYED DISCHARGES

Basline Position:
Sum of Delays Jan-Mar 2022

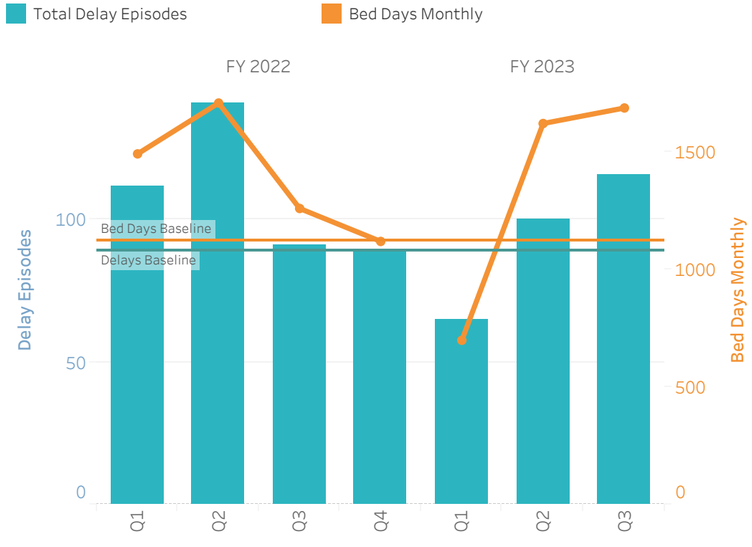
Total Delay Episodes	Bed Days Monthly
89	1,118

Latest Complete Quarter
FY 2023
Q3

Total Delay Episodes	Bed Days Monthly
116	1,685

Monthly Breakdown

	Q2		Q3	
	September 2022	October 2022	November 2022	December 2022
Total Delay Episodes	38	58	49	42
Bed Days Monthly	454	583	539	563



UNMET NEED

Baseline: Average Unmet Needs Clients and Hours March 2022

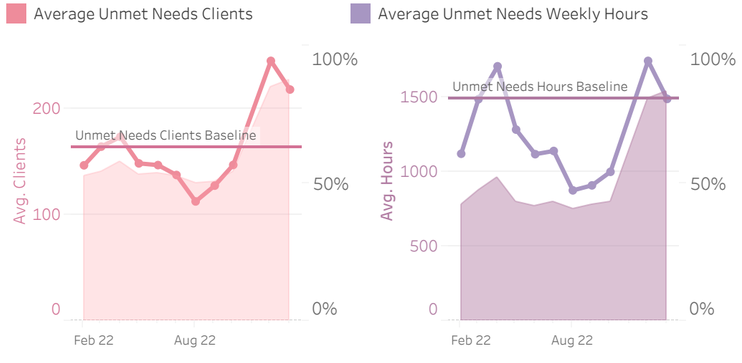
Average Unmet Needs Clients	Average Unmet Needs Weekly Hours
164	1,489

Latest Complete Quarter
2022
Q4

Average Unmet Needs Clients	Average Unmet Needs Weekly Hours
196	1,374

Figure

	October 2022	December 2022	January 2023
Average Unmet Needs Clients	147	245	218
Average Unmet Needs Weekly Hours	1,002	1,746	1,491



CARE HOME OCCUPANCY

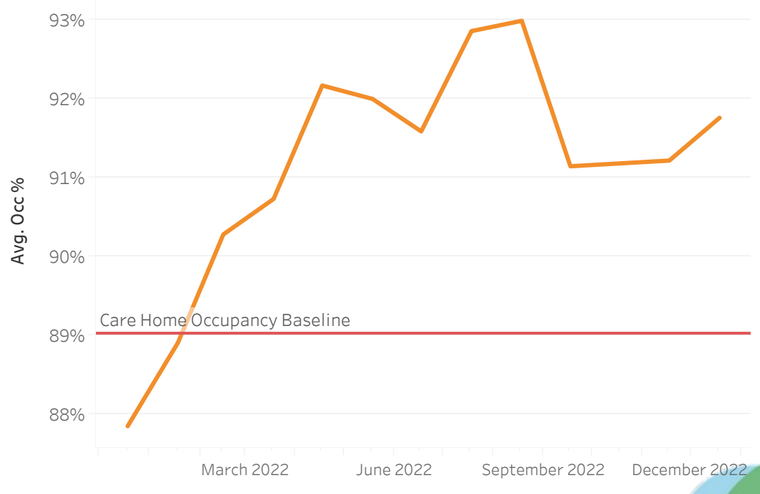
Baseline Position: Avg Occupancy Jan - Mar 2022
FY 2022 Q4

89.02%

Avg Occupancy for Latest Complete QTR
FY 2023
Q3

90.95%

	October 2022	December 2022	January 2023
Average Occupancy	91.14%	91.21%	91.76%



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KEEPING PEOPLE SAFE AT HOME

REHABILITATION STRATEGIC REVIEW - IMPLEMENTATION PLAN BY APRIL 2023

SOARS OCCUPANCY

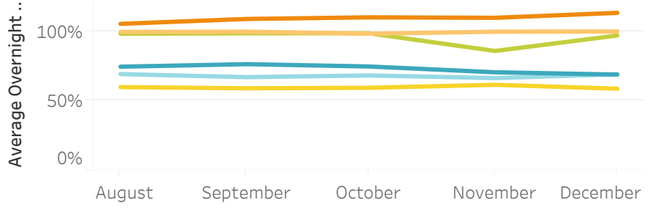
Basline Position:
Average Occupancy for Jan - Mar 2022

95.0%

Latest Complete QTR
2022
Q4
100.6%

Monthly Breakdown

October 2022	December 2022	January 2023
100.5%	**101.0%**	**93.9%**



SOARS DELAYED DISCHARGES (STANDARD AND COMPLEX)

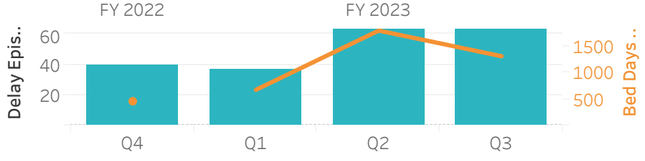
Basline Position:
Sum of Delays Oct-Dec 2021

Total Delay Episodes	Bed Days Monthly
50	**928**

Latest Complete Quarter
FY 2023
Q3

Total Delay Episodes	Bed Days Monthly
63	**1,312**

	August 20..	September..	October 2..	November ..	December ..
Total Delay Episodes	**33**	**32**	**26**	**34**	**23**
Bed Days Monthly	**681**	**537**	**342**	**465**	**505**



SOARS ADMISSIONS

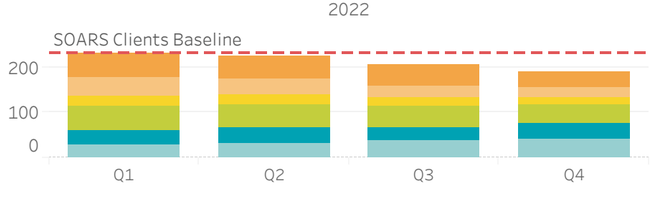
Baseline Position: Admissions Jan - Mar 2022

230

Current Position: Admissions for Lastest Complete QTR
2022
Q4
190

Monthly Breakdown

October 2022	December 2022	January 2023
78	**54**	**25**



SOARS LENGTH OF STAY

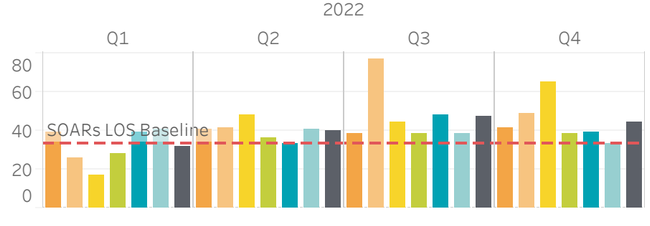
Baseline Position: Average LOS Jan - Mar 2022

33.91

Current Position: Average LOS for L..
2022
Q4
41.63

Monthly Breakdown

October 2022	December 2022	January 2023
46.18	**40.25**	**57.19**



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

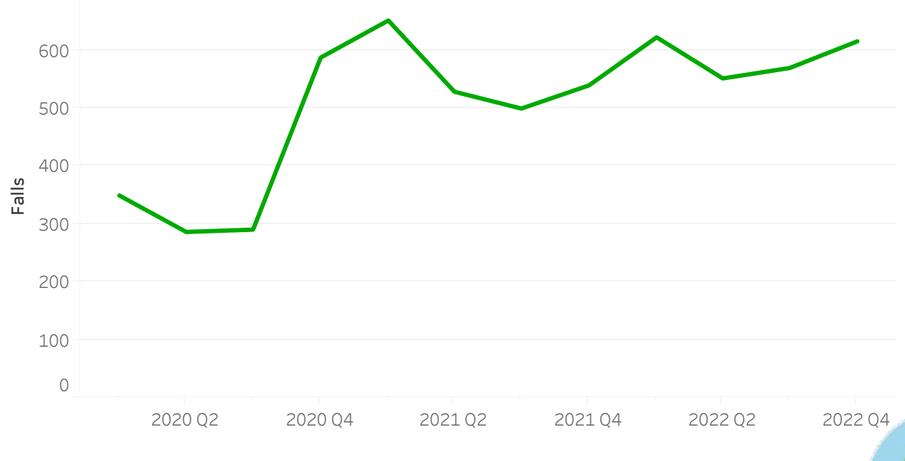
FALLS

Falls that have taken place at the listed site reported on DATIX

Falls
Baseline: Jan - Mar 2022
2022
Q1
622

Falls
Latest Complete Quarter
2022
Q4
615

	2021	2022			
Hospital	Q4	Q1	Q2	Q3	Q4
Aberdeen Royal Infirmary	**277**	**487**	**445**	**445**	**490**
Woodend General Hospital	**81**	**135**	**106**	**124**	**125**



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KEEPING PEOPLE SAFE AT HOME

UNSCHEDULED CARE

EMERGENCY ADMISSIONS

Basline Position: Jan - Mar 2022

Q4

65-74	75+
1,774	2,800

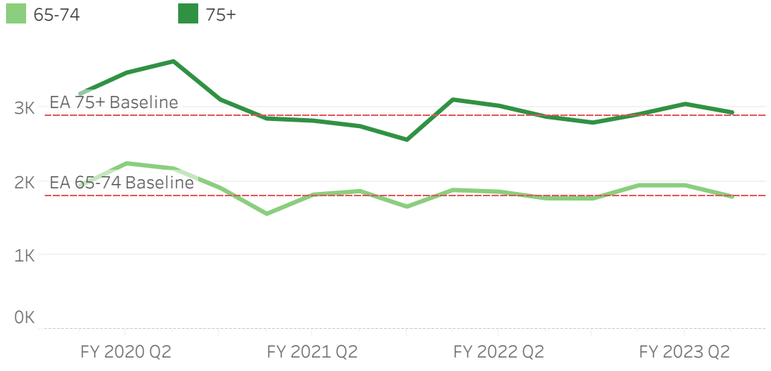
Lastest Position: Emergency Admissions

FY 2023

Q3

65-74	75+
1,799	2,937

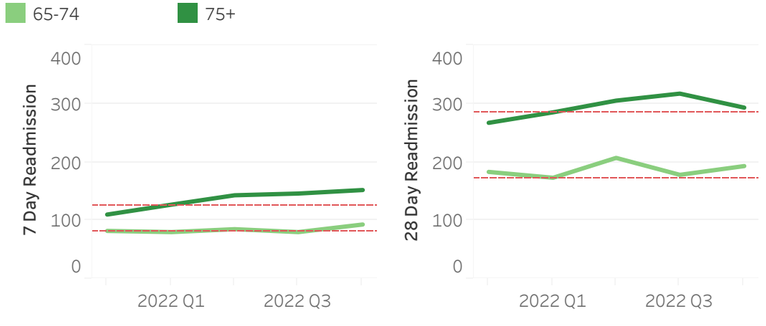
	FY 2022 Q4	FY 2022 Q1	FY 2023 Q2	FY 2023 Q3
65-74	1,774	1,952	1,952	1,799
75+	2,800	2,913	3,052	2,937



READMISSIONS

	Basline Position: Jan - Mar 2022 Q1 65-74	Basline Position: Jan - Mar 2022 Q1 75+	Latest Position: Readmissions 2022 Q4 65-74	Latest Position: Readmissions 2022 Q4 75+
7 Days	80	127	93	152
28 Days	173	285	193	293

2022	Q1	Q2	Q3	Q4
7 Days	207	228	226	245
28 Days	458	512	495	486



HOSPITAL AT HOME OCCUPANCY

Baseline Position: Average Occupancy Jan - Mar 2022

Average Occupancy %	Average Overnight Beds Occupancy
70%	11

Latest Complete QTR

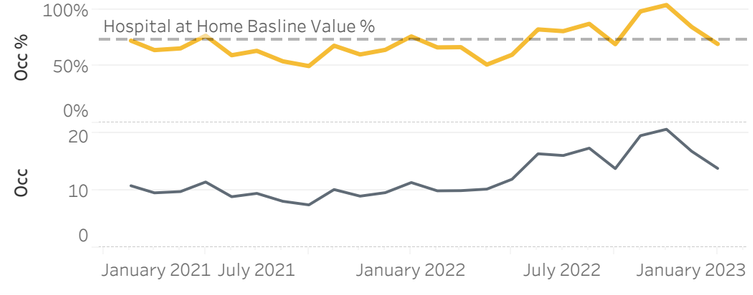
2022

Q4

Average Occupancy %	Average Overnight Beds Occupancy
96%	19

Average Overnight Occupancy: Monthly Breakdown

	October 2022	November 2022	December 2022
Average Occupancy %	98.4%	104.0%	84.7%
Average Overnight Beds Occupancy	19.68	20.80	16.94



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	
2020/21	1,313	1,230
2021/22	1,365	1,242

CARE AT HOME INTENSIVE NEEDS PATIENTS

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ACHIEVING FULFILLING, HEALTHY LIVES

COMPLEX CARE

COMPLEX AND CODE 100 BED DAYS : MHLD

Basline Position:
Sum of Bed Days Jan - Mar 2022

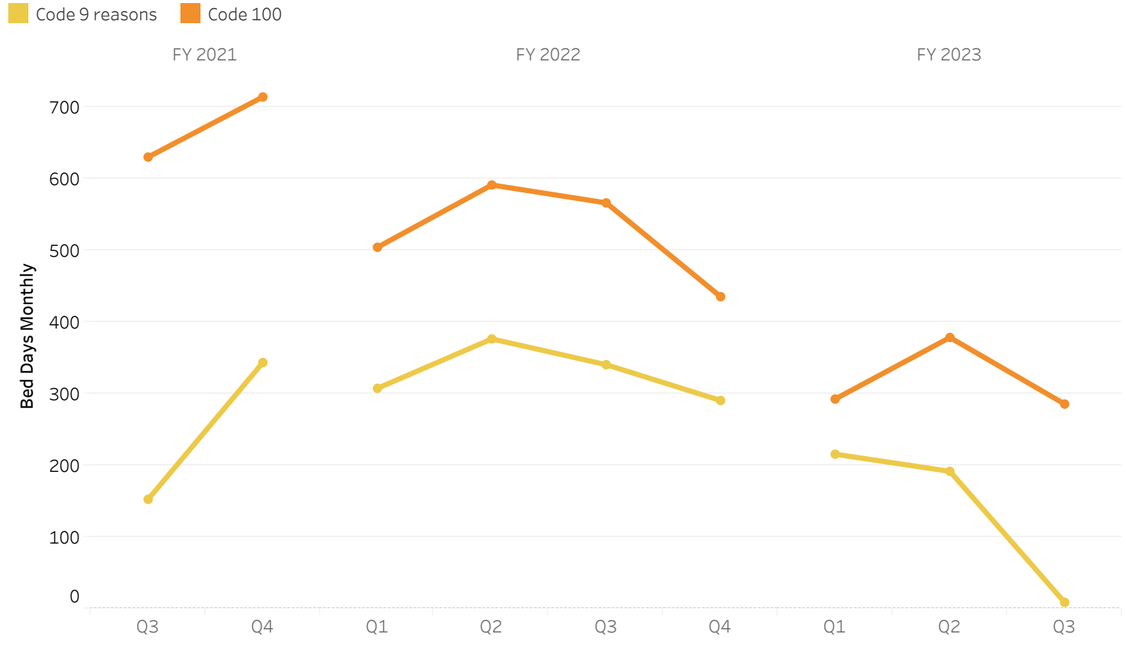
Complex-Code 9	Complex-Code 100
291	436

Latest Complete Quarter
FY 2023
Q3

Complex-Code 9	Complex-Code 100
9	286

Monthly Breakdown

	October 2022	November 2022	December 2022
Complex-Code 9	138	243	380
Complex-Code 100	118	70	98



MHLD TRANSFORMATION

ROYAL CORNHILL HOSPITAL OCCUPANCY

Basline Position:
Average Occupancy for Jan - Mar 2022

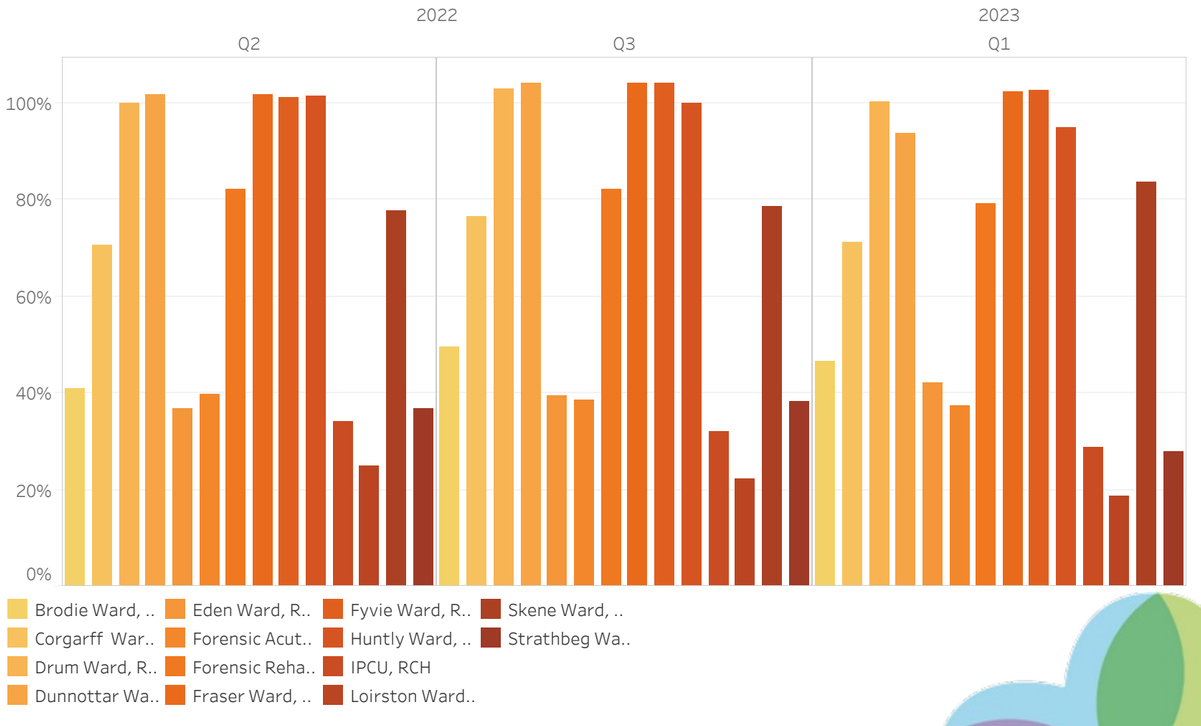
87%

Latest Complete QTR
2022
Q4

70%

Monthly Breakdown

January	October	November	December
66%	70%	70%	69%



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PREVENTING ILL HEALTH

PREVENTION

Note, coding for alcohol and drug admissions can often lag behind live data as cases are treated. Figures should therefore be viewed as changing until a few months after the given date.

ALCOHOL AND DRUG RELATED ADMISSIONS

Baseline Position: Total Admissions for Jan - Mar 2022

Alcohol Related Admissions	Drug Related Admissions
214	205

Total Admissions for Latest Complete Quarter

FY 2023
Q3

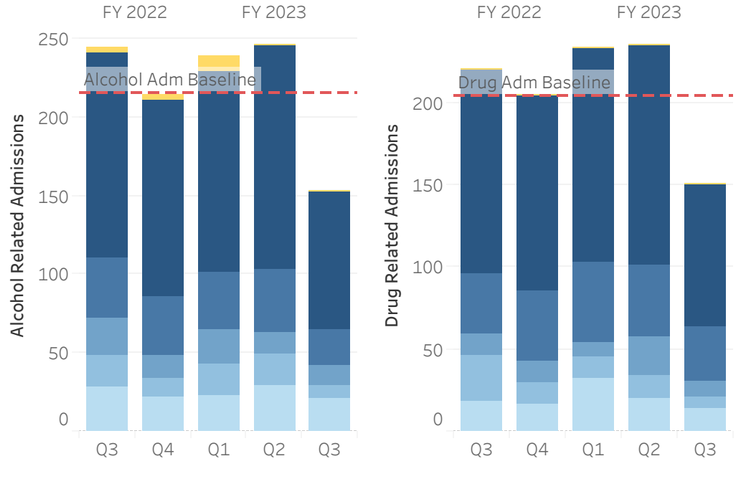
Alcohol Related Admi..	Drug Related Admissi..
153	151

Monthly Breakdown

	October 2022	November 2022	December 2022
Alcohol Related Admissions	77	72	4
Drug Related Admissions	81	62	8

Local SIMD Quintile

Null 1 2 3 4 5

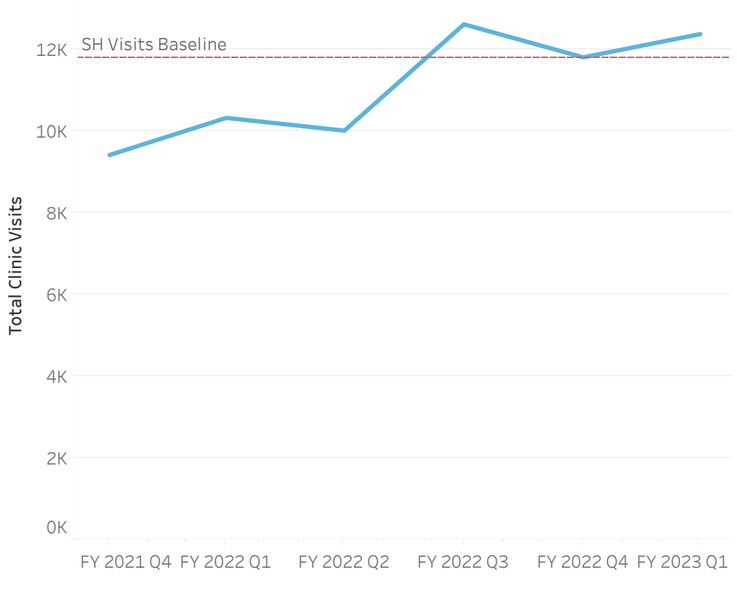


SEXUAL HEALTH

Basline: Total Clinic Visits Jan - Mar 2022

FY 2022
Q4

11,805



IMMUNISATIONS

DEFINTION 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 serches. 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.