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Aberdeen City Health & Social Care Partnership
A caring partnership

To: Members of the Integration Joint Board

Town House,
ABERDEEN 30 May 2023

INTEGRATION JOINT BOARD

The Members of the **INTEGRATION JOINT BOARD** are requested to meet in **Rooms 4 & 5 - Health Village on TUESDAY, 6 JUNE 2023 at 10.00 am.** This is a hybrid meeting and Members may also attend remotely.

JENNI LAWSON
INTERIM CHIEF OFFICER – GOVERNANCE (LEGAL)

BUSINESS

1.1 Welcome from the Chair

DECLARATIONS OF INTEREST

2.1 Members are requested to intimate any Declarations of Interest or Transparency Statements

DETERMINATION OF EXEMPT BUSINESS

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

STANDING ITEMS

4.1 Video Presentation

4.2 Minute of Budget Meeting of 28 March 2023 (Pages 3 - 4)

4.3 Minute of Board Meeting of 25 April 2023 (Pages 5 - 12)

- 4.4 Draft Minute of Risk, Audit and Performance Committee of 2 May 2023
(Pages 13 - 16)
- 4.5 Business Planner (Pages 17 - 20)
- 4.6 Seminar and Workshops Planner (Pages 21 - 22)
- 4.7 Chief Officer's Report - HSCP.23.038 (Pages 23 - 32)

STRATEGY

- 5.1 Bon Accord Care Strategy - HSCP.23.040 (Pages 33 - 52)

GOVERNANCE

- 6.1 Update on the Governance Arrangements for Hosted Mental Health and Learning Disability Inpatient and Specialist Service - HSCP.23.035 (Pages 53 - 62)

PERFORMANCE AND FINANCE

- 7.1 Strategic Risk Register & Revised Risk Appetite Statement - HSCP.23.039
(Pages 63 - 86)

ITEMS THE BOARD MAY WISH TO CONSIDER IN PRIVATE

- 8.1 Exempt/Confidential Business

DATE OF NEXT MEETING

- 9.1 22 August 2023

**** PLEASE NOTE THAT THE SEMINAR: DELIVERY PLAN AND KEY METRICS - INCLUDING STRATEGIC OBJECTIVES AND STRATEGIC INTENT WILL START AT 1.30PM. SEPARATE APPOINTMENTS HAVE BEEN ISSUED FOR THIS****

Website Address: <https://www.aberdeencityhscp.scot/>

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



ABERDEEN, 28 March 2023. Minute of Meeting of the INTEGRATION JOINT BOARD.

Present:- Luan Grugeon, Chair; Councillor John Cooke, Vice Chair; and Councillor Christian Allard, June Brown, Kim Cruttenden, Councillor Martin Greig, Councillor Deena Tissera, Dr Caroline Howarth, Phil Mackie, Sandra MacLeod, Alison Murray and Graeme Simpson.

Also in attendance:- Gale Beattie, Fraser Bell, Jenny Gibb, Catherine King, Stuart Lamberton, Graham Lawther, Lynn Morrison, Jason Nicol, Shona Omand-Smith, Denise Thomson and Councillor Kairin van Sweeden.

Apologies:- Jim Currie and Christine Hemming.

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

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

WELCOME FROM THE CHAIR

1. The Chair welcomed everyone to the first hybrid meeting of the Integration Joint Board, with Members joining in the Health Village and virtually via Teams.

The Board resolved:-

to note the Chair's remarks.

EXEMPT BUSINESS

2. There was no exempt business.

MEMBERS ARE REQUESTED TO INTIMATE ANY DECLARATIONS OF INTEREST OR TRANSPARENCY STATEMENTS

3. Members were requested to intimate any Declarations of Interest or Transparency Statements in respect of the items on the agenda.

The Board resolved:-

(i) to note that Councillor Cooke advised that he had a connection in relation to agenda item 4.1 (Medium Term Financial Framework - 2023-2028) as he was an Aberdeen City Council representative on the Board of Aberdeen Care and Repair, however, having applied the objective test he did not consider that his

INTEGRATION JOINT BOARD

28 March 2023

- connection amounted to an interest which would prevent him from participating in the discussion on the item; and
- (ii) to note that Caroline Howarth advised that she had a connection in relation to agenda item 4.1 as she was a partner at the Newburn Practice, however, having applied the objective test she did not consider that her connection amounted to an interest which would prevent her from participating in the discussion on the item.

MEDIUM TERM FINANCIAL FRAMEWORK - 2023-2028

4. The Board had before it the Medium Term Financial Framework prepared by the Chief Finance Officer.

The report recommended:-

that the Board:

- (a) note the anticipated financial out-turn for 2022/23 and the impact on the Reserves position of the IJB as indicated at paragraph 3.4 of the report;
- (b) note the financial allocations proposed to be allocated by the partner organisations as indicated at paragraph 3.9 of the report;
- (c) approve the 2023/24 budget and the Aberdeen City IJB Medium Term Financial Framework included as Appendix 1 of the report;
- (d) note that £2.5 million was held in a risk fund as indicated at paragraph 3.22 of the report;
- (e) approve the Bon Accord Care contract level for 2023/24 of £35,625,000 and budget assumptions as indicated at paragraphs 3.25 and 3.26 of the report;
- (f) instruct the Chief Finance Officer to apply the national guidance to calculate the level of increase on non-National Care Home Contract services and pass this increase across to providers as indicated at paragraph 3.28 of the report;
- (g) instruct the Chief Finance Officer to uplift the direct payments for clients with a staffing element included in their payment by the amount calculated using the national guidance as indicated at paragraph 3.29 of the report;
- (h) make the budget directions contained in Appendix 2 of the report and instruct the Chief Finance Officer to issue those directions to the constituent authorities; and
- (i) approve the Year 2 Delivery Plan at Appendix 4 and note that budget monitoring information from June 2023 would be linked to each project.

The Board resolved:-

to approve the recommendations.

- **LUAN GRUGEON, Chair**.



ABERDEEN, 25 April 2023. Minute of Meeting of the INTEGRATION JOINT BOARD.

Present:- Councillor John Cooke, Chair; Luan Grugeon, Vice Chair; and Councillor Christian Allard, June Brown (up to Article 15), Kim Cruttenden, Councillor Martin Greig, Councillor Sandra Macdonald (as a substitute for Councillor Tissera), Mike Adams, Steven Close, Jenny Gibb, Maggie Hepburn, Dr Caroline Howarth, Phil Mackie (from Article 12), Sandra MacLeod, Paul Mitchell and Alison Murray.

Also in attendance:- Martin Allan, Jess Anderson, Ross Baxter, Fraser Bell, Jennifer Campbell, Amanda Farquharson, John Forsyth, Stuart Lamberton, Graham Lawther, Peter MacLean (up to Article 15), Alison Macleod, Judith McLenan, Corinne Millar, Lynn Morrison (up to Article 16), Jason Nicol (up to Article 16), Jenny Rae, Sandy Reid, Angela Scott and Neil Stephenson (from Article 15).

Apologies:- Shona Omand-Smith

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

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WELCOME FROM THE CHAIR

1. The Chair extended a warm welcome to everyone and explained that under Standing Order 3.1, Luan Grugeon had stepped down as Chair having been appointed to the role for two years. As the previous Vice Chair, Councillor Cooke had now taken over as Chair. He paid tribute to Luan for all her work as Chair during her two years and advised that she would be remaining on the Board as Vice Chair.

The Chair also paid tribute to NHS Grampian Staff Representative to the Board, Mike Adams who was retiring at the end of May 2023 after 41 years with the NHS. Members noted that Mike had been a Board Member since the shadow Integration Joint Board had been introduced. They thanked him for his considerable contributions and wished him well for his retirement.

The Board resolved:-
to note the Chair's remarks.

INTEGRATION JOINT BOARD

25 April 2023

DECLARATIONS OF INTEREST OR TRANSPARENCY STATEMENTS

2. Members were requested to intimate any Declarations of Interest or Transparency Statements in respect of the items on the agenda.

The Board resolved:-

to note that Alison Murray advised that she had a connection in relation to agenda item 5.1 (IJB Scheme of Governance Annual Review) as she was a Carer Representative to the IJB, however, having applied the objective test she did not consider that her connection amounted to an interest which would prevent her from participating in the discussion on the item.

EXEMPT BUSINESS

3. The Chair indicated that item 6.4 (Supplementary Procurement Work Plan (Social Care)) – HSCP.23.018 contained exempt information and therefore it was recommended that it be considered in private.

The Board resolved:-

to consider the exempt sections of item 6.4 with the press and public excluded.

VIDEO PRESENTATION

4. The Board received a video presentation from NESS (North East Sensory Services) which had been launched at their Annual Celebration event on 16 March 2023. The video promoted the range of services that North East Sensory Services delivered.

The Board resolved:-

to note the video.

MINUTE OF BOARD MEETING OF 31 JANUARY 2023

5. The Board had before it the minute of its meeting of 31 January 2023.

The Board resolved:-

to approve the minute as a correct record.

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DRAFT MINUTE OF RISK, AUDIT AND PERFORMANCE COMMITTEE OF 28 FEBRUARY 2023

6. The Board had before it the draft minute of the Risk, Audit and Performance Committee of 28 February 2023, for information.

The Board resolved:-

to note the minute.

DRAFT MINUTE OF CLINICAL AND CARE GOVERNANCE COMMITTEE OF 21 FEBRUARY 2023

7. The Board had before it the draft minute of the Clinical and Care Governance Committee of 21 February 2023, for information.

The Board resolved:-

to note the minute.

BUSINESS PLANNER

8. The Board had before it the Business Planner which was presented by the Chief Operating Officer who advised Members of the updates to reporting intentions and that further items would be added to future reporting cycles.

The Board resolved:-

to agree the Planner.

SEMINAR AND WORKSHOPS PLANNER

9. The Board had before it the Seminars and Workshops Planner which was presented by the Chief Operating Officer.

The Board resolved:-

- (i) to note that invitations would be issued to all Members once dates were finalised with Workshop Leads; and
- (ii) to otherwise agree the Planner.

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25 April 2023

CHIEF OFFICER'S REPORT - HSCP.23.036

10. The Board had before it the report from the Chief Officer, ACHSCP, who presented an update on highlighted topics and responded to questions from members.

The report recommended:-

that the Board:

- (a) note the details contained in the report; and
- (b) approve the extension of the term of the existing Carer Representatives on the IJB in accordance with Standing Order 4.3.

The Board resolved:-

- (i) to congratulate staff on their recent appointments; and
- (ii) to otherwise agree the recommendations.

IJB SCHEME OF GOVERNANCE ANNUAL REVIEW - HSCP.23.023

11. The Board had before it the revised Integration Scheme to the Integration Joint Board (IJB) and revised Scheme of Governance to the IJB for approval.

The report recommended:

that the Board:

- (a) endorse the amended Integration Scheme (as attached at Appendix A of the report);
- (b) approve the Revised Standing Orders for the IJB (as attached at Appendix B of the report), with effect from 1 May 2023;
- (c) approve the Revised Terms of Reference (as attached at Appendix C of the report) with effect from 1 May 2023;
- (d) approve the Revised Roles and Responsibilities Protocol (as attached at Appendix D of the report) with effect from 1 May 2023;
- (e) approve the Revised Code of Conduct (as attached at Appendix E of the report) with effect from 1 May 2023;
- (f) instruct the Chief Officer of the IJB to report to the IJB through the regular Chief Officer's report when the Scottish Government had approved the revised Integration Scheme; and
- (g) agree to appoint the Chief Operating Officer to substitute for the Chief Officer in the absence of the Chief Officer.

The Board resolved:-

- (i) to instruct the Chief Operating Officer to undertake a review of the Carers' Expenses Policy and to report back to the IJB in August 2023 in this regard; and
- (ii) to otherwise agree the recommendations.

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ANNUAL RESILIENCE REPORT - HSCP.23.021

12. The Board had before it the annual assurance report on the Integration Joint Board's resilience arrangements in fulfilment of its duties as a Category 1 responder under the Civil Contingencies Act 2004.

The Business and Resilience Manager presented the report and responded to questions from members regarding engagement with communities, enhanced plans for vulnerable people and planning for winter 2023/24.

The report recommended:-

that the Board note the progress made in further embedding the IJB's resilience arrangements during 2022/23.

The Board resolved:-

to agree the recommendation.

EQUALITY OUTCOMES AND MAINSTREAMING FRAMEWORK - HSCP.23.024

13. The Board had before it a report on the Equality Outcomes and Mainstreaming Framework. The Strategy and Transformation Lead introduced the report.

The report recommended:-

that the Board:

- (a) approve the Biennial Progress Report in relation to the Equality Outcomes and Mainstreaming Framework;
- (b) instruct the Chief Officer to publish the Progress Report and advise the Equality and Human Rights Commission (EHRC) when this was done;
- (c) approve the revised Guidance on Assessing the Impact of Policy and Practices; and
- (d) approve the revised Equality Outcomes and Mainstreaming Framework 2023-2025.

The Board resolved:-

to agree the recommendations.

HOSTED SERVICES - HSCP.23.025

14. The Board had before it an update report on the performance of Hosted Services across Grampian.

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The Strategy and Transformation Lead presented the report and responded to questions from members regarding Service Level Agreements and data handling.

The report recommended:-

that the Board note the performance information in relation to the Hosted Services contained in Appendices A to E of the report.

The Board resolved:-

to agree the recommendation.

SUPPLEMENTARY PROCUREMENT WORK PLAN (SOCIAL CARE) FOR 2023/24 - HSCP.23.018

15. The Board had before it the Supplementary Procurement Work Plan for 2023/24 for expenditure on social care services, together with the associated procurement Business Case, for approval.

Neil Stevenson - Strategic Procurement Manager, presented the report and responded to questions from Members regarding Advocacy Services for children and the consultation process.

The report recommended:-

that the Board:

- (a) approve the Tender, for a period of up to five years of a contract for Independent Advocacy Services, as is detailed in Appendices A1 and C of the report; and
- (b) make the Direction, as attached at Appendix B of the report and instruct the Chief Officer to issue the Direction to Aberdeen City Council.

The Board resolved:-

to approve the recommendations.

CREATING HOPE TOGETHER: SCOTLAND'S SUICIDE PREVENTION STRATEGY AND ACTION PLAN - HSCP.23.019

16. The Board had before it the recently published national Suicide Prevention Strategy and Action Plan.

Jenny Rae – Transformation Programme Manager, ACHSCP presented the report and explained that the Suicide Prevention Strategy ‘Creating Hope Together’ was published in September 2022, jointly produced by the Scottish Government and COSLA. The new national 10-year strategy, and an associated action plan, replaced the current Suicide Prevention Action Plan ‘Every Life Matters’ which was published in 2018.

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Members discussed the use of social media, early intervention and prevention and carer representation.

The report recommended:-

that the Board:

- (a) note the progress on delivery of the national Suicide Prevention Strategy Action Plan and local implementation; and
- (b) instruct the Chief Officer to provide an update on progress annually to the Integration Joint Board.

The Board resolved:-

to approve the recommendations.

PREVENTION AND EARLY INTERVENTION - HSCP.23.026

17. The Board had before it a report on Prevention and Early Intervention that had been approved at the Aberdeen City Council Budget meeting on 1 March 2023. The Strategy and Transformation Lead spoke to the report and described the steps that the Chief Officer was taking to deliver their action in relation to it.

The report recommended:-

that the Board note the report on Prevention and Early Intervention at Appendix A of the report and the Chief Officer's intended actions in relation to it, detailed in paragraphs 3.4 and 3.5 of the report.

The Board resolved:-

to approve the recommendation.

COMMUNITY NURSING DIGITALISATION - MORSE - HSCP.23.022

18. The Board had before it a report providing assurance regarding the implementation of the Morse application allowing electronic scheduling and patient record keeping for Community Nursing, Hospital at Home, Macmillan Nursing and School Nursing within the partnership area between August 2021 and June 2022.

Michelle Grant - Transformation Programme Manager, Data and Digital, presented the report. Members commended the courageous decision to invest in digital technology where there had been recruitment challenges.

The report recommended:-

that the Board note the evaluation appended in appendix A of the report.

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25 April 2023

The Board resolved:-

- (i) to instruct the Chief Officer, ACHSCP to present a one-year update report on the progress of the project; and
- (ii) to otherwise approve the recommendation.

SUPPLEMENTARY PROCUREMENT WORK PLAN (SOCIAL CARE) FOR 2023/24 - HSCP.23.018 - EXEMPT APPENDICES

19. The Board resolved:-

to note that the recommendations had been approved at Article 15.

DATE OF NEXT MEETING

20. The Board had before it the date of the next meeting as 6 June 2023 at 10am.

The Board resolved:-

to note the date of the next meeting.

- **COUNCILLOR JOHN COOKE, Chair.**



Risk, Audit and Performance Committee

Minute of Meeting

Tuesday, 2 May 2023

10.00 am Virtual - Remote Meeting

ABERDEEN, 2 May 2023. Minute of Meeting of the RISK, AUDIT AND PERFORMANCE COMMITTEE. Present:- Councillor Martin Greig Chairperson; and Councillor John Cooke, June Brown, Luan Grugeon, Anne MacKenzie, Alison MacLeod and Paul Mitchell.

Also in attendance: Martin Allan, Susie Downie, Amanda Farquharson, Michelle Grant, Vicki Johnstone, Graham Lawther and Alison Penman (from Article 6).

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

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DECLARATIONS OF INTEREST OR 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.

EXEMPT BUSINESS

2. There was no exempt business.

MINUTE OF PREVIOUS MEETING OF 28 FEBRUARY 2023

3. The Committee had before it the minute of its previous meeting of 28 February 2023, for approval.

The Committee resolved:-

to approve the minute as a correct record.

BUSINESS PLANNER

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

RISK, AUDIT AND PERFORMANCE COMMITTEE

2 May 2023

In respect of a question regarding the Navigator Project, the Chief Finance Officer undertook to seek an update.

The Committee resolved:-

to approve the content of the Planner.

DIRECTIONS TRACKER - HSCP.23.032

5. The Committee had before it the six-monthly update on the status of Directions made by the Integration Joint Board to Aberdeen City Council and NHS Grampian.

The Strategy and Transformation Lead presented the report and responded to questions from Members.

Members heard that an Internal Audit on data sharing had recommended the use of Data Protection Impact Assessments and as a result it was intended to incorporate a register of these Assessments within the Directions Tracker to provide assurance that they were being completed and updated. Guidance and procedures would be changed to reflect these changes with immediate effect, and Members would see the Data Protection Impact Assessments being reported in the next six month update at the November 2023 Committee.

Members were advised by the Business and Resilience Manager that a section on Information Governance was to be introduced to the new reporting template for the IJB and RAPC which would be implemented after the summer recess.

The report recommended:-

that the Committee note the updates attached at Appendix A of the report.

The Committee resolved:-

to approve the recommendation.

APPROVAL OF UNAUDITED ACCOUNTS - HSCP.23.037

6. The Committee had before it the unaudited final accounts for 2022/23 prepared by the Chief Finance officer, for review and comment.

Members noted that the audit of the accounts would take place in May 2023 and the final audited accounts were expected to be brought back to the Integration Joint Board in October 2023.

RISK, AUDIT AND PERFORMANCE COMMITTEE

2 May 2023

The Chief Finance Officer responded to questions from Members regarding the use of reserves and approach to prevention and early intervention.

The report recommended:-

that the Committee consider and comment on the Unaudited Final Accounts for 2022/23 at Appendix A of the report.

The Committee resolved:-

- (i) to thank ACHSCP and Aberdeen City Finance colleagues for their assistance in preparation of the unaudited accounts; and
- (ii) to otherwise note the information provided.

EXTERNAL AUDIT STRATEGY 2022/23 - HSCP.23.034

7. The Committee had before it the External Auditor's audit plan prepared by Audit Scotland, for the 2022/23 financial year. Details were provided for discussion and noting. The report set out the auditor's plan in respect of the 2022/23 audit and covered both the audit of the Board's financial statements and the auditor's wider scope responsibilities.

Members welcomed Anne MacDonald - Engagement Manager, External Audit (Audit Scotland), to her first meeting of the Committee.

Ms MacDonald introduced the report and explained that the Accounts Commission had appointed Michael Oliphant, Audit Director, Audit Scotland as auditor of the Aberdeen City Integration Joint Board for the five-year period covering financial years 2022/23 to 2026/27.

The report recommended:-

that the Committee note the content of the report.

The Committee resolved:-

to note the information provided.

STRATEGIC PLAN 2022-2025: DELIVERY PLAN QUARTER 4 UPDATE - HSCP.23.028

8. The Committee had before it a report providing assurance relating to progress of the Delivery Plan as set out within the Aberdeen City Health and Social Care Partnership (ACHSCP) Strategy Plan 2022-2025.

RISK, AUDIT AND PERFORMANCE COMMITTEE

2 May 2023

Michelle Grant - Transformation Programme Manager - Digital and Data, presented the report and responded to questions from Members.

The report recommended:-

that the Committee:

- (a) note the Delivery Plan Quarter 4 Update and Dashboard as appended to the report at appendices a and b respectively; and
- (b) note the performance framework which had been refreshed for 2023-24 in line with Year 2 of the Delivery Plan at appendix c of the report.

The Committee resolved:-

- (i) to instruct the Strategy and Transformation Lead to provide a report to the Committee in June 2023 in respect of the Mental Health/ Learning Disability Portfolio Board and its progress;
- (ii) to instruct the Strategy and Transformation Lead to provide a report to the Committee in respect of the Frailty Pathway Performance; and
- (iii) to otherwise approve the recommendations.

PRIMARY CARE IMPROVEMENT PLAN UPDATE - HSCP.23.033

9. The Committee had before it an update prepared by the Primary Care Improvement Plan Manager regarding the progress in implementing the Primary Care Improvement Plan.

The report recommended:-

that the Committee:

- (a) note the update presented on the PCIP, as outlined in the report and its appendices; and
- (b) note that the annual PCIP Update report would be presented to the meeting of the Integration Joint Board at its meeting on 10 October 2023.

The Committee resolved:-

to approve the recommendations.

DATE OF NEXT MEETING

10. The Committee had before it the date of the next meeting: Tuesday 13 June 2023 at 10am.

The Committee resolved:-

to note the date of the next meeting.

- **COUNCILLOR MARTIN GREIG, Chair.**

A	B	C	D	E	F	G	H	I	J
INTEGRATION JOINT BOARD BUSINESS PLANNER - The Business Planner details the reports which have been instructed by the Board as well as reports which the Functions expect to be submitting for the calendar year.									
Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	ORGANISATION ACHSCP/ACC/NHSG	Update/Status	Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
2023 Meetings									
6 June 2023									
Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer	HSCP.23.038	Ross Baxter	Chief of Staff	ACHSCP			
Standing Item	Video Presentation	To note the regular video presentation from a choice of partner organisations							
	Bon Accord Care Strategy	To note the Bon Accord Care Strategy	HSCP.23.040	Pamela MacKenzie/ Shona Omand-Smith	Managing Director	Bon Accord Care			
01.12.22	Update on the Governance Arrangements for Hosted Mental Health and Learning Disability Inpatient and Specialist Service	To note the governance arrangements for the Mental Health and Learning Disability (MHL) Inpatient and Specialist Services and the Child and Adolescent Mental Health Service (CAMHS).	HSCP.23.035	Kathryn Kinnear/ Alison MacLeod	Service Manager, RCH	ACHSCP			
09.09.2022	Strategic Risk Register & Revised Risk Appetite Statement	IJB agreed on 11 October 2022 to note that the documents would be reviewed by the IJB as per the Board Assurance and Escalation Framework with an additional review in the first quarter of 2023/24	HSCP.23.039	Martin Allan	Business Lead	ACHSCP			
17.01.2023	Primary Care Improvement Plan (PCIP) Governance	To provide members with an outline of the governance arrangements supporting the Primary Care Improvement Plan.	HSCP.23.041	Jess Anderson	Governance	ACC	Members agreed 25.04.23 to defer until the meeting on 6 June 2023 to allow for a meeting to take place with representatives of the Scottish Government in early May 2023.	D	Further time requested from key stakeholders to consider arrangements and potential improvements to PCIP governance arrangements. Report to be presented to meeting of IJB on 22 August 2023
22 August 2023									
Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer		Ross Baxter	Chief of Staff	ACHSCP			
Standing Item	Video Presentation	To note the regular video presentation from a choice of partner organisations							
	ACHSCP Annual Report	To seek approval of the ACHSCP Annual Report - 22 August 2023 meeting		Alison MacLeod / Amy Richert	Lead Strategy and Performance Manager				
16.08.22	Fast Track Cities	To provide an annual update on the actions against the action plan submitted to the Integration Joint Board (IJB) on 21 January 2020.		Daniela Brawley / Lisa Allerton					Last presented to IJB on 30 August 2022. This is an annual report.
24.08.21	Rosewell House - evaluation and recommendation reports	To note the evaluation and to seek approval of a formal recommendation on the future of Rosewell to allow 4 months to implement the outcomes of the recommendation, ahead of the current direction ceasing in December 2023. Chief Officer to bring a full evaluation report of the service being delivered at Rosewell House to the IJB in March 2023;		Sarah Gibbon/Fiona Mitchelhill	Transformation Team	ACHSCP	Rosewell House - Options Appraisal and Recommendations - HSCP.21.088 (IJB 24/08/21) instruct the Chief Officer, to bring a full evaluation report of the service being delivered at Rosewell House to the IJB board in March 2023;		Deferred from March 2023 to allow a full year between the interim and final evaluations, giving more time to embed the recommendations from the first evaluation.
25.04.23	Review of Carers' Expenses Policy	To seek approval of the Carers' Expenses Policy as agreed at te IJB on 25 April 2023.		Alison MacLeod	Transformation Team	ACHSCP			
	Neuro Rehab Strategic Review and Implementation Plan	To seek approval of the Strategic Review work and draft Implementation Plan. Outline draft expected end of March 2023, to come to next IJB after that.		Grace Milne/Jason Nicol	Head of Service Specialist Older Adults and Rehabilitation Services		Members agreed on 25.04.23 to defer to the August 2023 IJB due to continuing discussions regarding the scope and direction of the review.		
10 October 2023									
Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer		Ross Baxter	Chief of Staff	ACHSCP			
Standing Item	Video Presentation	To note the regular video presentation from a choice of partner organisations							
Standing Item	Audited Accounts	To seek approval of the Audited Final Accounts for 2022/23.		Paul Mitchell	Chief Finance Officer	ACHSCP	Expected September/October 2023		
26.07.2022	Complex Care Market Position Statement	To seek approval of the Complex Care Market Position Statement. IJB agreed on 11 October 2022 to note that progress on delivery of the Complex Care Market Position Statement would be reported to the Integration Joint Board annually.		Jenny Rae / Kevin Dawson	Strategy and Transformation Team	ACHSCP			

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<p style="text-align: center;">INTEGRATION JOINT BOARD BUSINESS PLANNER - The Business Planner details the reports which have been instructed by the Board as well as reports which the Functions expect to be submitting for the calendar year.</p>										
1										
2	Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	ORGANISATION ACHSCP/ACC/NHSG	Update/Status	Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
28		Climate Change Project and Reporting	Members agreed on 29 November 2022 to receive an annual progress report on the climate change work.		Sophie Beier	Strategy and Transformation Team	ACHSCP			
29	23.09.21	Primary Care Improvement Plan Update	Annual update report		Emma King / Sarah Gibbon/Alison Penman		ACHSCP	Update presented to RAPC on 2 May 2023. Members note that the annual PCIP Update report would be presented to the meeting of the Integration Joint Board at its meeting on 10 October 2023.		
30	5 December 2023									
31	Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer		Ross Baxter	Chief of Staff	ACHSCP			
32	Standing Item	Video Presentation	To note the regular video presentation from a choice of partner organisations							
33	6 February 2024									
34	Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer		Ross Baxter	Chief of Staff	ACHSCP			
35	Standing Item	Video Presentation	To note the regular video presentation from a choice of partner organisations							
36	17.01.2023	Grant Funding	Annual report on to seek approval to direct Aberdeen City Council (ACC) to extend grant funding arrangements.		Shona Omand-Smith	Commissioning Lead	ACHSCP			
37	31.01.2023	Carers' Strategy	To provide an update and annual review of the strategy approved by IJB on 31 January 2023. Members agreed on 31.01.23 to instruct the Chief Officer of the IJB to report back on progress with the Carer Strategy and Action Plan annually.		Stuart Lamberton	Strategy and Transformation Team	ACHSCP			
38	Standing Item	Annual Procurement Workplan 2024/2025	To present the Annual Procurement Work Plan for 2024/25 for expenditure on social care services, together with the associated procurement Business Cases, for approval.		Neil Stephenson	Procurement Lead	ACC			
39	07.02.2023	Annual Grants Workplan 2024/25	To seek approval of the grant funding for 2024/25.		Shona Omand-Smith	Commissioning	ACHSCP			
40	31.01.2023	Report on test of change at Sport Aberdeen's new facility in Northfield	On 31.01.2023 members heard that ACHSCP was looking to work with Sport Aberdeen with a test of change at Sport Aberdeen's new facility in Northfield, where the initiative created a health and social care community hub called Get Active @Northfield which included access to community space it was hoped to support local people to continue to improve their health through sustained physical activity. Members would receive an update on the project and its outcomes towards the end of 2023.		Alison McLeod	Strategy and Transformation Team	ACHSCP			
41	26 March 2024 (Budget)									
42	Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer		Ross Baxter	Chief of Staff	ACHSCP			
43	Standing Item	Video Presentation	To note the regular video presentation from a choice of partner organisations							
44		IJB Budget	To approve the Budget.		Paul Mitchell	Chief Finance Officer	ACHSCP			
45	TBC Future Meetings									
46	29.11.2022	Marywell Service Redesign Business case	Members agreed on 29 November 2022 to instruct the Chief Officer to report to the Integrated Joint Board on the next phase of the redesign of the Marywell Service, with a Business Case to outline the future provision of services within 18 months		Susie Downie / Emma King / Teresa Waugh	Primary Care Leads	ACHSCP	Expected April/May/June 2024		
47	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		Alison Macleod	Lead Strategy and Performance Manager	ACHSCP	Expected April 2024		
48	04.11.2022	IJB Scheme of Governance Annual Review	To seek approval of the revised Scheme of Governance. Considered at IJB on 7 June 2022 and 25 April 2023- this is an annual review.		Jess Anderson/John Forsyth/Vicki Johnstone	Legal ACC	ACHSCP	Expected Spring 2024		
49	Standing Item	Annual Resilience report - Inclusion of Integration Joint Boards as Category 1 Responders under Civil Contingency Act 2004	To provide information of the inclusion of IJB's as Category 1 Responders, in terms of the Civil Contingencies Act 2004 and an outline of the requirements that this inclusion involves. Annual report, last considered at IJB on 25 April 2023..		Martin Allan	Business Lead	ACHSCP	Expected Spring 2024		

	A	B	C	D	E	F	G	H	I	J
1	INTEGRATION JOINT BOARD BUSINESS PLANNER - The Business Planner details the reports which have been instructed by the Board as well as reports which the Functions expect to be submitting for the calendar year.									
2	Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	ORGANISATION ACHSCP/ACC/NHSG	Update/Status	Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
50	25.04.2023	Supplementary Procurement Work Plan (Social Care) for 2024/25	To seek approval for the Supplementary Procurement Work Plan for 2024/25 for expenditure on social care services, together with the associated procurement Business Case.		Neil Stephenson	Strategic Procurement	ACHSCP	Expected Spring 2024		
51	25.04.2023	Creating Hope Together: Scotland's Suicide Prevention Strategy and Action Plan	To note the annual update on the national Suicide Prevention Strategy & Action Plan presented to IJB on 25 April 2023. Members instructed the Chief Officer to provide an update on progress annually to the Integration Joint Board		Kevin Dawson / Jennifer Campbell	Strategy and Transformation Team	ACHSCP			
52	25.05.2021	Community Nursing Digitalisation	On 25 April 2023 IJB agreed - to instruct the Chief Officer, ACHSCP to present a one-year update report on the progress of the project (HSCP.23.022)		Michelle Grant / Craig Farquhar	Chief Officer	ACHSCP	Expected Spring 2024		
53	30.11.22	Biennial Progress report on delivery of our Equality Outcomes and Mainstreaming Framework	To approve publication and submission of the report to the Equality and Human Rights Commission This is a statutory obligation to report on progress every two years after approval; reported in May 2021 and April 2023 (HSCP.23.024)		Alison Macleod	Strategy and Transformation Team	ACHSCP	Expected Spring 2025		

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Seminars/Workshops					
	Title	Purpose	Agreed Date	Lead Officer	Update
1	Delivery Plan and Key Metrics - including Strategic Objectives	Review of progress, share data / 'show case' progress areas / conversational and questions	06 June 2023	Alison Macleod/ Sandra MacLeod	Postponed from 7 November 2022
2	GIRFE Pathfinder	To update Members on the GIRFE Pathfinder progress and to get feedback on the draft principles of GIRFE and how we can all start to apply the principles all our work.	20 June 2023	Shona Omand-Smith	
3	Neuro Rehabilitation	To provide information in order to assist Members with the decision on the Neuro Rehabilitation Pathway expected in 2023 as per the IJB Business Planner		Jason Nicol	Paper expected 22/08/23, workshop must take place prior to this IJB. Awaiting confirmation from Lead Officer.
4	Procurement (Fair and Transparent)]		22 August 2023	Neil Stephenson/Shona Omand-Smith	To be taken with Ethical Commissioning
5	Ethical Approach to Commissioning]		22 August 2023	Shona Omand-Smith/Neil Stephenson	To be taken with Procurement
6	Mental Health	How to help further the health and wellbeing agenda through mental wellbeing.	19 September 2023	Judith Mclenan/Kevin Dawson	Available at 2pm for 3 hours on 28 August/ 19 September/26 September/31 October/7 November 2023
7	Population Health	To introduce IJB members to (i) the Population Health approach; and (ii) the newly created Population Health Committee within NHS Grampian and its relationship with the IJB.	19 September 2023	Phil Mackie	Available at 2pm for 3 hours on 28 August/ 19 September/26 September/31 October/7 November 2023
8	Population Health - Sport Aberdeen	How to help further the health and wellbeing agenda through sport and activity.		Alison MacLeod/Sport Aberdeen	Postponed from 7 November 2022. Difficulty getting a date from the Active Aberdeen Partnership, therefore to be taken separately from Mental Health/Population Health.
9	Climate Change Awareness	To provide Members with further information on climate awareness following the report to IJB on 29 November 2022.	10 October 2023	Sophie Beier & Rachel Flett	
10	Age Friendly Aberdeen	Stay Well Stay Connected lead by Danny Ruta and Phil Mackie our PH Consultant - paper written by Danny Ruta on Community interventions to promote wellbeing and independence in older people in Aberdeen and will enable us to explore how we can take a step towards being an Age Friendly Aberdeen. We are in the process of planning a conference to bring people from across the city to share with them how we can: (1) Retire well; (2) Help shape a social movement around keeping people well and connected to their communities as well as how they can contribute (social prescribing really); and (3) Explore and learn more about the Age Friendly Cities approach.	10 October 2023	Proposed by Shona Omand-Smith - Phil Mackie to lead	Looks like 10 October, checking P Mackie's availability and need to check with S Omand-Smith if she needs to attend.
11	Complex Care	Seminar on Complex Care after FBC approval (August)	05 December 2023	Requested by Luan Grugeon	

12	BOOM Board Session	Ongoing: helping to get the 'Best of out me'	Any time	Jason Nicol	From J Nicol: Any date but also conscious that I will shortly be moving from my current role with the HSCP. It may be that this area of work will be picked up by another SLT member until my replacement is recruited.
13	GP Sustainability			Emma King/Susie Downie	Awaiting confirmation from Lead Officers (annual leave).
14	Collaborative Governance	At the NE Partnership Steering Group it was suggested the 3 IJBs consider what Collaborative Governance means for them.		Sandra MacLeod/Martin Allan	Vice Chair has been in conversation with Sarah Duncan (Board Secretary), who will be sending suggested discussion topics. Once received, a date can be identified.
15	Carers' Strategy Workshop	Briefing in advance of the end of Year 1 of the Strategy.	23 January 2024	Stuart Lamberton	23 January 2024 proposed, S Lamberton has confirmed availability.
16	Pre Budget Finance briefing	TBC before IJB Budget once papers have been issued - so 20/21/22 March 2024	21 March 2024	Paul Mitchell	To take place before IJB Budget but once final papers have been issued - so 20/21/22 March 2024 to ensure members have the opportunity to read papers.
17	Strategic Risk Register	Annual consideration of the Strategic Risk Register		Martin Allan	



INTEGRATION JOINT BOARD

Date of Meeting	06 June 2023
Report Title	Chief Officer's Report
Report Number	HSCP23.038
Lead Officer	Sandra MacLeod
Report Author Details	Name: Ross Baxter Job Title: Executive Assistant Email Address: rbaxter@aberdeencity.gov.uk Phone Number: 01224 067904
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	None

1. Purpose of the Report

- 1.1. The purpose of the report is to provide the Integration Joint Board (IJB) with an update from the Chief Officer.

2. Recommendations

- 2.1. It is recommended that the IJB note the detail contained in the report.

3. Summary of Key Information

- 3.1. Local Updates



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Complex Care

Officers are working on development of a Full Business Case for the September 2023 meeting of Aberdeen City Council's Finance and Resources Committee in relation to the Stoneywood site and provision of 8 units and staff facilities for adults with Complex Care requirements. The Outline Business Case has now been presented to NHSG Chief Executive's Team.

Healthy Hoose

A survey of the local population and service users of the Healthy Hoose was carried out September 2022 to understand needs and inform future provision. Simultaneously, a recruitment process to appoint to the Advanced Nurse Practitioner (ANP) posts in the Healthy Hoose was unsuccessful. Established connections with the Marywell GP Practice Service Review since June 2022 provided an opportunity to redesign the nursing vacancies at Marywell and the Timmermarket with the vacant ANP posts in the Healthy Hoose in line with the survey results. A redesigned Community & Outreach Nursing team will provide greater capacity to support the needs of the local populations in key areas of the City from various bases in Healthy Hoose, Timmermarket and Marywell Practice, both in terms of skilled workforce and headcount of staff. The team will rotate through each base to build knowledge and skill. A Link Practitioner has been included in the funding for this team to be based in the Healthy Hoose each day to support service users with signposting and self-management by accessing online resources. The ANP vacancies are currently advertised with Community Specialist Nurse posts in the recruitment process. CTAC services continue to run from the Healthy Hoose.

Primary Care Update

General Practice is facing unprecedented recruitment and retention issues as well as increasing demand, which threatens its sustainability. A Grampian wide group focusing on Sustainability has been set up, this group has identified key workstreams including: National influence, Patient Communication, Leadership and Management Courses, Recruitment and Retention, Primary Care Data and the Future vision of Primary care.

Aberdeen City General practice is currently being affected by practice list closures. The primary care team are working with NHS Grampian, the Local Medical Council



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(LMC) and GP Sub to develop a way forward to assist GP practices to re-open their list to new registrations.

There has been a wide-ranging communication strategy to educate residents on know who to turn to and the Multi-disciplinary roles within General practice. This has included: a radio campaign comprising of radio adverts and segments on Northsound breakfast show; Q&A Sessions with SHMU radio, engagement sessions with Local Elected Members, Community Councils and other local groups. Plans are in place to develop this further.

The Primary Care Improvement Plan (PCIP) continues to be rolled out. The 2023 PCIP tracker has recently been submitted to the Scottish Government to demonstrate progress. Funding and recruitment challenges have impacted the delivery of this programme.

Staffing Changes

Strategic Change Lead – Jason Nicol, Strategic Change Lead for Aberdeen City HSCP is to depart his role having been appointed to the role of Head of Wellbeing, Culture and Development within the People and Culture Directorate, NHS Grampian. Jason has worked in the Partnership since its inception as Head of Service for Specialist Older Adults and Rehabilitation Services and, before that, within the Aberdeen City Community Health Partnership leading the Specialist Rehabilitation Service for almost 14 years. The new role has a remit across the health and social care system in Grampian, including the three HSCPs, and so we look forward to a continued connection with Jason in his new role.

Staff Wellbeing

ACHSCP continues to provide a wide range of well-being support to staff across the city. This includes complimentary therapies, mindfulness, pedicures and the Listening Service. There has also been increased focus on supporting staff to take their breaks and annual leave. The Partnership has also supported team development sessions and both National Administration & Nurses Days by delivering cakes/ treats to thank staff for their huge contributions. All activities will continue throughout summer and then pivot more towards autumn/ winter topics eg flu vaccinations; winter driving kits

Vaccination Service



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Spring Booster – The team commenced the vaccination Spring Booster Programme to all eligible Aberdeen City Residents on the 27th March 2023. To date NHS Grampian are reporting a 59% uptake rate which is above the National average. The programme will continue to be delivered until the end of June.

Ongoing delivery of Programmes – The team also continue to deliver adult routine (Shingles and Pneumococcal) and non routine immunisations, pre-school and school immunisation programme across Aberdeen City. Improvement work is currently being undertaken around pre-school immunisations with the review of SIRS data and creating additional capacity with additional pre-school clinics in areas of lower uptake.

Relocation of Aberdeen City Vaccination Centre – The team took occupation of Unit 19, Bon Accord on Friday 12th May. Works commenced on Monday 15th May. The current Aberdeen City Vaccination Centre will close on Sunday 4th June and is planned to re-open within the Bon Accord Centre on Monday 19th June. Between Monday 5th and Friday 16th June, residents will be able to attend for their vaccination appointment at Bridge of Don or Airyhall Vaccination Centres or alternatively re-arrange their appointment to the new centre from the 19th June onwards. The team are also working jointly with health & social care services to look at opportunities to support prevention, promote health & wellbeing and ensure optimal use of the venue.

Autumn/Winter 2023 Programme – Programme planning has now commenced for the autumn/winter programme. We have now received confirmation via a Chief Medical Officer (CMO) letter on the 18th April that the 2023/24 Seasonal Flu Programme will continue to be delivered to the extended co-hort again this year (including social care staff, independent contractors, secondary schools, carers, teachers & support staff and all residents aged 50-64). All boards have been asked to commence planning on this basis and prioritise communicating the benefits of flu vaccination and ensuring delivery is made as easily accessible as possible, especially for those in historically less well served groups. The service also require to continue encouraging uptake of flu vaccination among health & social care staff and to ensure they are fully supported to access the service. Our planning this year will take account of lessons learned last year, in addition to advice provided by the Chief Medical Officer. It is likely the programme will commence from early September. The recruitment process for temporary staff to support this programme has now commenced. Joint Committee on Vaccination and Immunisation (JCVI)



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and CMO advice is currently awaited in regards to the 2023/24 COVID-19 Winter programme.

Woodside Nursing Home

On Thursday 13th April 2023, the care provider of Woodside Nursing Home (Care Concern Group) informed ACHSCP that their landlord had given them notice that they would not be renewing the lease for the building when it expires on 31st July 2023.

Woodside is a nursing home with the capacity to support 27 residents, although their current occupancy is 26. All these residents will be required to leave Woodside Nursing home and be relocated to another home on or before 31st July.

Care management continue to work closely with Woodside Nursing Home and other providers in Aberdeen City to facilitate moves to new nursing homes for all residents. By the middle of May over half of the residents have now moved out of Woodside Nursing Home and relocated into their new nursing home. . Staff have worked tirelessly alongside the Provider and all residents have now been reallocated.

ACHSCP and Community Planning

In addition to the joint locality planning undertaken with Aberdeen City Council's Community Development team, staff from Aberdeen City Health and Social Care Partnership (ACHSCP) participate in 20 of the Local Outcome Improvement Plan (LOIP) project teams either as team members or as the project manager, so we are really well connected into Community Planning work. The project teams cover topics such as Healthy Weight, Making Positive Health and Wellbeing Choices, Reduction of Tobacco Smoking, Anti-Poverty, Child Poverty, Suicide Prevention, Unpaid Carers, Youth Homelessness, Unequal Impact of Covid, Supporting People with COPD, Volunteering, and Community Involvement and Capacity Building. The aim of the projects is to undertake small tests of change that make tangible improvements which can subsequently scaled up.

The Resilient Included and Supported (RIS) Outcome Improvement Group (OIG) is chaired by the Lead for Strategy and Transformation. There are eight projects under this group all due to complete this year. One project in relation to volunteering has already had it's Close Report approved by the CPA Board. It had exceeded its target and five of the other projects are on track to do the same. The



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Youth Homelessness project, although making significant improvements, has been unable to meet its target due to the large increases in homelessness overall following the lifting of Covid restrictions. The final project, which aimed to support 50 low-income families in a priority neighbourhood to improve eating behaviours and adopt positive lifestyle choices, has struggled to encourage significant numbers to participate until very recently, so is unlikely to achieve its target within the timescale. The LOIP is being refreshed early next year and it is likely a version of this project will be included in that, to allow the work to progress.

The Scottish Government is undertaking a review of the National Outcomes to know whether the existing National Outcomes are the right ones. This is a requirement within every five years, under the Community Empowerment Act (2015). The Call for Evidence is one part of the review, alongside the written consultation. ACHSCP contributed to the overall Community Planning Aberdeen response. We suggested that “We are healthy and active” is not sufficient as the health outcome and should acknowledge that being healthy and active is not the same for everyone. We also proposed that prevention needed to feature more prominently, at the very least by adding the word ‘healthy’ into “We grow up loved, safe, and respected so that we realise our full potential”. Finally we enquired whether the outcome “We have thriving and innovative businesses with quality jobs and fair work for everyone” could also reference supporting key employment in public sector areas such as health and social care.

IJB Culture Update

The work on culture continues with the Culture sub-group of the IJB changing to the Sounding Board. In order to attend to the wider possibilities around our culture work, a session was undertaken with the Operational Leadership Team of the HSCP where there was high interest and support for engaging further with the OLT and an appetite to attend to our organisational culture. Finally, a collaboration is underway with the University of Aberdeen which seeks to work with Masters students to evaluate the impact of our recent work on culture and the impact this is having on our organisational culture and effectiveness as a system.

3.2. Regional Updates

NHS Grampian Delivery Plan



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NHS Grampian has a contract with the Scottish Government to have a Chief Executive Team/Board 'owned' Delivery Plan. This sets out how NHS Grampian Board, working in partnership with the three Health and Social Care Partnerships (HSCPs), colleagues, citizens, communities, and partners (including the third sector) will make progress against the vision and strategic priorities as set out in the Plan for the Future 2022-28, along with responding to key priorities set out by the Scottish Government.

There is already a high degree of coherence between the Aberdeen City Strategic Plan and the Plan for the Future and colleagues from all three HSCPs have been closely linked to the development work for the NHSG Delivery Plan ensuring that this reflects existing work without committing the HSCPs to additional or incongruent activity. Shared outcomes for the Delivery Plan have been agreed by the North East Transformation Group and a high-level presentation on the plan was given to the Aberdeen City Strategic Planning Group and feedback captured.

An initial draft of the Delivery Plan is due to be submitted to the Scottish Government on 19th June 2023. Feedback is expected by mid-July and following any amendments the final plan will be submitted to the NHS Grampian Board meeting on 3rd August.

Progress on the plan will be reported quarterly to the NHS Grampian Board and to Scottish Government and regular updates will also be shared via a range of mechanisms including the Plan for the Future Website. ACHSCP will contribute to these progress reports as required in relation to actions specific to them. ACHSCP' contribution to the reporting will be in line with the quarterly reports already submitted to the Senior Leadership Team and to the Risk Audit and Performance Committee.

It is proposed to invite colleagues from NHS Grampian to present the approved plan to the IJB on 22nd August 2023.

3.3. National Updates

National Care Service Study Visit

Aberdeen City HSCP and Aberdeen City Council welcomed officials from Scottish Government on 3rd May to 5th May for a study visit as part of the Scottish Government's planning for the proposed National Care Service. Delegates from the Scottish Government were drawn for a range of backgrounds and were guided



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by colleagues from Aberdeen City HSCP and Aberdeen City Council through a programme exploring integration and partnership working in Aberdeen City. On 17th April, colleagues from Aberdeen City HSCP's Senior Leadership Team again met with representatives of the Scottish Government as part of the Scottish Government's engagement work with health and social care partnerships for the planning of the National Care Service. The Aberdeen City HSCP and Aberdeen City Council intend to maintain dialogue with Scottish Government officials to help shape and influence any future National Care Service.

Implications for IJB

- 3.4. Equalities, Fairer Scotland and Health Inequality** - There are no implications in relation to the IJB's duty under the Equalities Act 2010 and Fairer Scotland Duty.
- 3.5. Financial** - There are no immediate financial implications arising from this report.
- 3.6. Workforce** - There are no immediate workforce implications arising from this report.
- 3.7. Legal** - There are no immediate legal implications arising from this report.
- 3.8. Covid-19** – There are no immediate Covid-19 implications arising from this report.
- 3.9. Unpaid Carers** - There are no implications relating to unpaid carers in this report.
- 3.10. Other** - There are no other immediate implications arising from this report.

4. Links to ACHSCP Strategic Plan

- 4.1.** The Chief Officers update is linked to current areas of note relevant to the overall delivery of the Strategic Plan.



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5. Management of Risk

5.1. Identified risks(s)

The updates provided link to the Strategic Risk Register in a variety of ways, as detailed below.

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

3 There is a risk that relationship arrangements between the IJB and its partner organisations (Aberdeen City Council & NHS Grampian) are not managed to maximise the full potential of integrated & collaborative working. This risk covers the arrangements between partner organisations in areas such as governance; corporate service; and performance.

4 There is a risk of reputational damage to the IJB and its partner organisations resulting from complexity of function, delegation and delivery of services across health and social care.

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

The Chief Officer will monitor progress towards mitigating the areas of risk closely and will provide further detail to the IJB should she deem this necessary.

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Date of Meeting	6 June 2023
Report Title	Bon Accord Care Strategy 2023-2026
Report Number	HSCP.23.040
Lead Officer	Fraser Bell
Report Author Details	Shona Omand-Smith
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	Bon Accord Care Strategic Plan 2023-2026

1. Purpose of the Report

- 1.1. The purpose of the report is to note the Bon Accord Strategic Plan 2023-2026.

2. Recommendations

- 2.1. It is recommended that the Integration Joint Board notes the Bon Accord Care Strategic Plan 2023-2026.
- 2.2. It is recommended that the Bon Accord Annual report is shared with IJB.

3. Summary of Key Information

- 3.1 Bon Accord Care (BAC) is an Arm's Length External Organisation (ALEO) owned by Aberdeen City Council and operated collaboratively with Aberdeen Health and Social Care Partnership to offer a wide range of Health and Social Care services across the city of Aberdeen.



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In March 2023, BAC approved its Strategic Plan for 2023-2026. This Strategic Plan has been created with community engagement, seeking views and feedback from a number of key partners and stakeholders including service users and their families and the BAC workforce and Union representatives. These discussions have informed BAC's Strategic Plan.

The Plan aims to complement and facilitate the delivery of Aberdeen Health and Social Care Partnership's Strategic Plan. BAC's Plan recognises the company's strength to deliver in a complex, diverse, and challenging health and social care environment. The plan focuses on an integrated approach to enablement and prevention, whilst maximising independence, alongside the promotion of healthy fulfilling lives.

3.2 Financial

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

3.3 Legal

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

4. Links to ACHSCP Strategic Plan

BAC Strategy Plan has been developed with reference to the priorities set out in the Integration Joint Board's three-year Strategic Plan to optimise an integrated and partnership approach to the city's needs and the shaping of future service provision. The timescales for delivery reflect those set out in ACHSCP Strategic Plan.

The Annual Progress Report will be shared with IJB which will report on progress, this report is produced after the end of the financial year and is approved by the BAC Board of Directors. BAC have identified an executive sponsor to hold responsibility for each workstream and BAC will work closely with respective leads within ACHSCP to ensure there is a joined-up approach and the necessary collaboration to ensure effective delivery across the city.

BAC are mindful of the role that ACHSCP play in shaping the National Care Service for Scotland and will ensure that they are fully engaged at a national



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level, influencing and assisting with the reforms proposed, using every opportunity to bring the voice, view and opinion of our local system to those important conversations.

5. Management of Risk

5.1. Identified risks(s)

The risk is if BAC and ACHSCP doesn't work collaboratively and align strategic intent then they will not be able to optimise an integrated and partnership approach to the cities needs and the shaping of future service provision. (Medium risk)

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

The above risk is linked to Strategic risk 1 on the IJB strategic risk register 'Description of Risk; cause 'the commissioning of services from third sector and independent providers require all stakeholders to work collaboratively to meet the needs of local people.

Event:

- Potential failure of commissioned services to deliver on their contract.

Consequence:

- There is a gap between what is required to meet the needs of local people and services that are available.
- To the individual including not having the right level of care delivered locally, by suitably trained staff.
- Ability of other commissioned services to cope with the unexpected increase in demand.
- To the partnership include an inability to meet people needs for health and care and the additional financial burden of seeking that care in alternative settings.

- There is a risk that the IJB and the service it directs and has operational oversight of, fails to meet the national, regulatory, and local standards which may lead to the harm of people experiencing care and/ or reputational damage.

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



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The development of BAC Strategy 2023-2026 and the continued collaboration with ACHSCP around strategic intent will help control and mitigate the risk.

There is a conscious, deliberate culture, as with all strategic commissioning activities to proceed in a collaborative and outcome focused manner.

There are regular planned and unplanned operational and strategic meetings to highlight and manage fluctuations in the risk and establish and monitor effective and timely responses.

External partner agency organisations are kept abreast of potential areas of concern.

Monitoring framework to ensure the standards set out in the Strategic plan is met within the specified timeframe and reported via the governance structure to support the organisation.

Risk-assessed plans with actions, responsible owners, timescales and performance measures monitored by dedicated teams within the organisation.



**Bon
Accord
Care**



BON ACCORD CARE
Strategic Plan 2023 - 2026

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FOREWORDS

“The closest thing to being cared for is to care for someone else.”

I have borrowed this inspirational quote from Carson McCullers as I believe it best describes the motivation that drives the staff that work in Bon Accord Care. The Board members have met a lot of staff as they visit the various premises Bon Accord Care have. The overriding perspective that the Board has drawn from those visits is that our staff care deeply for those they support and take great pride in the jobs they undertake.

No care provider can be successful without a culture that achieves the sentiments above. The new strategy which is presented here sets out to ensure that working within the financial limits of the organisation, we ‘make a difference’, support staff to achieve that aspiration and ensure effective Board oversight of how the organisation is run.

Without greater emphasis on reducing the increasing demand for social care we will limit the contribution Bon Accord Care can make to support those who need our assistance. Enabling independence as a focus of the Bon Accord Care strategy demonstrates our commitment to reducing demand by improving the lives of those under our care.

Bon Accord Care is a vital cog in a wheel of social care provision in Aberdeen. We will make a significant contribution to the Partnership by aligning our Strategic Plan to theirs.

The Board fully endorse this plan and look forward to the development of annual work plans which will bring it to life.



Peter Murray, Chairperson



I am excited to present and launch our new Strategic Plan. This plan will help us focus our efforts to offer the best care for the people we support over the next three years and beyond. I am proud and honoured to have worked collaboratively with a variety of partners including the people we support in the creation of this plan.

In preparation for this strategy, we have been focussing on our culture, vision and values to help us visualise, and bring to reality, what Bon Accord Care at its best looks and feels like. We have also been working on our governance and performance management arrangements, which will provide robust oversight and assurance that we continue to provide the highest quality of care to the people we support, whilst operating efficiently and effectively, demonstrating value for money for our commissioners and the citizens of Aberdeen.

The Aberdeen City Health and Social Care Partnership Strategic/Delivery Plan 2022 - 2025, tells us that the number of people aged 75 and over, living in Aberdeen City, is anticipated to increase by 28.2% by 2033. In addition, unmet needs for social care increased by 75% between April 2021 and April 2022. With these statistics in mind, it is clear that demands upon health and social care services are increasing. We need to think creatively about how we can be responsive, flexible and innovative to meet future demands.

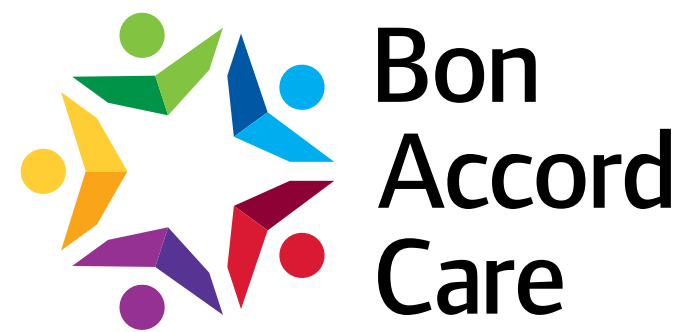
At Bon Accord Care, we focus on an integrated approach to re-enablement and prevention throughout our services encouraging the people we support to maximise independence, whilst promoting healthy fulfilling lives.

This Strategic Plan is ambitious, with a strong sense of community engagement, putting the people we support at the heart of everything and we look forward to working with our partners and staff to bring our plans to life.



Pamela Mackenzie, Managing Director

INTRODUCTION



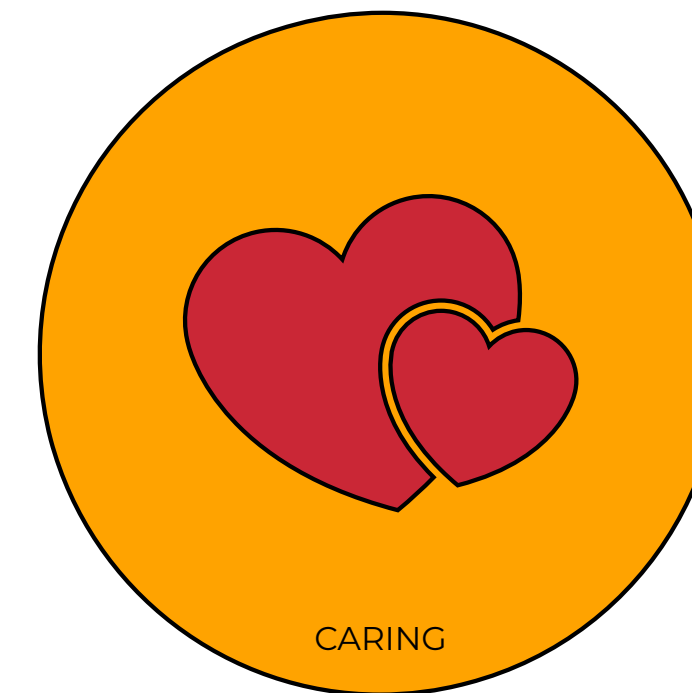
Over the next three years, our approach to delivering our strategy will be measured and proactive. In collaboration with Aberdeen City Health and Social Care Partnership, progress will be monitored quarterly. Together, we will review and update this strategic plan on a yearly basis, to ensure that we are responsive to the needs of those we support and those we are working with. We will continue to develop ways in which we can best hear their voices now and in the future.

Bon Accord Care is funded via a fixed price contract to deliver health and social care services. Whilst providing these services, Bon Accord Care must also deliver on its financial targets, including the need to deliver a balanced budget each financial year. In fulfilling its strategic aims, Bon Accord Care needs to ensure that service delivery is as efficient as possible whilst also maintaining our quality standards and person-centred focus. Our ability to deliver our strategic aims whilst operating within the parameters of our fixed price contract will be evaluated annually.

This strategic plan outlines the aims and target areas for Bon Accord Care over the next three years. At the heart of this strategy is engagement with the people we support. They have helped us to develop this strategy along with engagement from staff across our organisation, and our external health and social care partner organisations. We focus on a central theme of 'making a difference' in the lives of the people we support and work with, encompassing our values and behaviours in order to achieve four strategic aims:

- **Caring**
- **Enabling independence**
- **Workforce**
- **Healthy lives**

These strategic aims and the target areas are aligned to the Aberdeen City Health and Social Care Partnership's Strategic Plan and build on the positive work and learning from the last five years. They ensure that we remain focused on the task in hand, to 'make a difference' for the people we support, their families and unpaid carers, and for the people we work with when delivering person-centred health and social care services.



Our strategic aims for this plan are: Caring, Enabling Independence, Workforce and Healthy Lives.

WHO WE ARE



Bon Accord Care is a key provider of social care services for people and their families with a range of needs living in Aberdeen City.

We are an Arm's Length External Organisation of Aberdeen City Council that is comprised of two registered limited companies, Bon Accord Care and Bon Accord Support Services, collectively known as Bon Accord Care for operational purposes. Bon Accord Care is a wholly owned subsidiary of Aberdeen City Council, its sole shareholder. Through its contract with Aberdeen City Council, Bon Accord Care provide a range of social care services within Aberdeen.

Bon Accord Care delivers a range of commissioned adult social care services to the people of Aberdeen, which include residential, non-residential, care at home, rehabilitation, equipment and adaptations, day care, respite, occupational therapy, reablement, telecare and a community responder service. These services are predominately for Older People although Occupational Therapy and the Joint Equipment Service provide support to all age ranges within the community.

We strive to create positive everyday experiences for the people we support; helping them to reach their full potential and lead independent lives. We have an important role to play in enhancing lives and wellbeing; what we do matters. We continue to be at the forefront of providing flexible and sustainable services to meet the growing needs of an ageing population.

To achieve this, we work collaboratively with our key partners Aberdeen City Council and Aberdeen City Health and Social Care Partnership, continually aligning with their priorities, to meet the agreed outcomes of those we support.

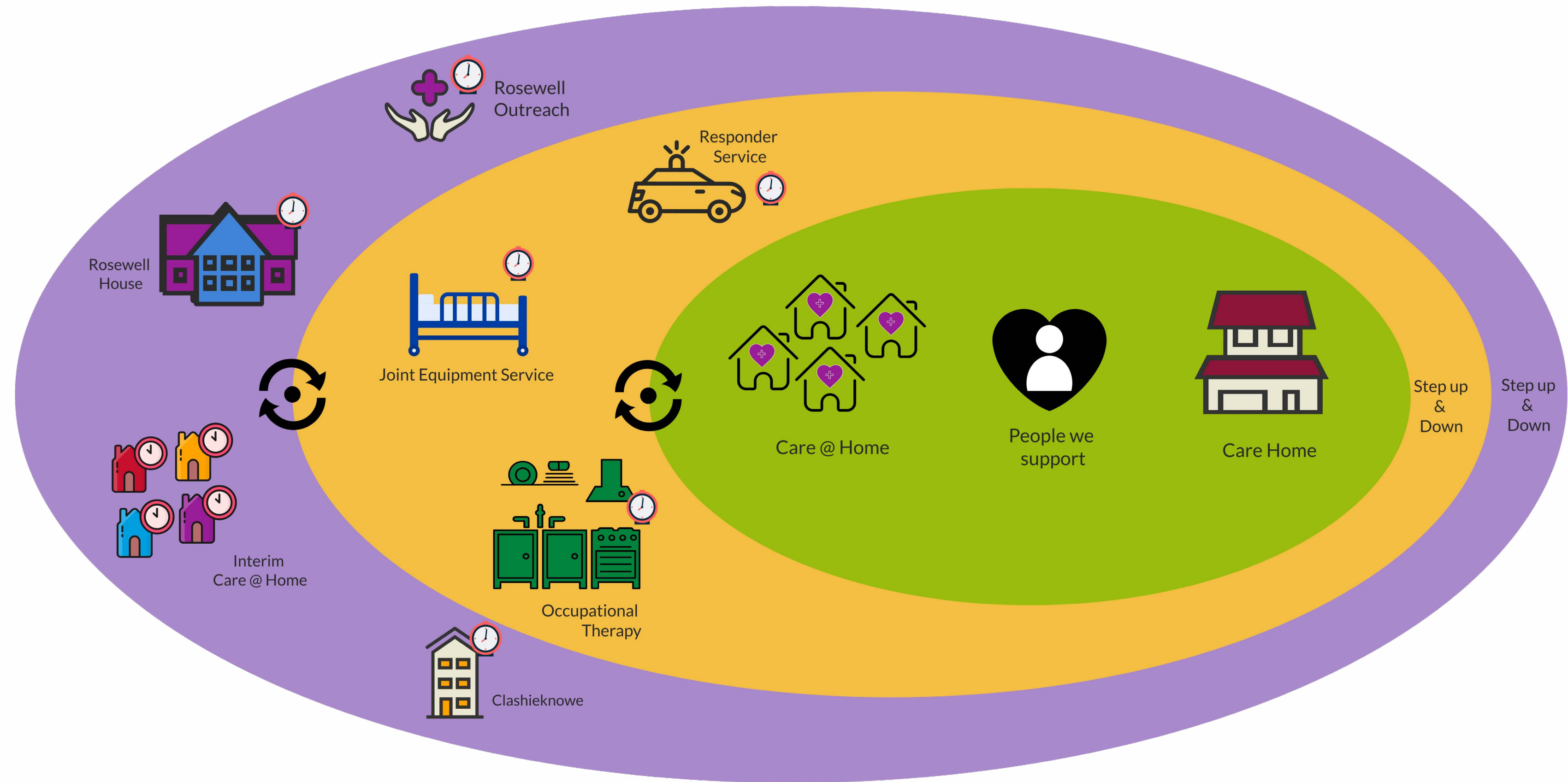


CARE AND SUPPORT SERVICES

Our care services are aimed at prevention and early intervention to enable independence, reduce hospital admissions and promote active ageing and wellbeing.

We adopt a reablement approach to support people across all of our services, working collaboratively with our key partners, Aberdeen City Council and Aberdeen City Health and Social Care Partnership. Together, we continually align our joint priorities to meet the agreed outcomes of those we support.

We offer services on a continuous basis (**Green Zone**) and these help people to maintain health and wellbeing at home. Whilst our intermediate support services, first level (**Yellow Zone**) and second level (**Purple Zone**), are both time sensitive services and can be stepped up and down as required.



A LOOK BACK



There has recently been a full restructure of the Executive Leadership Team. This has further strengthened the skills and knowledge within the organisation to ensure Bon Accord Care has the ability to respond to future demands. There has been a full review of our Corporate Governance, with the guidance and Terms of Reference being refreshed for all our Board Committees. This will provide robust oversight and assurance that we provide the highest quality of care.

A number of major innovations and developments have taken place within our Learning and Development department. The new Learning Hub, a new online Learning Management System, new SVQ courses and the development of short courses for staff working in the Health and Social Care Sector, to name a few. These new developments will enhance and improve professional learning for all Bon Accord Care staff.

Our Telecare Service has maintained accreditation from the 'Technology Enabled Care - Quality Standards Framework' for three years running. The Framework was developed as an independent audit and certification programme for the Technology Enabled Care Industry and they continue to further develop these standards to audit against.

We strengthened our Young Workforce by offering Foundation, Modern and Graduate Apprenticeship Programmes. Through these programmes our young people have the opportunity to learn about the theory involved in healthcare and then apply this knowledge within a practical setting. Young people are using these experiences to build their confidence and ensure that they have the right skills and values required for working in social care.

Across Bon Accord Care, we continued to support through the pandemic. Keeping the people we support and our staff safe was, and continues to be, a priority. Front line staff worked tirelessly, following guidelines, incorporating enhanced cleaning regimes and effective use of personal protective equipment. Staff developed creative and innovative ways of working to ensure people remained connected.

Bon Accord Care works in partnership with a number of other organisations and institutions across Aberdeen including Robert Gordon University, NHS Grampian and Sport Aberdeen. Key partnerships and collaborations included the Rosewell House project, the Joint Equipment Service, student placements and the Interim Care at Home service.

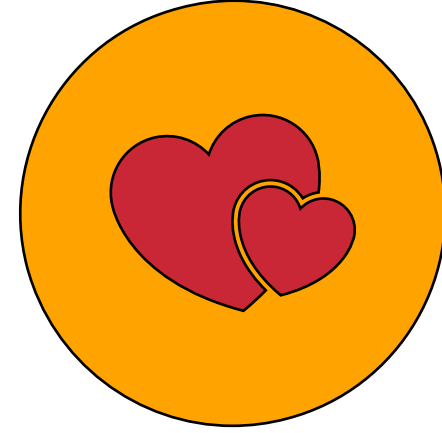
STRATEGIC PLAN ON A PAGE 2023 - 2026

Our Strategic Plan on a Page highlights key enabling priorities in the purple centre area. Our determination to ‘make a difference’ in the lives of the people we support and those of their families and unpaid carers, along with our collaborative partnerships were key drivers in helping us to identify our strategic aims.

To that end, over the next three years, we will strive to develop, embed and evaluate the Bon Accord Care vision and values. We will implement a clear communication plan that conveys our core vision, values and behaviours and develop a stakeholder engagement strategy that includes the people we support and work with. In the coloured circles around the outside, our four strategic aims are outlined, having been developed in line with the data and drivers in the Aberdeen City Health and Social Care Partnership’s Strategic Plan.



STRATEGIC AIMS



CARING

It is important to us that we play a part in helping the citizens of Aberdeen to access appropriate services that meet their needs at a time when they are required. To achieve this, we will work in collaboration with the people we support, their families, unpaid carers and other health and social care provider organisations to review the way in which we provide care. Together, we will explore new ways of working whilst empowering people who access our services, their families and unpaid carers to co-design services that meet their needs.

We will nurture partnerships with other health and social care organisations and work together to explore how these co-designed services link with a whole-system approach. In doing this, we want to empower individuals across Aberdeen City to meet their health and wellbeing needs through joined-up services that link seamlessly with wider health and social care organisations.

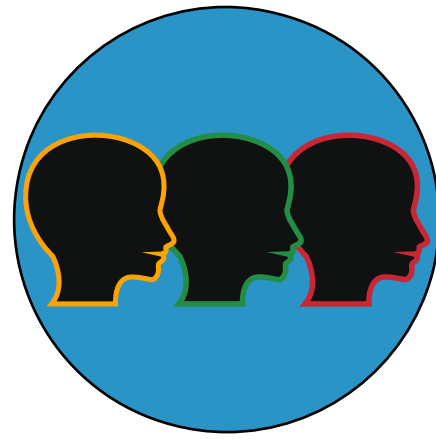


ENABLING INDEPENDENCE

Helping the citizens of Aberdeen to remain well at home for as long as they wish is an important strategic aim for us. We will work with the people we support, their families and unpaid carers to maximise their safety and independence through our 'Enablement' approach to care and rehabilitate.

We will work with other health and social care organisations to increase our capacity to support and re-enable people living with long-term conditions, including assessment and adaptations in the home and digital innovation that supports independent living. Together, we will promote access to the right care, from the right service, at the right time and in the right place, reviewing our unscheduled care services and working together to reduce the need for hospital-based care.

STRATEGIC AIMS



WORKFORCE

Investing in and developing and supporting our workforce is a key strategic aim within Bon Accord Care. Promoting a culture where employees, the people we support, their families and unpaid carers are supported to maintain their health and wellbeing is important to us. We will develop systems of work that utilise appropriate technology to promote safe working practices and health and wellbeing for all.

To facilitate this, we will review our learning and development pathways to ensure that we are resourced with a skilled workforce and utilise available technologies that enhance staff performance. Furthermore, we will develop our support service functions and systems to maximise the performance, capacity and capability of our organisation.



HEALTHY LIVES

Linking with health and wellbeing organisations across the Health and Social Care Partnership, we will promote and maximise independence, encouraging the people we support to live active lives. We will enable people to look after their own health in a way that is manageable to them. This includes exploring and maximising the use of technology in the design of services that help the people we support make choices and enable them to live and stay well for as long as possible.

Bon Accord Care will work together with partner health and social care organisations to create innovative ways that ensure the best use of resources. We will review our care pathways to deliver care that contributes to capacity across the wider health and social care system. We will also work with the people we support and staff to promote equality, diversity and inclusion across our organisation. We will achieve this by fostering interpersonal connections and supportive relationships amongst the people we support and staff across our organisation, promoting healthier lives for all.

DELIVERY INTENT

Strategic Aim	Target Area	Action	Timeframe
Caring	A) Empower the people who we support to be involved in shaping the care we deliver.	i) Develop care plans with the people we support to ensure our care reflects their individual care needs and provide staff training to support this.	2023 - 2024
		ii) Contribute to the delivery of the Carers Strategy within the Aberdeen City Health and Social Care Partnership and explore opportunities to increase involvement of those who we support.	2023 - 2026
	B) Review our social care pathways to reflect the needs of the people we support and partnership organisations, in order to improve access and coordination of care.	i) Further promote collaborative partnerships across Health and Social Care organisations and sectors to promote enhanced coordination of services.	2023 - 2026
		ii) Define and review our social care pathways, service specifications, ways of working, and Information and Communication Technology systems across our portfolio of services.	2023 - 2024
		iii) Review commercial service provision, including Learning and Development.	2023

DELIVERY INTENT

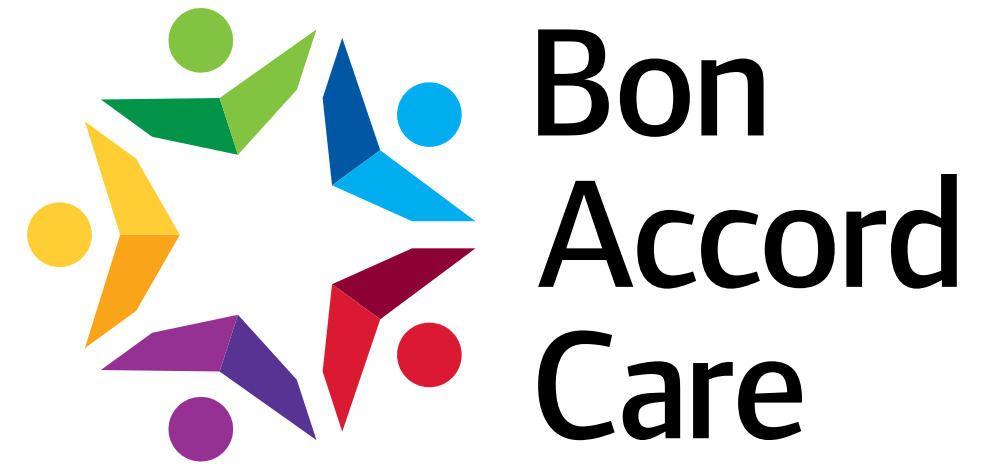
Strategic Aim	Target Area	Action	Timeframe
Enabling Independence	A) Increasing our capacity to support and re-enable people living with long-term conditions.	i) Contribute to review and implementation of the rehabilitation programme within Aberdeen City Health and Social Care Partnership.	2023 - 2025
	B) Review our unscheduled care services to ensure that people are able to access the right care, from the right service, at the right time and in the right place.	i) Review our unscheduled care presence within our revised social care pathways.	2023 - 2024
		ii) Work collaboratively with health and social care partners across different organisations, services and sectors to deliver service models that reduce the need for acute hospital-based admissions.	2023 - 2024
	C) Maximising the wellbeing and safety of people we support, ensuring their current home meets their needs.	i) Engage in national consultations, training and rollout of Analogue to Digital telecare.	2023 - 2025
		ii) Monitoring the wellbeing of the people we support who are living with long-term condition(s) by utilising technology to evaluate trends/changes in their wellbeing.	2023 - 2025
		iii) Work with partnership organisations to enhance our equipment and adaptations service offerings.	2023 - 2025

DELIVERY INTENT

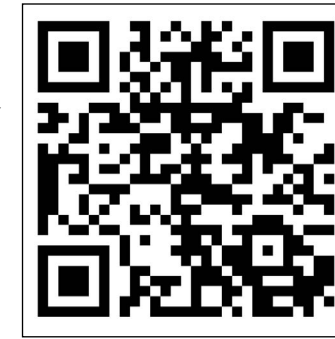
Strategic Aim	Target Area	Action	Timeframe
Workforce	A) Health, Safety and Wellbeing	i) Promoting a culture where employees, people we support, and their families are supported to maintain their health and wellbeing.	2023 - 2026
		ii) Develop safe systems of work, with respective staff training, that improve service delivery.	2023 - 2025
		iii) Utilising technologies to improve our service provision/safe staffing levels.	2023 - 2025
	B) Performance, Learning and Development	i) Develop and implement a performance management framework, evaluating current workforce capabilities, developing training plans and including succession planning.	2023
		ii) Review our Learning and Development and our recruitment pathways to ensure that we are resourced with experienced managers and staff.	2023 - 2025
		iii) Utilising available technologies to enhance staff performance.	2023 - 2025
		iv) Develop our support service functions and systems to maximise the performance and capability of our organisation.	2023 - 2025

DELIVERY INTENT

Strategic Aim	Target Area	Action	Timeframe
Healthy Lives	A) Help the people we support to prevent ill health and support them to live healthy and fulfilling lives.	i) Link with health and wellbeing organisations across health and social care sectors to promote, support and maximise independence, encouraging the people we support to live healthy active lives.	2023 - 2026
		ii) Explore and maximise the use of technology in the design of services that help people we support to make choices that help them to live and stay well for as long as possible.	2023 - 2025
	B) Working together in innovative and creative ways to ensure the best use of resources, deliver care and create capacity across the wider Health and Social Care system, to help the citizens of Aberdeen achieve healthy fulfilling lives.	i) Work collaboratively to create capacity within our care pathways to support people with multiple care needs.	2023 - 2024
	C) Work with people we support and staff to promote equality, dignity, and respect across our organisation.	i) Embed human rights, dignity and respect in staff training, whilst adopting the vision, values and behaviours that support these throughout the organisation.	2023 - 2025



What did you think?



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INTEGRATION JOINT BOARD

Date of Meeting	6 th June 2023
Report Title	Update on the Governance Arrangements for Hosted Mental Health and Learning Disability Inpatient and Specialist Service.
Report Number	HSCP23.035
Lead Officer	Sandra McLeod, Chief Officer
Report Author Details	Name: Kathryn Kinnear Job Title: Service Manager Email Address: Kathryn.kinnear@nhs.scot Phone Number: 01224 557238
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	A: Organisation Chart B: Governance Structure Organogram

1. Purpose of the Report

1.1. The purpose of the report is to clarify the governance arrangements for the Mental Health and Learning Disability (MHLD) Inpatient and Specialist Services and the Child and Adolescent Mental Health Service (CAMHS).

2. Recommendations

2.1. It is recommended that the Integration Joint Board (IJB):

- a) Notes the information in the report and the two appendices and in particular paragraph 3.5 of the report in relation to the review of governance arrangements.



INTEGRATION JOINT BOARD

3. Summary of Key Information

- 3.1** MHL and CAMHS services are delegated operationally and strategically to the three Grampian IJBs, hosted by the Aberdeen City IJB. None of these services are now being managed under NHS Grampian and are managed via the Aberdeen City Health and Social Care Partnership. The transfer of funding has not yet taken place i.e., NHS Grampian still holds the budget for the services delivered.
- 3.2** MHL and CAMHS services are operating at a higher cost than budgeted for with the operating deficit being funded by NHS Grampian. NHS Grampian's Director of Finance is currently convening a working group to review the budget and a report will be presented to the three Grampian IJBs, by 31 March 2024 on the financing arrangements, once this work is complete. At this point the IJB will be able to determine whether the funding for these services should transfer from NHS Grampian to the IJB budget.
- 3.3** The vision of MHL services is set out in the Senior Manager Team Statement and is to "work together with our staff, partners and patients, to deliver high quality care that makes a difference. We inspire confidence and provide reassurance by delivering person-centred, safe and effective services for patients, the public, our organisation and partnership agencies". The Organisation Chart for MHL and CAMHS can be found at Appendix A to this report.
- 3.4** The delivery of the vision is supported by a number of assurance groups such as the MHL and CAMHS Clinical Governance and Assurance group. It is led by the Chief Nurse for MHL and meets monthly. The Governance Structure Organogram is presented in Appendix B. This highlights the meetings held locally and how they report into the wider system assurance structure.
- 3.5** There is work currently underway across the three health and social care partnerships to look at these existing governance structures to ensure that they are proportionate and ultimately enable better outcomes. The transformation of Grampian wide MHL services is governed and monitored by a dedicated Programme Board. Contributing to the transformation activity is one of our Delivery Plan projects and quarterly updates are submitted to the Risk Audit and Performance Committee. The outcome of the governance review will be reported through the MHL



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Programme Board and the IJB will be updated via the annual Hosted Services reports due to be submitted to the IJB meeting on 2nd April 2024.

4. Implications for IJB

4.1 Equalities, Fairer Scotland and Health Inequality

The strategic intent set out in the Grampian-wide Framework for MHL D could lead to the following positive impacts on those with protected characteristics:

- Age - some services may be increased up to the age of 18 years for children and young people experiencing mental health problems / or both a learning disability and mental health problems (e.g. social work services in line with the national direction)
 - Disability – no direct impact
 - Gender reassignment – further development of the pathway to improve access to Gender Identity Services in Grampian
 - Marital Status – no direct impact
 - Pregnancy and Maternity – further development of the pathway to improve access to perinatal services in Grampian
 - Race, Religion or belief or Non-belief – no direct impact
 - Sex, – no direct impact
 - Sexual Orientation – no direct impact

The design and delivery of Grampian-wide inpatient and specialist MHL D Services will require a balance of a population approach, person centred care and securing best value with the available resource. The design and delivery of Grampian-wide services will take account of the population needs across the three IJB areas.

4.2 Workforce

The ACHSCP Workforce Plan 2022 – 2025 will focus on three key themes for the ACHSCP workforce over the next three years; recruitment and retention, health & wellbeing, and growth & opportunities. The ACHSCP Workforce Plan 2022 - 2025 clearly sets out how changes & improvements will be made and how the progress & impact of the plan will be measured.

Any changes arising from the Transformation Programme Plan will go through the workforce, staff side and staff engagement processes set out



INTEGRATION JOINT BOARD

by the respective employer Organisation Change processes (NHSG, Aberdeen City Council, Aberdeenshire Council and Moray Council). Staff will be engaged in the work streams arising from the Transformation Programme Plan and will receive regular briefings. Staff engagement has been identified in the Communication and Stakeholder Engagement Plan and Risk Register.

4.3 Legal

No direct legal implications have been identified.

4.4 Unpaid Carers

Consideration will be given to the development of services to support carers as a key stakeholder across all future work streams.

4.5 Other

None identified.

5. Links to ACHSCP Strategic Plan

The ACHSCP Strategic Delivery Plan has a project to 'continue to progress Mental Health and Learning Disabilities (MHL) transformation to evidence increase community delivery across secondary and primary care.'

Through this project, a number of transformation workshops have been planned to discuss the priorities for the service and members of the various work streams once the priorities have been agreed. The proposed priorities below have been suggested:

- Addressing existing temporary closures on RCH site i.e. Lochhead Day Unit and Kildrummy Day Hospital
- Unscheduled care and flow into and out of the hospital
- Adult Mental Health (AMH) pathways – including community AMH modernisation
- Older Adult Mental Health (OAMH) pathways – including community OAMH modernisation
- Learning Disability (LD) pathway – including review of LD residential care and supported living
- Rehabilitation pathways
- Review of complex care residential care and supported living



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- Forensic pathways
- Neuropsychiatry/acquired brain injury pathways
- Mental Health and Wellbeing pathways
- Review of nurse staffing

To look at all of the priorities in a 12 month period is an ambitious target, however during the transformation workshops, these priorities will be looked at again to identify what the service should look at first.

6. Management of Risk

6.1. Identified risks(s)

Financial Risk

No financial risk identified as the budget remains with NHS Grampian.

Governance

A Governance Framework setting out clinical, care and financial governance arrangements for the Inpatient, Specialist Service and CAMHS hosted by Aberdeen City IJB was developed following integration.

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

This report links to Strategic Risk 3:

Cause: Under Integration arrangements, Aberdeen IJB hosts services on behalf of Moray and Aberdeenshire, who also hosts services on behalf of Aberdeen City.

Event: hosted services do not deliver the expected outcomes, fail to deliver transformation of services, or face service failure.

Consequence: Failure to meet health outcomes for Aberdeen City, resources not being maximised and reputational damage.

This risk is currently sitting at High.

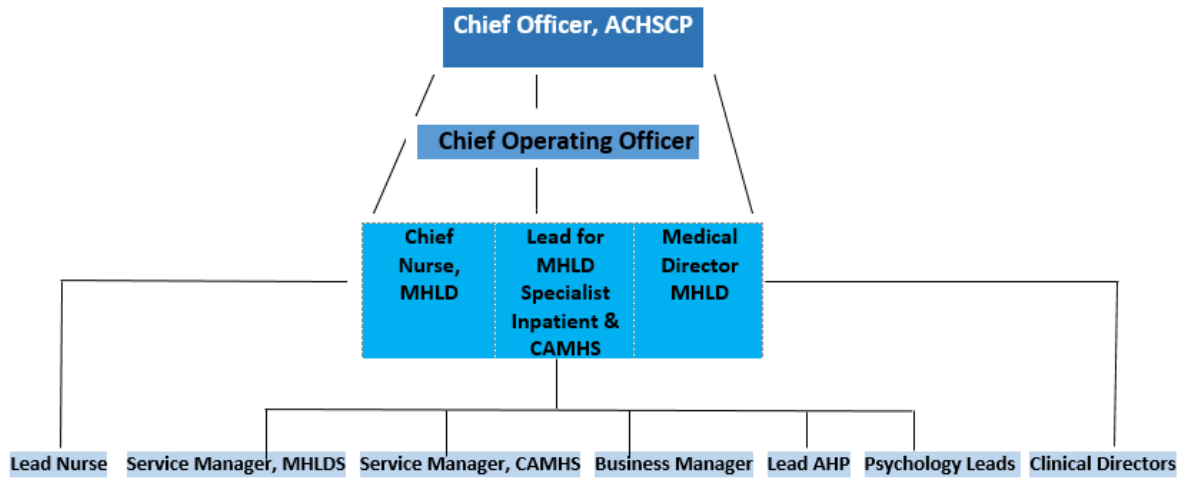


INTEGRATION JOINT BOARD

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

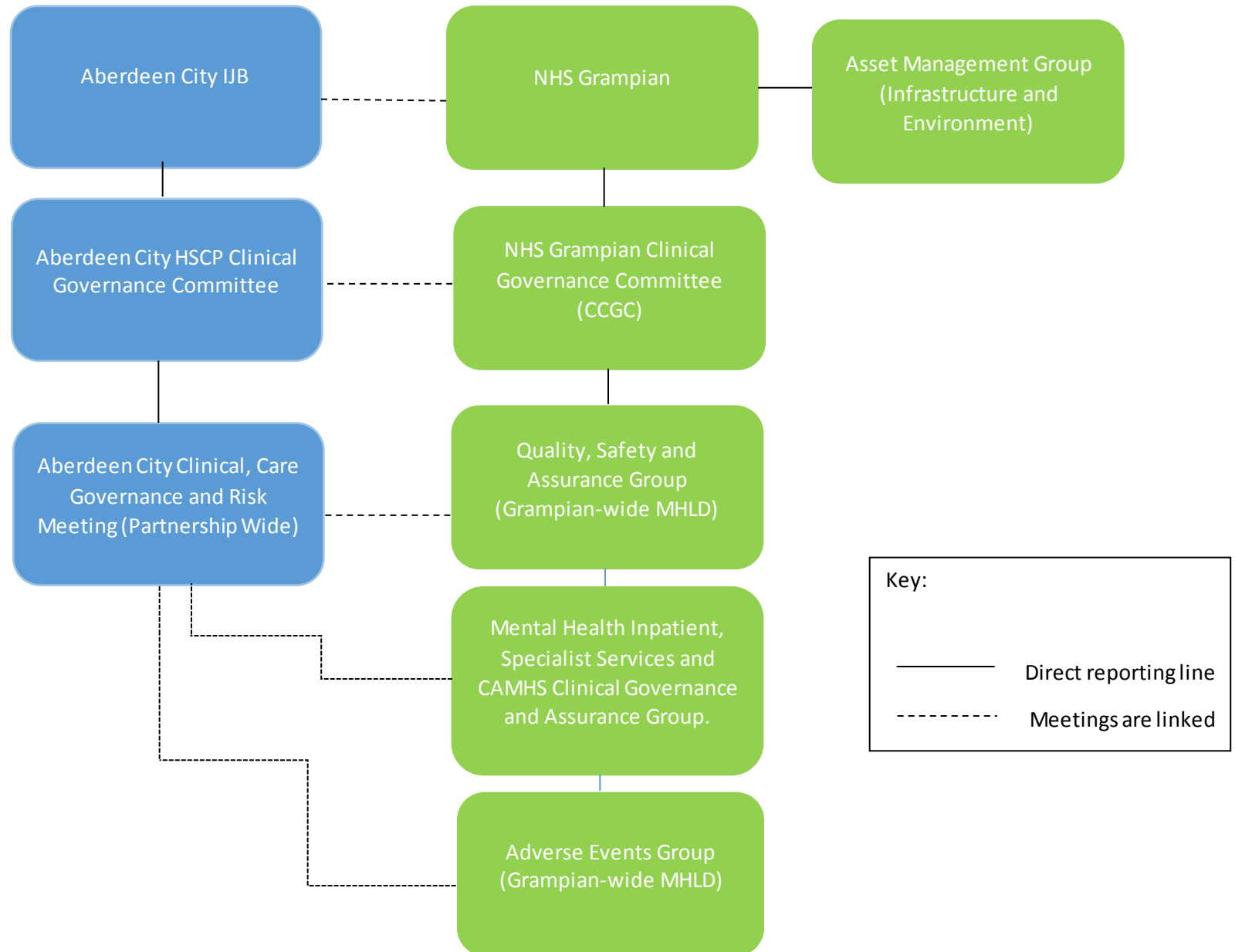
This report provides visibility to performance information in relation to Hosted Services which IJB can consider and instruct any action they feel is necessary to provide any further assurance required.

Organisational Chart and Services Covered



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HOSTED MH, LD & SMS GOVERNANCE STRUCTURE



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INTEGRATION JOINT BOARD

Date of Meeting	6 June 2023
Report Title	Strategic Risk Register
Report Number	HSCP23.039
Lead Officer	Sandra Macleod, Chief Officer
Report Author Details	Name: Martin Allan Job Title: Business Manager Email Address: martin.allan3@nhs.net
Consultation Checklist Completed	Yes
Directions required	No
Appendices	Appendix A - Strategic Risk Register

1. Purpose of the Report

- 1.1. To present to the Integrated Joint Board (IJB) an updated version of the Strategic Risk Register (SRR).

2. Recommendations

- 2.1. It is recommended that the IJB:
 - a) Approve the revised Strategic Risk Register as detailed in the Appendix to the report.

3. Summary of Key Information

- 3.1. The fundamental purpose of the Strategic Risk Register is to provide the IJB with assurance that it is able to deliver the organisation's strategic objectives and goals. This involves setting out those issues or risks which may threaten delivery of objectives and assure the IJB that they are being managed effectively and that opportunity to achieve goals can be taken: it is the lens



INTEGRATION JOINT BOARD

through which the IJB examines the assurances it requires to discharge its duties. The IJB uses this document to monitor its progress, demonstrate its attention to key accountability issues, ensure that it debates the right issue, and that it takes remedial actions to reduce risk to integration. Importantly, it identifies the assurances and assurance routes against each risk and the associated mitigating actions.

- 3.2. 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
- 3.3. Since the SRR was last submitted to the IJB in October, 2022, the document has been updated and considered by the Partnership's Senior Leadership Team (SLT) on a quarterly basis. The updates are undertaken by the Business and Resilience Manager meeting with the risk owners and look at any movement or changes to the risk, its controls, mitigating actions, and assurances.
- 3.4. During this review process, no new risks have been added to the SRR and no risks have been recommended for de-escalation either.
- 3.5. The revised SRR is attached as the appendix to this report.
- 3.6. It is proposed to arrange the annual workshop for all IJB members to review the strategic risks and members of the IJB will be notified of the date in due course.

4. Implications for IJB

- 4.1. **Equalities, Fairer Scotland and Health Inequality** - While there are no direct implications arising directly as a result of this report, equalities implications will be taken into account when implementing certain mitigations.
- 4.2. **Financial** - While there are no direct implications arising directly as a result of this report financial implications will be taken into account when implementing certain mitigations.



INTEGRATION JOINT BOARD

- 4.3. **Workforce** - There are no workforce implications arising directly as a result of this report.
- 4.4. **Legal** - There are no legal implications arising directly as a result of this report.
- 4.5. **Unpaid Carers** - There are no unpaid carers implications arising directly from this report.
- 4.6. **Other** - There are no direct implications arising directly as a result of this report.

5. Links to ACHSCP Strategic Plan

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

6. Management of Risk

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

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Strategic Risk Register

Revision	Date
1.	March 2018
2.	September 2018
3.	October 2018 (IJB & APS)
4.	February 2019 (APS)
5.	March 2019 (IJB)
6.	August 2019 (APS)
7.	October 2019 (LT)
8.	November 2019 (IJB workshop)
9.	January 2020 (ahead of IJB)
10.	March 2020 (RAPC)
11.	July 2020 (IJB)
12.	October 2020 (IJB Workshop)
13.	November 2020 (IJB)
14.	January 2021 (RAPC)
15.	May 2021 (IJB)
16.	June 2021 (RAPC)
17.	September 2021 (RAPC)
18.	November 2021 (Following IJB Workshop and ahead of IJB meeting in Dec)
19.	February 2022 (RAPC)
20.	August 2022 (ahead of IJB Workshop)
21.	Review reflecting workshop-IJB Oct 22
22.	November 2022 (RAPC)
23.	January 2023 (SLT)
24.	May 2023 (RAPC and IJB)

Introduction & Background

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



Aberdeen City Health & Social Care Partnership

A caring partnership

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

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

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

Appendices

- Risk Tolerances
- Risk Assessment Tables





Colour – Key

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

Risk Summary:

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





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



-1-

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

Strategic Aims: Caring Together
Strategic Enablers: Relationships and Infrastructure

Leadership Team Owner: Lead Commissioner and Primary Care Lead

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

Rationale for Risk Rating:

- There continue to be significant gaps in our ability to engage at a strategic level with some parts of the social care sector eg care home owners, and therefore a lack of alignment in our strategic response to the demands placed upon the whole system. Evidence of the impact of this includes a mismatch between the physical capacity we have available to meet the outcomes of people and the suitability and appropriateness of that capacity eg unsuitable accommodation, and a lack of appropriately trained staff
- Increased demand in primary care and widespread recruitment difficulties continues to impact on practices, which has led to practices prioritising the core GMS contract over any non-essential work eg Care Home SLA's. There have been 3 SLA contracts handed back by practices due to demand.
- Increased demand in primary care and widespread recruitment difficulties continues to impact on practices, which has increased the risk and frequency of handing back their contracts or closing their lists.
- Increase in unexpected/unplanned demand is a risk to patients and the ACHSCP
- Increased risk of reduction in General Dental Practitioners capacity as a result of patient deregistration activity seen in some regions
- The removal of the Covid-19 supplier relief funding will have an impact on providers.
- Recruitment difficulties in residential and non-residential businesses.
- Delayed implementation of Primary Care Improvement Plan (PCIP) due to staff redeployment due to Covid and lack of available workforce for recruitment.
- National Care Home Contract rates have been rejected for 2023/24

IMPACT

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

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

Risk Movement: increase/decrease/no change
NO CHANGE 12.05.23

Controls:

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

Mitigating Actions:

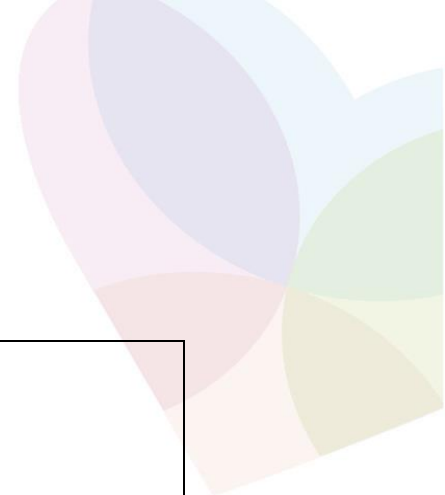
- All opportunities to work in a collaborative manner to commission services are advertised on Public Contract Scotland, as well as individual invitations made to CEOs / owners of social care services.
- Additional offers are made to encourage dialogue where the provider is unavailable to attend collaborative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



<ul style="list-style-type: none"> Local Medical Council GP Sub Group Clinical Director and Clinical Leads Primary Care Contracts Team Residential and Non-Residential Oversight Groups-meet depend on the needs of the sector Providers Huddle (meets weekly) Primary Care Integrated Management Group GP Contract Oversight Group ACHSCP PCIP Project Group Grampian Sustainability Group Senior Leadership Team 	<ul style="list-style-type: none"> Strategic commissioning programme board (SCPB members) established to provide governance framework for commissioning activity. <ul style="list-style-type: none"> Sustainability meetings with all Practices in Aberdeen City Working in collaboration with the Scottish Government, Local Medical Council (LMC) and Clinical Leads with practices to agree a sustainable way forward using individualised action plans and group discussions. Strategic Change Lead is establishing a task and finish group to review medical cover across care settings in the City with a view to establishing an alternative model for medical cover. The review is due to complete by 30 September 2023. Continue to liaise with the care home sector through the collaborative approach detailed in the controls to explore agreement at a local level until a national agreement is in place with Scotland Excel Continue to support the flow from acute into interim beds at Woodlands.
<p>Assurances:</p> <ul style="list-style-type: none"> Progress against our strategic commissioning workplan Market facilitation opportunities and wide distribution of our market position statements Oversight of both residential and non-residential social care services Inspection reports from the Care Inspectorate Monitoring of Primary Care Improvement Plan Daily report monitoring Good relationships with GP practices, ensuring communication through agreed governance routes Links to Dental Practice Advisor who works with independent dentists Director of Dentistry co-ordinating Grampian contingency planning to <ul style="list-style-type: none"> horizon scan for regional deregistration activity proactively work with practices that wish to deregister patients plan suitable contingency arrangements in the event patients are deregister Part of the Eye Health Network and Clinical Leads for Optometry in Shire & Moray and the overall Grampian Clinical Lead Roles of Clinical Director and Clinical Leads, including fortnightly Grampian wide Clinical Lead Meetings Peer Support 	<p>Gaps in assurance:</p> <ul style="list-style-type: none"> Market or provider failure can happen quickly despite good assurances being in place. For example, even with the best monitoring system, the closure of a practice can happen very quickly, with (in some cases) one partner retiring or becoming ill being the catalyst. Market forces and individual business decisions regarding community optometry, general practice and general dental practitioners cannot be influenced by the Partnership. We are currently undertaking service mapping which will help to identify any potential gaps in market provision Public Dental Services staffing capacity to flexibly increase service provision in short term Difference between National Care Home Contract rate (last reviewed in 2013) and providing a 24 hour residential service. Inability to benchmark accurately due to variation of service models Contract Monitoring visits (enhanced services) Due to the National Care Home Contract not being agreed, there is a risk of local arrangements with each providers and Local Authorities being put in place -leading to disparity of levels funding. Discussions to reach a settlement on the increase to the National Care Home Contract (NCHC) for 23/24 placement fees have not concluded. A final offer of 6% was tabled to the care home sector, however, this was rejected by Scottish Care and its members. Following this rejection, Scottish Care is to seek increased funding from the Scottish Government for the social care sector and the older person's care home sector specifically. Whilst these negotiations take place, an interim increase to the NCHC fee rates is being offered to ensure that the care home sector has sufficient funding to provide staff members increased pay following the rise of the National Minimum Wage.
<p>Current performance:</p> <ul style="list-style-type: none"> We now have established a care at home strategic providers group, with agreed terms of reference. Their strategic ambition is to ensure the safe and effective delivery of care at home across Aberdeen. We have recently published and distributed market position statements for both residential and training and skills development for service users with either mental health or learning disability. Both have been co-produced with providers through a series of workshops which had been advertised locally and through public contracts Scotland. A financial risk rating of each residential care home/setting is being undertaken, to give intelligence on the risk across these businesses. 	<p>Comments:</p> <p>Cost of living will impact on the provision of the service and the staff ability to get to work due to fuel prices. Lack of space for MDT working. Sustainability report has a limited predictability due to the ever changing nature of primary care.</p> <p>GP practices are expressing an increasing challenge in meeting the needs of practice populations and therefore many are prioritising the delivery of the core GMS contract. The impact of this means that any additional non-core/statutory work is being reviewed by practices and in some instances, stopped. This varies across the City and the Partnership continues to work with Practices to find collaborative and financially sustainable solutions for both parties</p>



- Regular GP practice status reports which notes operational performance levels and individualised action plans where practices detail how they are pro-actively opening their lists.
- Discussions to reach a settlement on the increase to the National Care Home Contract (NCHC) for 23/24 placement fees have not concluded. A final offer of 6% was tabled to the care home sector, however, this was rejected by Scottish Care and its members. Following this rejection, Scottish Care is to seek increased funding from the Scottish Government for the social care sector and the older person's care home sector specifically. Whilst these negotiations take place, an interim increase to the NCHC fee rates is being offered to ensure that the care home sector has sufficient funding to provide staff members increased pay following the rise of the National Minimum Wage.





-2-

Description of Risk: Cause-IJB financial failure and projection of overspend Event-Demand outstrips available budget Consequence-IJB can't deliver on its strategic plan priorities, statutory work, and projects.					
Strategic Aims: All Strategic Enablers: Finance			Leadership Team Owner: Chief Finance Officer		
Risk Rating: low/medium/high/very high <p style="text-align: center;">HIGH</p>					
IMPACT					
Almost Certain					
Likely			✓		
Possible					
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Risk Movement: increase/decrease/no change: <p style="text-align: center;">NO CHANGE 12.05.2023</p>					
Controls: <ul style="list-style-type: none"> Financial information is reported regularly to the Risk, Audit and Performance Committee, the Integration Joint Board and the Senior Leadership Team Risk, Audit & Performance receives regular updates on transformation programme & spend. Approved reserves strategy, including risk fund Robust financial monitoring and budget setting procedures including regular budget monitoring & budget meeting with budget holders. Budgets delegated to cost centre level and being managed by budget holders. 			Mitigating Actions: <ul style="list-style-type: none"> The Senior Leadership Team are committed to driving out efficiencies, encouraging self-management and moving forward the prevention agenda to help manage future demand for services. The Senior Leadership Team have formalised arrangements to receive monthly financial monitoring statements. 		

Rationale for Risk Rating:

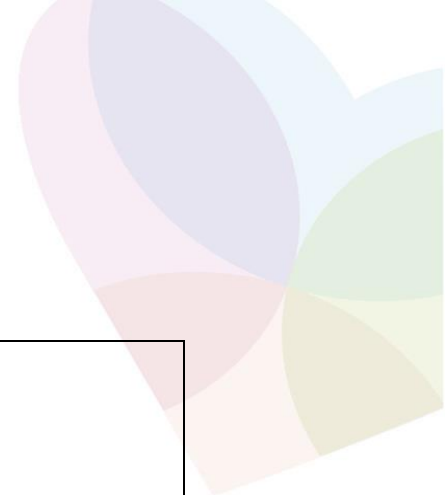
- If the partnership does not have sufficient funding to cover all expenditure, then in order to achieve a sustainable balanced financial position, decisions will be required to be taken which may include reducing/stopping services
- If the levels of funding identified in the Medium Term Financial Framework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

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

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



<ul style="list-style-type: none"> • Medium-Term Financial Strategy. • Medium Term Financial Strategy review, including a members workshop ahead of the budget meeting (each year) 	
<p>Assurances:</p> <ul style="list-style-type: none"> • Risk, Audit and Performance Committee oversight and scrutiny of budget under the Chief Finance Officer. • Board Assurance and Escalation Framework. • Quarterly budget monitoring reports. • Regular budget monitoring meetings between finance and budget holders. • Monthly financial monitoring to SLT 	<p>Gaps in assurance:</p> <ul style="list-style-type: none"> • The financial environment is challenging and requires regular monitoring. The scale of the challenge to make the IJB financially sustainable should not be underestimated. • Financial failure of hosted services may impact on ability to deliver strategic ambitions. • There is a gap in terms of the impact of transformation on our budgets. Many of the benefits of our projects relate to early intervention and reducing hospital admissions, neither of which provide early cashable savings
<p>Current performance:</p> <ul style="list-style-type: none"> • Year end unaudited annual accounts 2022/23 will be submitted to Risk, Audit and Performance Committee in May 2023 	<p>Comments:</p> <ul style="list-style-type: none"> • The financial position in future years will be challenging. Discussions are continuing with ACC and NHSG regarding level of funding for future years.





- 3 -

Description of Risk: **Cause:** Under Integration arrangements, Aberdeen IJB hosts services on behalf of Moray and Aberdeenshire, and who also hosts services on behalf of Aberdeen City.
Event: hosted services do not deliver the expected outcomes, fail to deliver transformation of services, or face service failure.
Consequence: Failure to meet health outcomes for Aberdeen City, resources not being maximised and reputational damage.

Strategic Aims: All
Strategic Enablers: Relationships

Leadership Team Owner: Chief Officer

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

Rationale for Risk Rating:

- Considered high risk due to the projected overspend in hosted services
- Hosted services are a risk of the set-up of Integration Joint Boards.

IMPACT

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

Rationale for Risk Appetite:

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

Risk Movement: (increase/decrease/no change):
NO CHANGE 12.05.2023

Controls:

- Integration scheme agreement on cross-reporting
- North East Partnership Steering Group
- Aberdeen City Strategic Planning Group (ACSPG)
- North East System Wide Transformation Group

Mitigating Actions:

- Development of Service Level Agreements for 9 of the hosted services considered through budget setting process.
- In depth review of the other 3 hosted services.
- Quarterly reporting to ACSPG and annual reporting on budget setting to IJB (once developed).

Assurances:

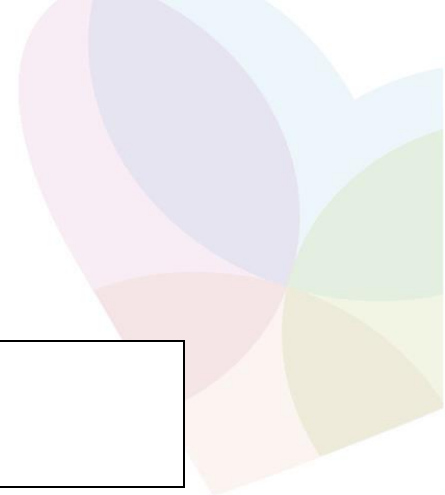
- These largely come from the systems, process and procedures put in place by NHS Grampian, which are still being operated, along with any new processes which are put in place by the lead IJB.
- North East System Wide Transformation Group (Officers only) led by the 4 pan-Grampian chief executives. The aim of the group is to develop real top-level leadership to drive forward the change agenda, especially relating to the delegated hospital-based services.
- Both the CEO group and the Chairs & Vice Chairs group meet quarterly. The meetings are evenly staggered between groups, giving some six weeks between them, allowing progressive work / iterative work to be timely between the forums.
- The Portfolio approach and wider system approach demonstrates closer joint working across the 3 Health and Social Care Partnerships and the Acute Sector.

Gaps in assurance:

- Ongoing review of hosted through development of SLA's.



<p>Current performance:</p> <ul style="list-style-type: none">• Once the SLA's are reported to the Risk, Audit and Performance Committee, the IJB will be informed on current performance on an ongoing basis.• An update report is to be submitted to the IJB on the 25th of April, 2023.	<p>Comments:</p>
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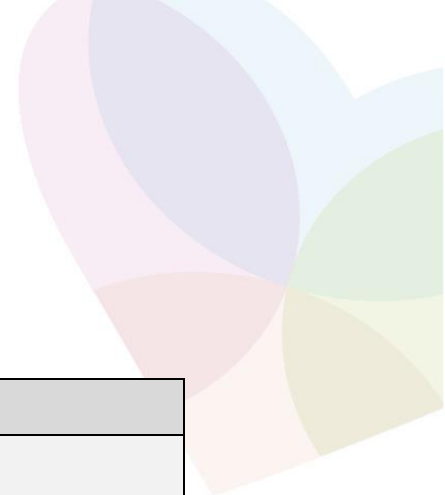


Description of Risk:					
Cause: Performance standards/outcomes are set by national and regulatory bodies and those locally-determined performance standards are set by the board itself.					
Event: There is a risk that the IJB, and the services that it directs and has operational oversight of, fails to meet the national, regulatory and local standards.					
Consequence: This may result in harm or risk of harm to people.					
Strategic Aims: All			Leadership Team Owner: Strategy and Transformation Lead		
Strategic Enablers: Technology					
Risk Rating: low/medium/high/very high					
HIGH					
IMPACT					
Almost Certain					
Likely			✓		
Possible					
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Risk Movement: (increase/decrease/no change)					
NO CHANGE 12.05.2023					
Controls:			Mitigating Actions:		
<ul style="list-style-type: none"> Clinical and Care Governance Committee and Group Risk, Audit and Performance Committee Data and Evaluation Group Performance Framework Linkage with ACC and NHSG performance reporting Annual Performance Report Chief Social Work Officer's Report Ministerial Steering Group (MSG) Scrutiny External and Internal Audit Reports Links to outcomes of Inspections, Complaints etc. Contract Management Framework Weekly Senior Leadership Team Meetings 			<ul style="list-style-type: none"> Continual review of key performance indicators Review of and where and how often performance information is reported and how learning is fed back into processes and procedures. On-going work developing a culture of performance management and evaluation throughout the partnership Refinement of Performance Dashboard, presented to a number of groups, raising profile of performance and encouraging discussion leading to further review and development Recruitment of additional resource to drive performance management process development Risk-assessed plans with actions, responsible owners, timescales and performance measures monitored by dedicated teams Restructure of Strategy and Transformation Team which includes an increase in the number of Programme and Project Managers will help mitigate the risk of services not meeting required standards. 		



<ul style="list-style-type: none"> • Daily Operational Leadership Team Huddles • Urgent and Unscheduled Care Programme Board 	<ul style="list-style-type: none"> • Use of Grampian Operational Pressure Escalation System (G-OPES) and Daily and Weekly System Connect Meetings help to mitigate the risk of services not meeting standards through system wide support. • Four focus areas of the system wide critical response to ongoing system pressures • All recommendations from the Internal Audit report on Performance Management have been implemented.
<p>Assurances:</p> <ul style="list-style-type: none"> • Joint meeting of IJB Chief Officer with two Partner Body Chief Executives. • Agreement that full Dashboard will be reported to both Clinical and Care Governance Committee and Risk, Audit & Performance Committee. Lead Strategy and Performance Manager will ensure both committees are updated in relation to the interest and activity of each. • Annual report on IJB activity developed and reported to ACC and NHSG • Care Inspectorate Inspection reports • Capture of outcomes from contract review meetings. • External reviews of performance. • Benchmarking with other IJBs 	<p>Gaps in assurance:</p> <ul style="list-style-type: none"> • Formal performance reporting against the Strategic/Delivery Plan has continued to be developed in consultation with the SLT. • Further work required on linkage to Community Planning Aberdeen reporting. • Review of the Locality Plans, this will include prioritisation of actions.
<p>Current performance:</p> <ul style="list-style-type: none"> • Performance reports submitted to IJB, Risk, Audit and Performance and Clinical and Care Governance Committees. • Various Steering Groups for strategy implementation established. • Close links with social care commissioning, procurement and contracts team have been established • IJB Dashboard has been shared widely. • Working on production of Annual Report 2022/23 to be reported to the IJB in August, 2023 • SLT workshops held to develop a Partnership dashboard 	<p>Comments:</p>





-5-

Description of Risk:

Cause: Demographic & financial pressures requiring IJB to deliver transformational system change which helps to meet its strategic priorities.
 Event: Failure to deliver transformation and sustainable systems change.
 Consequence: people not receiving the best health and social care outcomes

Strategic Aims: All
Strategic Enablers: Technology and Infrastructure

Leadership Team Owner: Strategy and Transformation Lead

Risk Rating: low/medium/high/very high

HIGH

Rationale for Risk Rating:

- Recognition of the known demographic curve & financial challenges, including cost of living, which mean existing capacity may struggle
- This is the overall risk – each of our transformation programme work streams are also risk assessed with some programmes being a higher risk than others.
- Given current situation with increased demand and staffing pressures there might be times when it is likely that transformational projects delivery may be delayed.
- System Wide demand on Information Governance Services for data sharing agreements

Rationale for Risk Appetite:

- The IJB has some appetite for risk relating to testing change and being innovative.
- The IJB has no to minimal appetite for harm happening to people – however this is balanced with a recognition of the risk of harm happening to people in the future if no action or transformation is taken.

IMPACT

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

Risk Movement: (increase/decrease/no change)

NO CHANGE 12.05.2023

Controls:

- Governance Structure and Process (Senior Leadership Team meetings, Operational Team Daily Huddles and IJB and its Committees)
- Quarterly Reporting of Delivery Plan progress to Risk, Audit & Performance Committee
- Annual Performance Report
- External and Internal Audit

Mitigating Actions:

- Programme management approach being taken across whole of the Partnership
- Regular reporting of progress on programmes and projects to Senior Leadership Team
- Increased frequency of governance processes, Senior Leadership Team now meeting weekly
- A number of plans and frameworks have been developed to underpin our transformation activity across our wider system including: Primary Care Improvement Plan and Action 15 Plan.

Assurances:

- Risk, Audit and Performance Committee Reporting
- Robust Programme Management approach supported by an evaluation framework
- IJB oversight
- Board Assurance and Escalation Framework process

Gaps in assurance:

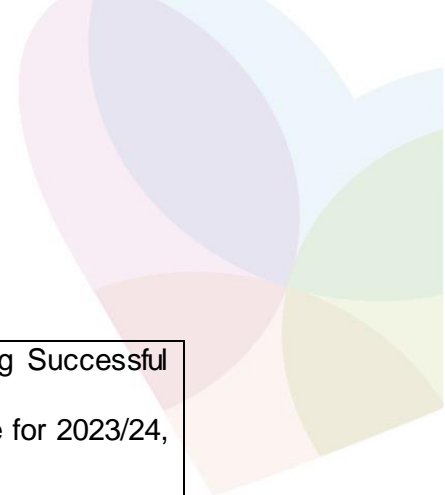
- Our ability to evidence the impact of our transformation: documenting results from evaluations and reviewing results from evaluations conducted elsewhere allows us to determine what works when seeking to embed new models.



Aberdeen City Health & Social Care Partnership

A caring partnership

<ul style="list-style-type: none">• Internal Audit has undertaken a detailed audit of our transformation programme. All recommendations from this audit have now been actioned.• The Medium-Term Financial Framework prioritises transformation activity that could deliver cashable savings• Separation in Year 2 Delivery Plan of transformational projects from business as usual projects• The Medium-Term Financial Framework, Portfolio Management Approach aims and principles, and Programme of Transformation have been mapped to demonstrate overall alignment to strategic plan.	<ul style="list-style-type: none">• All Programme and Project Managers to be trained in the appropriate level of Managing Successful Programmes methodology and Prince2, where appropriate.• Changes to funding have meant that temporary recruitment to certain posts is in place for 2023/24, with further work to be done to identify funding beyond that.
<p>Current performance:</p> <ul style="list-style-type: none">• The Strategic/Delivery Plan has been approved and Strategy and Transformation resource has been allocated to deliver on the projects within the Plan.	<p>Comments:</p>





Description of Risk					
Cause: Need to involve lived experience in service delivery and design as per Integration Principles					
Event: IJB fails to maximise the opportunities created for engaging with our communities					
Consequences: Services are not tailored to individual needs; reputational damage; and IJB does not meet strategic aims.					
Strategic Aims: All			Leadership Owner: Chief Officer		
Strategic Enablers: Relationships					
Risk Rating: low/medium/high/very high					
MEDIUM					
IMPACT					
Almost Certain					
Likely					
Possible			✓		
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Risk Movement: (increase/decrease/no change)					
NO CHANGE 12.05.2023					
Controls:			Mitigating Actions:		
<ul style="list-style-type: none"> Locality Empowerment Groups (LEGs) Senior Leadership Team Meetings and Operational Leadership Huddles CPP Community Engagement Group Equalities and Human Rights Sub-Group 			<ul style="list-style-type: none"> Strategic Planning Group (SPG) Pre-Meeting Group set up to support locality empowerment group members on the SPG. Continued joint working with Community Planning colleagues to oversee the ongoing development of locality planning 		
Assurances:			Gaps in assurance		
<ul style="list-style-type: none"> Strategic Planning Group (LEGs have representation on this group) Executive Programme Board IJB/Risk, Audit and Performance Committee CPA Board 			<ul style="list-style-type: none"> Demographic and diversity representation on Locality Empowerment Groups. The Equalities and Human Rights Sub Group has been tasked to address this. 		
Current performance:			Comments:		
<ul style="list-style-type: none"> LEGs representatives attend the SPG on a regular basis and participate in the meetings. Review of joint locality planning arrangements is underway 					





<p>Description of Risk: Cause-The ongoing recruitment and retention of staff Event: Insufficient staff to provide patients/clients with services required. Consequence: Potential loss of life and unmet health and social care needs, leading to severe reputational damage.</p>																																									
<p>Strategic Aims: All Strategic Enablers: Workforce</p>			<p>Leadership Team Owner: People & Organisation Lead</p>																																						
<p>Risk Rating: low/medium/high/very high VERY HIGH</p>																																									
<p>IMPACT</p> <table border="1"> <tr> <td>Almost Certain</td> <td></td> <td></td> <td></td> <td></td> <td>✓</td> </tr> <tr> <td>Likely</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Possible</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unlikely</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Rare</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LIKELIHOOD -</td> <td>Negligible</td> <td>Minor</td> <td>Moderate</td> <td>Major</td> <td>Extreme</td> </tr> </table>						Almost Certain					✓	Likely						Possible						Unlikely						Rare						LIKELIHOOD -	Negligible	Minor	Moderate	Major	Extreme
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<p>Rationale for Risk Rating:</p> <ul style="list-style-type: none"> The current staffing complement profile changes on an incremental basis over time. However the proportion of over 50s employed within the partnership (by NHSG and ACC) is increasing rapidly (i.e. 1 in 3 nurses are over 50). Totally exhausted work force with higher turnover of staff (particularly over 50) Current very high vacancy levels and long delays in recruitment across ACHSCP services. Economic upturn in North East post covid, which means there is direct competition with non-clinical posts and negatively impacting on the calibre of candidates for a number of posts Post Covid 19 landscape, where many staff have reflected on their personal situation, which has led to increased numbers of early retirement applications, requests for reduced hours and staff leaving the service Staff experienced the most challenging winter in Health and Social Care history and the likelihood that this will be just as challenging in the winter ahead. 																																									
<p>Risk Movement: (increase/decrease/no change) NO CHANGE 12.05.2023</p>																																									
<p>Controls:</p> <ul style="list-style-type: none"> Clinical & Care Governance Committee reviews tactical level of risk around staffing numbers Clinical & Care Governance Group review the operational level of risk Oversight of daily Operational Leadership Team meetings to maximise the use of daily staffing availability Revised contract monitoring arrangements with providers to determine recruitment / retention trends in the wider care sector-<i>replicate wording in risk 1 and include pc risk</i> Establishment of daily staffing situational reports (considered by the Leadership Team) NHSG and ACC workforce policies Daily Grampian System Connect Meetings and governance structure Daily sitreps from all services (includes staffing absences) ACHSCP Delivery Group for Workforce Plan 			<p>Rationale for Risk Appetite:</p> <ul style="list-style-type: none"> Will accept minimal risks of harm to service users or to staff. By minimal risks, the IJB means it will only accept minimal risk to services users or staff when the comparative risk of doing nothing is higher than the risk of intervention. 																																						
<p>Assurances: ACHSCP Workforce Plan and Delivery Group Agreed governance arrangements Formal performance reporting against the Strategic/Delivery Plan has continued to be developed in consultation with the SLT. Staff side and union representation on daily Operational Leadership Team meetings</p>			<p>Mitigating Actions:</p> <ul style="list-style-type: none"> Significantly increased emphasis on health/wellbeing of staff and positive feedback regularly received establishment of ACHSCP recruitment programme, with significantly increased Social Media presence promotion and support of the 'We Care' and 'Grow of own' approaches embrace the use of new/improved digital technologies to develop and support the ACHSCP infrastructure & develop a road map with a focus on enablement for staff 																																						



Aberdeen City Health & Social Care Partnership

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	<ul style="list-style-type: none"> flexible/hybrid working options to become 'normal' working practice that benefit staff time & supports their wellbeing as well as helps staff retention Increased emphasis on communication with staff increased collaboration across the Senior Leadership Team (SLT) and integration between professional disciplines, third sector, independent sector and communities through Localities to help diversity of the workforce Increased monitoring of staff statistics (sickness, turnover, CPD, complaints etc) through Senior Leadership Team and daily Operational Leadership Team meetings, identifying trends. Awareness of new Scottish Government, NHSG and ACC workforce policies and guidelines Partnership to reintroduce staff recognition events to encourage retention Staff Wellbeing budget in 2023/24 of £25,000 All staff strongly encouraged to use their annual leave throughout the year, take regular breaks and this to be positively modelled by SLT
<p>Current performance:</p> <ul style="list-style-type: none"> Partnership sickness statistics suggest that absences in 2022 were at their highest in December Managing workforce challenges through daily Operational Leadership Team meetings and Daily Connect Meetings and structures Managing very high level vacancies in comparison to neighbouring Health Boards 	<p>Gaps in assurance</p> <ul style="list-style-type: none"> Dedicated Project Support of Delivery Group for Workforce Plan
	<p>Comments:</p> <ul style="list-style-type: none"> Ongoing consultation on National Care Service. Any updates arising from the progress of the Service that has a bearing on the risk will be updated in due course. Possible Junior Doctor industrial action could lead to critical services not being provided which will impact on staff wellbeing as would potential deployment of staff to other duties over the next 6 months



Appendix 1 – Risk Tolerance

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



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

Table 1 - Impact/Consequence Definitions

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

Table 2 - Likelihood Definitions

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

Table 3 - Risk Matrix

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

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

Table 4 - NHSG Response to Risk

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

Level of Risk	Response to Risk
Low	Acceptable level of risk. No additional controls are required but any existing risk controls or contingency plans should be documented. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective.
Medium	Acceptable level of risk exposure subject to regular active monitoring measures by Managers/Risk Owners. Where appropriate further action shall be taken to reduce the risk but the cost of control will probably be modest. Managers/Risk Owners shall document that the risk controls or contingency plans are effective. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective. Relevant Managers/Directors/Assurance Committees will periodically seek assurance that these continue to be effective.
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Very High	Unacceptable level of risk exposure that requires urgent and potentially immediate corrective action to be taken. Relevant Managers/Directors/Executive and Assurance Committees should be informed explicitly by the relevant Managers/Risk Owners. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective. The Board will seek assurance that risks of this level are being effectively managed. However NHSG may wish to accept opportunities that have an inherent very high risk that may result in reputation damage, financial loss or exposure, major breakdown in information system or information integrity, significant incidents(s) of regulatory non-compliance, potential risk of injury to staff and public.