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To: Members of the Risk, Audit and Performance Committee

Town House,
ABERDEEN 20 August 2025

RISK, AUDIT AND PERFORMANCE COMMITTEE

The Members of the **RISK, AUDIT AND PERFORMANCE COMMITTEE** are requested to meet in **Virtual - Remote Meeting on** <u>WEDNESDAY, 27 AUGUST 2025 at 10.00 am</u>.

JENNI LAWSON
CHIEF OFFICER - GOVERNANCE

B U S I N E S S

RISK APPETITE STATEMENT

DECLARATION OF INTERESTS AND TRANSPARENCY STATEMENTS

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

DETERMINATION OF EXEMPT BUSINESS

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

STANDING ITEMS

3.1   Minute of Previous Meeting of 17 June 2025 (Pages 7 - 12)

3.2   Business Planner (Pages 13 - 14)

GOVERNANCE

AUDIT

PERFORMANCE

COMMITTEE DATES

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

IJB Risk Appetite Statement –2025

Introduction

The Integration Joint Board (the IJB) recognises that it is operating in, and directly shaping, a collaborative health and social care partnership. It exists in a mixed economy where safety, quality and sustainability of services are of mutual benefit to local citizens and to all stakeholders.

It also recognises that its appetite for risk will change over time. This reflects its aspiration to develop innovation in local service provision based on evidence of benefits and on a culture of continuing, planned engagement with the public and other stakeholders, including those involved in service delivery.

The IJB recognises that achievement of its priorities will involve balancing different types of risk and that there will be a complex relationship between different risks and opportunities. The risk appetite approach is intended to be helpful to the IJB and officers in decision-making and to enable them to consider the risks to organisational goals of *not* taking decisions as well as of taking them.

The IJB has identified several broad dimensions of risk which will affect the achievement of its strategic priorities. The IJB will set a level of appetite ranging from "none" up to "very high" (none, low, medium, high, very high) against each dimension. Higher levels of all risk types may be accepted if specific and effective controls are demonstrably in place and there are clear advantages for the delivery of strategic objectives.

There may be occasions when there are competing risks for which the IJB has conflicting appetites. In such instances, the decision maker and/or the officer making a recommendation, will be expected to consider and manage those competing risks and appetites and exercise careful judgement

From time to time, the IJB may decide to deviate from its agreed risk appetite. When this is case, it will be important to exercise judgement whilst assessing the potential impacts across the organisation.

Risk Appetite

The dimensions of risk and corresponding risk appetite are:

Dimension of Risk	Corresponding Risk Appetite
Finance	The IJB has a low appetite for risks which may impair financial stewardship, internal controls and financial sustainability. The IJB has a high appetite for risks that could help the IJB achieve financial sustainability such as transformational activity. The IJB acknowledges the substantial challenges regarding financial certainty and will seek to maximise the use of resources available.
Regulation & Compliance	The IJB has no appetite for risks that will result in breaches to regulatory and statutory compliance.
Quality & Innovation	The IJB has a high appetite for risks which will deliver the quality outcomes prescribed by professional bodies. The IJB has a high appetite for risks associated with the development and delivery of innovative practices for realising the IJB's strategic objectives.
Safety	The IJB has a low appetite for risks which could cause harm to patients/clients or to staff.

Dimension of Risk	Corresponding Risk Appetite
	By low appetite, the IJB means it will only accept low risk to patients/clients or staff when the comparative risk of doing nothing is higher than the risk of intervention. Otherwise, the IJB has no appetite for such risks.
Reputation	The IJB has a high appetite for risks associated with the IJB's reputation where the action being proposed has significant benefits for the organisation's strategic priorities. Wherever possible, decisions will be taken following consultation/co-production with the public and other key stakeholders. Concerted efforts will be made to explain reasons for decisions taken to the public transparently in a way which is accessible and easy to understand.
Commissioned & Hosted Services	The IJB recognises the complexity of planning and delivery of commissioned and hosted services. The IJB has a low appetite for risks relating to patient/client safety. The IJB has a high appetite for risks which relate to service redesign or improvement where as much risk as possible has been mitigated.

Review

3

This risk appetite statement will ordinarily be reviewed annually, and when the IJB's strategic plan is reviewed.

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Risk, Audit and Performance Committee

Minute of Meeting

Tuesday, 17 June 2025
2.00 pm Virtual - Remote Meeting

Present: Councillor Martin Greig <u>Chair</u>; and Councillor John Cooke, Ritchie Johnson, Hussein Patwa, Amy McDonald and Fiona Mitchelhill.

Also in attendance: Jess Anderson, Jamie Dale, Graham Lawther, Anne MacDonald (Audit Scotland), Alison MacLeod, Alison Penman, Sandy Reid, Chris Smillie, Neil Stephenson, Val Vertigans and Claire Wilson.

Apologies: Calum Leask.

The agenda and reports associated with this minute can be found <u>here</u>.

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

DECLARATIONS OF INTEREST OR TRANSPARENCY STATEMENTS

1.   Members were requested to declare any interests or transparency statements in respect of items on the agenda.

<u>**The Committee resolved:-**</u>
to note that Hussein Patwa advised that he had a connection in relation to all items on the agenda by virtue of (1) being a Member of the Diverse Experiences Advisory Panel, a named partner in the Scottish Government's Mental Health and Wellbeing Strategy Delivery Plan; and (2) the Depute Representative of said Group to the Scottish Government Mental Health and Wellbeing Leadership Board, however having applied the objective test, he did not consider that he had an interest and would not be withdrawing from the meeting.

EXEMPT BUSINESS

2.   There was no exempt business.

MINUTE OF PREVIOUS MEETING OF 30 APRIL 2025

3.   The Committee had before it the minute of its previous meeting of 30 April 2025, for approval.

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17 June 2025

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

BUSINESS PLANNER

4.   The Committee had before it the planner of committee business, as prepared by the Chief Finance Officer.

The Committee resolved:-
to agree the Planner.

DIRECTIONS TRACKER - HSCP.25.043

5.   The Committee had before it a report prepared by the Strategy and Transformation Lead presenting the six-monthly update on the status of Directions made by the IJB to Aberdeen City Council and NHS Grampian.

The report recommended:-
that the Committee note the detail and updates contained within the report and the two appendices.

The Committee resolved:-
to note the information provided.

APPROVAL OF UNAUDITED ACCOUNTS - HSCP.25.039

6.   The Committee had before it a report prepared by the Chief Finance Officer presenting the unaudited final accounts for 2024/25.

The report recommended:-
that the Committee consider and comment on the Unaudited Final Accounts for 2024/25 at Appendix A. of the report.

The Committee resolved:-
to note the information provided.

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17 June 2025

REVIEW OF DUTIES AND YEAR END REPORT - ANNUAL REVIEW OF RAPC - HSCP.25.040

7. The Committee had before it a report prepared by the Strategy and Transformation Lead presenting a review of reporting for 2024/25 and an early draft of the intended schedule of reporting for 2025/26. The Strategy and Transformation Lead introduced the report and responded to questions from members.

The report recommended:-
that the Committee note the content of Appendix A – Risk, Audit and Performance Remit and Responsibilities – Year End Report and agree that the report provided assurance to the Committee that the Committee was fulfilling its remit and responsibilities as set out in the Terms of Reference.

The Committee resolved:-
to note the information provided.

INTERNAL AUDIT UPDATE REPORT - HSCP.25.050

8. The Committee had before it a report prepared by the Chief Internal Auditor presenting an update on Internal Audit's work. Details were provided on the progress against the approved Internal Audit plans, audit recommendations follow up, and other relevant matters.

The report recommended:-
that the Committee
(i)   note the contents of the RAPC - Internal Audit Update Report June 2025, as appended at Appendix A, and the work of Internal Audit since the last update; and
(ii)   note the progress against the approved 2024/25 Internal Audit Plan as detailed in the Internal Audit Update Report.

The Committee resolved:-
to note the information provided.

HSCP COMMISSIONING - INTERNAL AUDIT - HSCP.25.042

9. The Committee had before it a report prepared by the Chief Internal Auditor presenting the outcome from the planned audit of HSCP Commissioning. The Chief Internal Auditor introduced the report and responded to questions from members.

The report recommended:-

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

The Committee resolved:-
(i)   to note that from the next cycle of the Committee onwards, full audit reports would be presented in order to provide more detail for scrutiny; and
(ii)   to otherwise note the information provided.

INTERNAL AUDIT ANNUAL REPORT - HSCP.25.041

10.   The Committee had before it Internal Audit's Annual Report for 2024/25, prepared by the Chief Internal Auditor.

The report recommended:-
that the Committee:
(a)   note the Internal Audit Annual Report 2024/25 as detailed in Appendix A of the report;
(b)   note that the Chief Internal Auditor had confirmed the organisational independence of Internal Audit;
(c)   note that there had been no limitation to the scope of Internal Audit work during 2024/25; and
(d)   note the progress that management had made with implementing recommendations agreed in Internal Audit reports.

The Committee resolved:-
to note the information provided.

LOCALITY PLANNING ANNUAL REPORTS - HSCP.25.037

11.   The Committee had before it a report prepared by the Transformation Programme Manager - Communities, ACHSCP, presenting the locality plan annual reports 2024-25 for the three locality areas of Central, North and South of the city.

The report recommended:-
that the Committee:
(a)   approve the 2024-25 annual reports attached as Appendices 1,2 and 3;
(b)   instruct the Chief Officer to submit the 2025-26 Locality Planning Annual Reports to the Committee by June 2026;
(c)   note that new Locality Plans would be prepared alongside the new 10 year Local Outcome Improvement Plan during the winter of 2025-26 in a collaborative way with our Locality Empowerment Groups (LEGs) and Priority Neighbourhood Partnerships (PNPs); and

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(d)   note that the Committee would continue to receive regular updates on locality planning through its regular Performance Report and to the IJB through the Chief Officer's Report.

The Committee resolved:-
to agree the recommendations.

PRIMARY CARE IMPROVEMENT PLAN (UPDATE) - HSCP.25.044

12.   The Committee had before it a report prepared by the PCIP Programme Manager presenting an update on the progress 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
(b)   note that the annual PCIP Update report was presented to the meeting of the Integration Joint Board at its meeting on 19 November 2024.

The Committee resolved:-
to note the information provided.

JUSTICE SOCIAL WORK SERVICE DELIVERY PLAN 2025-29 - HSCP.25.045

13.   The Committee had before it Justice Social Work Service Delivery Plan 2025-2029.   The Strategic Service Manager - Justice Social Work Service, ACHSCP introduced the report.

The report recommended:-
that the Committee note the Justice Social Work Service Delivery Plan 2025-2029 at Appendix 1 of the report.

The Committee resolved:-
to note the information provided.

HEALTH IMPROVEMENT FUND ANNUAL REPORT - HSCP.25.046

14.   The Committee had before it the Health Improvement Fund Annual Report 2023/24 prepared by the Public Health Coordinator and Health Improvement Officer - Communities, ACHSCP.

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The report recommended:-
that the Committee:
(a)   approve the 2023-24 annual report attached as Appendix 1 of the report;
(b)   instruct the Chief Officer to submit the 2024-25 Locality Planning Annual Reports to this Committee by June 2026;
(c)   note that the Committee would continue to receive regular updates through its regular Performance Reports; and
(d)   endorse the continued implementation of the Health Improvement Fund as an effective means of delivering on the Partnership's prevention agenda.

The Committee resolved:-
to agree the recommendations.

DELIVERY PLAN UPDATE - HSCP.25.049

15.   The Committee had before it the Delivery Plan Update report prepared by the Transformation Programme Manager, which was introduced by the Strategy and Transformation Lead.

The report recommended:-
that the Committee:
(a)   endorse the proposed status of the Year 3 Delivery Plan projects following completion of the plan as detailed in Appendix A of the report; and
(b)   endorse the proposed approach to performance monitoring for the Year 1 Delivery Plan of the new Strategic Plan, recognising this would adapt over time to ensure it was fit for purpose

The Committee resolved:-
to agree the recommendations.

DATE OF NEXT MEETING - 27 AUGUST 2025

16.   The Committee had before it the date of the next meeting: Wednesday 27 August 2025 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
	Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	Directorate	Update/Status	Delayed or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
RISK and AUDIT PERFORMANCE COMMITTEE BUSINESS PLANNER										
The Business Planner details the reports which have been instructed by the Committee as well as reports which the Functions expect to be submitting for the calendar year.										
27 August 2025										
	23.04.2025	Budget Savings Update	To summarise the financial performance, in reference to the budget approved for 2025-2026 fiscal year, of the first quarter (Q1) ending 30 June 2025 for the services within the remit of the IJB.	HSCP.25.063	Bernadette Bularan	CFO	ACHSCP	On the agenda		
	Standing Item	Board Assurance and Escalation Framework (BAEF)	To note the Framework (reviewed by the Committee on an annual basis as per resolution on 26.08.2020)	HSCP.25.064	Martin Allan	Business Manager	ACHSCP	On the agenda		
		Internal Audit Update Report	To provide an update on Internal Audit's work since the last update. Details are provided of the progress against the approved Internal Audit plans, audit recommendations follow up, and other relevant matters for the RAPC to be aware of.	HSCP.25.065	Jamie Dale	Chief Internal Auditor	Governance	On the agenda		
	Standing Item	Delivery Plan Update and Quarterly Report	To provide assurance and relates to the progress of the Delivery Plan as set out within the ACHSCP Strategy Plan 2022-2025.	HSCP.25.067	Calum Leask	Alison MacLeod	ACHSCP	On the agenda		
		Workforce Plan Annual Update Report	To provide an overview of the current workforce and the progress made against the Workforce Plan Priorities - Members agreed at IJB in November 2022 to instruct the Chief Officer to report progress annually to the Risk, Audit, and Performance Committee. Last reported on 28 November 2023.	HSCP.25.066	Stuart Lamberton / Grace Milne	Sandy Reid	ACHSCP	On the agenda		
19 November 2025										
	19.09.2023	Justice Social Work Delivery Plan update 2024-25 and Performance Report	To present the Risk, Audit and Performance Committee with the updated Justice Social Work Service (JSWS) Annual Performance Report 2024/25. Last reported on 3 December 2024.		Val Vertigans	Chief Social Work Officer	ACHSCP			
	08.01.2025	Strategic Risk Register			Martin Allan	Business and Resilience Manager	ACHSCP			
	Standing Item	Budget Savings Update	To summarise the financial performance, in reference to the budget approved for 2025-2026 fiscal year.		Bernadette Bularan	CFO	ACHSCP			
	Standing Item	Directions Tracker	To present the six-monthly update on the status of Directions made by the Integration Joint Board (IJB) to Aberdeen City Council (ACC) and NHS Grampian (NHSG).		Alison MacLeod	Alison MacLeod	ACHSCP	Last presented to RAPC on 17 June 2025		
		Delivery Plan Update and Quarterly Report	To provide assurance and relates to the progress of the Delivery Plan as set out within the ACHSCP Strategy Plan 2022-2025.		Calum Leask	Alison MacLeod	ACHSCP			
24 February 2026										
	Standing Item	Budget Savings Update	To summarise the financial performance, in reference to the budget approved for 2025-2026 fiscal year.		Bernadette Bularan	CFO	ACHSCP			
	Standing Item	Delivery Plan Update and Quarterly Report	To provide assurance and relates to the progress of the Delivery Plan as set out within the ACHSCP Strategy Plan.		Calum Leask	Alison MacLeod	ACHSCP			
2026 and TBC										
	20.08.2024	Accounts Commission: IJB Finance and Performance Report 2025.	To provide a summary of the Accounts Commission's Finance and Performance Report for IJBs in 2025 and to provide assurance across the Accounts Commission's recommendations.		Sarah Gibbon	Amy McDonald	ACHSCP	HSCP.24.072 report reported to RAPC on 10 September 2024.		
	12.06.2024	Adult Support and Protection - Biennial Report	To share the Adult Protection Committee (APC) Independent Convener's Biennial Report for 2024-26 for assurance purposes, in terms of the delivery and impact of 'adult support and protection' in the City.		Val Vertigans/ Claire Wilson	Claire Wilson	ACHSCP	Last reported 3 December 2024 - due late 2026		

	A	B	C	D	E	F	G	H	I	J
4	Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	Directorate	Update/Status	Delayed or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
23	Standing Item	External Audit Strategy 2025/26	To provide a summary of the work plan for Audit Scotland's 2025/26 external audit of Aberdeen City Integration Joint Board (IJB).		Anne MacDonald	Audit Scotland	Audit Scotland	Last considered at RAPC 30 April 2025		
24	Standing Item	Budget Savings Update	To summarise the financial performance, in reference to the budget approved for 2025-2026 fiscal year.		Bernadette Bularan	CFO	ACHSCP			
25	Standing Item	Delivery Plan Update and Quarterly Report	To provide assurance and relates to the progress of the Delivery Plan as set out within the ACHSCP Strategy Plan.		Calum Leask	Alison MacLeod	ACHSCP			
26	19.09.2023	Locality Planning Annual Reports	To present the locality plan annual reports 2025-26 for approval.		Alison Macleod / Iain Robertson	Lead Strategy and Performance Manager	ACHSCP	Last presented to RAPC on 17 June 2025 - this is an annual requirement.		
27		Internal Audit Annual Report	To provide the Committee with Internal Audit's Annual Report for 2025/26.		Jamie Dale	Chief Internal Auditor	Governance	Last presented to RAPC on 17 June 2025 - this is an annual requirement.		
28		Approval of Unaudited Accounts	To present the draft annual accounts.		CFO	CFO	ACHSCP	Last presented to RAPC on 17 June 2025		
29		Review of Duties and Year End Report - Annual Review of RAPC	To present a review of reporting for 2026/27 and an early draft intended schedule of reporting for 2025/26 to provide assurance that the Committee is fulfilling all the duties as set out in its terms of reference.		Alison Macleod	Amy McDonald	ACHSCP	Last presented to RAPC on 17 June 2025		
30	01.05.2025	Health Improvement Fund Annual Report	To present the Health Improvement fund annual report for approval.		Calum Leask	Alison MacLeod	ACHSCP	Last presented to RAPC on 17 June 2025		
31	02.05.23	Primary Care Improvement Plan (Update)	On 3 December 2024 Members agreed that the Primary Care Improvement Plan would be reported to the IJB annually and also to RAPC annually as an interim report mid-cycle. (Went to IJB 19.11.24)		Alison Penman	Emma King	ACHSCP	Last presented to RAPC on 17 June 2025		

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RISK, AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	27 August 2025
Report Title	Q1 – 2025/2026 Budget and Savings Monitoring Update
Report Number	HSCP.25.063
Lead Officer	Fiona Mitchelhill Chief Officer - IJB
Report Author Details	Jonathan Belford Chief Finance Officer, ACC jbelford@aberdeencity.gov.uk Bernadette Bularan Deputy Chief Finance Officer, ACC bbularan@aberdeencity.gov.uk
Consultation Checklist Completed	No
Directions Required	No
Exempt	No
Appendices	None

1. Purpose of the Report

1.1. To summarise the financial performance, in reference to the budget approved for 2025-2026 fiscal year, of the first quarter (Q1) ending 30th June 2025 for the services within the remit of the Integration Joint Board (IJB); and

1.2. to advise on any areas of risk and management mitigating action.

2. Recommendations

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

a) Notes this report in relation to the IJB budget and its quarter 1 / 2025-2026 status, and the information on areas of risk and management action

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RISK, AUDIT AND PERFORMANCE COMMITTEE

3. Summary of Key Information

3.1. With due consideration to the Medium Term Financial Forecast (MTFF) approved last 01 July 2025[1], the budget funding for 2025-2026 was valued at £439.094million with savings (as broken down in Section 6.2) considered within this value. However, the Q1 2025-2026 results for the IJB is presented in the table below showing a funding of £442.863m. The variation of £3.769m is further explained in the subsequent point 3.2 hereunder.

	ACC £'000	NHS £'000	TOTAL £'000
Funding commitments 2025-2026	135,958	233,755	369,713
Set Asides	1,771	59,238	61,009
eNIC	303	929	1,232
Additional contribution	4,200	6,709	10,909
TOTAL FUNDING	**142,232**	**300,631**	**442,863**
LESS: SPENDINGS (OUTTURNS 2025-2026)			
Criminal Justice			-222
Adult Social Care Directorate			-2,256
Learning Disabilities			-49,742
Mental Health & Subs Misuse			-30,200
Adult Svcs OP & Physical Dis			-109,769
Strategy & Transformation			-3,295
Transformation Projects			-174
Housing (Set Aside)			-1,771
Community Health Services			-50,069
Aberdeen City share of Hosted Services (health)			-31,013
Primary Care Prescribing			-46,477
Primary Care			-50,067
Out of Area Treatments			-3,170
Set aside Budget			-59,238
City Vaccinations			-2,136
Uplift Funding			-4,342
Net Resource Transfer			1,276
TOTAL PROJECTED SPENDS (2025 - 2026)			**-442,666**
PROJECTED FUND SURPLUS (DEFICIT) - 2025 - 2026			197

3.2. The causes of the variation between the MTFF funding value of £439.094m and the one noted in the table above are as follows:

    3.2.1. The adjustment on the NHSG set aside value tying up with the carried forward 24-25 value of £59.238m[2] which was reported as £55.500m (taken from footnote 1)

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[1] HSCP.25.053 IJB MTFF paper.pdf

[2] GUIDE TO SCOTTISH LOCAL GOVERNMENT PENSION SCHEME (LGPS) FINANCIAL STATEMENTS

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3.2.2. A slight adjustment on the eNIC value from £1.232m as per table above to the MTFF's £1.201m

3.3. Being that the Q1 results show a projected net funding surplus at the end of the year, this will be monitored by the IJB management in collaboration with the Risk, Audit, and Performance Committee particularly noting that continuous demand for the comprehensive spectrum of adult care services is seen to go with an upward trajectory. The regular monitoring is coupled with risk mitigation measures in section 6.2 below.

3.4. Noting the upward trend in demand for the services commissioned by the IJB, and for comparative reference purposes, the funding and expenditure development of IJB is shown hereunder with audited figures from 2018 – 2024, the unaudited figure for 2024-2025, and the Q1 outturns of 2025-2026. This is indicative of the dynamic and variable demands the adult health sector present amidst a dwindling funding mechanism.

PARTICULARS	FY (April to March)							
	25-26 Q1 OT	24-25	23-24*	22-23*	21-22*	20-21**	19-20*	18 - 19*
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
FUNDING / INCOME	442,863	451,383	417,035	379,663	399,937	370,878	332,075	320,169
SPENDS / EXPENDITURES	- 442,666	- 461,218	- 434,347	- 403,909	- 366,780	- 355,244	- 335,051	- 322,897
SURPLUS (DEFICIT) NET INCOME (EXPENDITURES)	197	- 9,835	- 17,312	- 24,246	33,157	15,634	- 2,976	- 2,728
BALANCE OF RESERVES		-	9,835	27,147	51,393	18,236	2,602	5,578

4. Implications for IJB

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

4.1. Equalities, Fairer Scotland and Health Inequality

There are no implications arising from this report.

4.2.   Financial

The financial implications are contained within this report.

4.3.   Workforce

There are no major direct workforce implications arising from the recommendations of this report. The IJB's Chief Finance Officer vacancy has not yet been filled, but an interim arrangement is put in place by the Chief Officer and the ACC management, tasked with the steering of the IJB's financial position monitoring.

4.4.   Legal

There are no direct legal implications arising from this report.

4.5.   Unpaid Carers

There are no direct implications relating to unpaid carers arising from the recommendations of this report.

4.6.   Information Governance

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

4.7.   Environmental Impacts

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

4.8.   Sustainability

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

4.9.   Other

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

5. Management of Risk

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5.1. **Identified risks(s)**

a) Financial sustainability: Not alone in this situation with other IJBs in the country having the same challenge[3], the IJB is awash with ever increasing care demands amidst a tight funding fuselage[4]. If not kept under watch, this would lead to a going concern challenge due to poor management and use of its funding particularly noting that FY 2024-2025 ended with no reserves carried forward.

b) NHS Grampian or NHSG Level 4 scrutiny intervention brought about by its on-going financial challenges. The impact to the IJB is obvious in context of the funding necessities it requires to carry out its services to the public. The IJB annually receives 61% of its funding from the NHSG and expects the same level of support regardless of the result of this scrutiny exercise. Further, the result of this Level 4 investigation is expected to define the corrective actions to be taken collectively by NHSG and IJB further onwards.

6.2 **How might the content of this report impact or mitigate the known risks:**

a) To mitigate future financial risk the IJB will work together to deliver the financial savings plan as summarised below.
These savings, as agreed by the IJB at their budget meeting in March 2025[5], have been aligned and budget adjusted accordingly. A programme plan is in place to deliver the required change that informed the above savings, and ensure services continue to operate within their new financial envelope. This plan is overseen by an internal Budget Savings Oversight Group.

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[3] Scotland's social care system finances 'precarious' | Public Finance
[4] IJBs face almost half a billion funding gap
[5] Budget_25-26 Report.pdf

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Budget Saving Category	Budget Saving £'000
Managing staff vacancies	1,346
Anticipated savings from post reduction	884
Reducing bank nursing expenditure	999
Estates savings - consolidation of properties	153
Utility savings	50
Review of care provision older people and learning disability	3,328
Review of day care provision	1,449
Key commissioned service provider review	4,599
Reviewing mix of residential care provision	336
Review out of area care	174
Supplier review	1,035
TOTAL	**14,353**

b) In addition to the savings plan, there is an extensive work being carried out to monitor client and care package status along with financial assessment updated review requirements. These comprehensive data is then shown live as it comes on a dashboard allowing for further financial, statistical, analytical, and decision-making clarity.

c) Onward analysis of spends year on year, and periodic comparative spends review of each care and service lines will be carried out along with the current Budget against Actuals review. This will ensure that we not only scrutinize our current fiscal performance against targeted values but also statistically and tactically appraise our financial results against our strategic plans.

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Date of Meeting	27 August 2025
Report Title	Review of Board Assurance and Escalation Framework
Report Number	HSCP25.064
Lead Officer	Martin Allan
Report Author Details	*Name:* Martin Allan *Job Title:* Business, Resilience and Communications Lead *Email Address:* martin.allan3@nhs.scot
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	*No*
Appendices	a. Board Assurance and Escalation Framework Revised 2025
Terms of Reference	10. Monitor the risk appetite and/or tolerance established by the Board Assurance Framework to ensure effective oversight and governance of ACHSCP's activities. 11. Scrutinise and Ensure the existence of, and compliance, with an appropriate risk management strategy including: reviewing risk management arrangements; receiving biannual Strategic Risk Management updates and undertaking in-depth review of a set of risks and annually review the IJB's risk appetite document with recommendations being brought to the IJB

1. Purpose of the Report

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

2. Recommendations

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

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

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

3. Strategic Plan Context

3.1.   The IJB at its meeting on 1 July 2025, approved the Aberdeen City Health and Social Care Partnership's Strategic Plan for 2025-2029.The Strategic Plan's aims are (1) to modernise our approach to service delivery and (2) to shift our focus towards prevention and early intervention, with the following enablers to help deliver the Plan: finance, data, infrastructure, workforce and technology. The Plan and the strategic risks have been aligned, with the 8 strategic risks listed in the Plan along with a narrative of how the Plan is designed to help mitigate each risk.

4. Summary of Key Information

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

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

4.3. The BAEF presents and populates a model where individuals, groups and committees, plans, reports, and reporting processes are mapped at different

organisational levels, against two broad assurance requirements - compliance and transformation.

4.4. A key element of the assurance framework is the risk management system, whose outputs (i.e. strategic and operational risk registers, and other reports) contribute significantly to assurance on key risks to objectives. The appendices illustrate the landscape in which the IJB operate:
The committee structure and terms of reference
The risk assessment system
The risk escalation process
The clinical and care governance framework
The IJB's cycle of business.

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

4.6. The BAEF was formally approved by the IJB in 2016 and was last reviewed by RAPC in April 2024. The 2025 review has been undertaken, and the revised version is attached as Appendix A to this report.

4.7. The main changes to the framework are in relation to aligning it to the approved ACHSCP Strategic Plan 2025-2029. The Framework now references the vision, strategic aims, priorities and the enablers detailed in the Strategic Plan. The Framework also reflects changes made to the template for the Strategic Risk Register, aligning the language in the Register with the Framework. The Framework has also received minor housekeeping updates relating to changes to names of posts in the Senior Leadership Team.

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

5. Implications for Committee

5.1. Equalities, Fairer Scotland and Health Inequality
There are no direct equalities, Fairer Scotland and Health Inequalities implications arising from this report, however the BAEF outlines the regulatory framework of the IJB, supporting its vision, values and principles in terms of equalities, the principles within the Fairer Scotland Duty and tackling health inequalities.

5.2. **Financial**

There are no direct financial implications arising from this report.

5.3. **Workforce**

There are no direct workforce implications arising from this report.

5.4. **Legal**

There are no direct legal implications arising from this report.

5.5. **Unpaid Carers**

There are no direct implications relating to Unpaid Carers arising from this report.

5.6. **Information Governance**

There are no direct information governance implications arising from this report.

5.7. **Environmental Impacts**

There are no direct environmental implications arising from this report.

5.8. **Sustainability**

There are no direct sustainability implications arising from this report.

5.9. **Other**

There are no other implications arising from this report.

6. Management of Risk

The IJB's Board Assurance and Escalation Framework outlines the governance processes for the consideration and escalation of risks through the Partnership.

6.1. **Identified risks(s)**

All Strategic Risks.

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

The development and revision of the BAEF will help to mitigate several of the risks on the IJB's Strategic Risk Register, by providing the necessary assurance and escalation processes.

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RISK, AUDIT AND
PERFORMANCE COMMITTEE

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Aberdeen City Health & Social Care Partnership

A caring partnership

Board Assurance and Escalation Framework

2025 Review Document v1.1

Content

Part 1: Introduction

1.1 Background

The partner organisations of Aberdeen City Integration Joint Board (IJB), Aberdeen City Council and NHS Grampian (the "Parties"), are committed to successfully integrating health and social care services, to achieve the partnership's vision:

"To empower communities to achieve fulfilling and healthy lives"

The Public Bodies (Joint Working) (Scotland) Act 2014 provides a framework for the effective integration of adult health and social care services. The IJB is required to prepare and implement a Strategic Plan in relation to the provision of health and social care services to adults in its area in accordance with sections 29-39 of the Public Bodies (Joint Working) (Scotland) Act 2014. The arrangements for governance of the IJB itself, including rules of membership, are set out in the Scheme of Governance.

While the Parties are responsible for implementing governance arrangements of services the IJB instructs them to deliver, and for the assurance of quality and safety of services commissioned from the third and independent sectors, the Parties and the IJB are accountable for ensuring appropriate clinical and professional governance arrangements for their duties under the Public Bodies (Joint Working) (Scotland) Act 2014. The IJB therefore needs to have clear structures and systems in place to assure itself that services are planned and delivered in line with the principles of good governance and in alignment with its strategic priorities.

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

1.2 Regulatory framework

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

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

1.3   Purpose of the framework

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

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

This commitment requires governance systems which will encourage and enable innovation, community engagement and participation, and joint working. Systems for assurance and escalation of concerns are based on an understanding of the nature of risk to an organisation's goals, and to the appetite for risk-taking. The development of a mature understanding of risk is thus fundamental to the development of governance systems. The innovative nature of Health and Social Care Integration Schemes

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

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

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

also requires governance systems which support complex arrangements, such as hosting of services on behalf of other IJBs, planning only of services delivered by other entities, accountability for assurance without delivery responsibility, and other models of care delivery and planning. This framework has been constructed in the light of these complexities and the likelihood that it may be important to amend and revise the systems as our understanding of the integration environment develops.

The structures and systems described are those in place from August 2025. In order to ensure that the framework can best support the IJB in its ambitions going forward, it will be reviewed annually.

1.4   An integrated approach to governance for health and social care

In working towards the vision stated above, the IJB has agreed the following strategic aims and priorities in its Strategic Plan 2025-2029

Strategic Aims and Priorities

Aberdeen City Health & Social Care Partnership
A caring partnership

This in turn has led to the creation of the following aims and priorities – more detail on the activities we will undertake to deliver these is contained in our Delivery Plan.

Aims	Priority	Outcome	Measure
MODERNISE OUR APPROACH TO SERVICE DELIVERY	Make Best use of Resources	Financial Balance	Budget Performance
	Implementing Transformation	Sustainable service provision that can meet future demand.	Service measures around numbers of patients and clients supported, waiting times, unmet need etc. System measures around Delayed Discharges, Emergency Department Attendance, Performance and Admission.
SHIFT OUR FOCUS TOWARDS PREVENTION AND EARLY INTERVENTION	Improve Physical and Mental Health	Improved population health	National Health and Wellbeing indicators
	Reduce Harm	Reduction in health care need	Level of service demand.

Note that we can't address everything at once and must prioritise/be realistic about what we can do in relation to funding.

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

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

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

Table 1: Assurance and Compliance Framework

	ASSURANCE of COMPLIANCE	ASSURANCE of IMPROVEMENT, INNOVATION and TRANSFORMATION TO ACHIEVE STRATEGIC AIMS AND PRIORITIES
FOCUS	Compliance with standards and regulation, communication and escalation of concerns and risks	Improving services, measuring, and sustaining improvement Challenging work patterns, innovation, redesign, and transformation
KEY COMPONENTS	People and Groups: partners; roles; committee structures Plans and Activities: engagement plan; risk management policy and system; audit system Feedback and Reporting processes: concerns and escalation process	
	Board Level	
	Corporate Level	
	Service Level	
	Individual Level	
OUTCOMES	IJB measures of success for stakeholders and assurances from internal and external sources	IJB measures of success for stakeholders and assurances from internal and external sources

Part 2: The Framework
2.1   Strategic priorities

In its revised [Strategic Plan](#)[5] approved by IJB in July 2025, the IJB has articulated two broad strategic aims, and five enablers with a number of priorities identified under each. The two strategic aims are highlighted above: Modernise Our Approach to Service Delivery; and Shift Our Focus Towards Prevention and Early Intervention.

The five enablers are outlined in the tables on the following pages:

Enablers to Delivery

Finance

Each year we update our Medium-Term Financial Framework (MTFF). This sets out the projected budget available to us over the medium term to support the delivery of our strategic priorities. We anticipate significant financial challenges over the next four years of our Strategy and anticipate a need to stop services or reduce service levels to balance our budget.

To support the development and delivery of our MTFF, we follow a Budget Protocol. This makes provision for consultation with the public on our proposed budget options to address anticipated budget deficits in future years. We will continue to refine and monitor our approach to budget setting to help ensure we evidence an even greater shift to preventative and early intervention activities.

Data

Data is vital to having the relevant information both to plan service delivery in the future (population growth, demographics, burden of disease, impact of deprivation etc.) and to monitor our performance in relation to current activity.   Unfortunately, not all of the data that is available is easily accessed or real time and we have only recently clarified our data needs.   Data sharing is an issue with information governance arrangements improved data sets and sharing

Infrastructure

Although more and more service delivery will be provided in people's homes many of our services will continue to be buildings based.   It is vital that the buildings we use are accessible and fit for purpose.   The IJB does not own buildings itself but operates from buildings owned by partners or rented from private landlords.   We are currently reviewing our use of premises with a view to maximising space usage and minimising costs.   We are also preparing an Infrastructure Plan that dovetails with those of our partners.

Workforce

It is essential we have the right capability and capacity to meet the future needs of Aberdeen.   We will update our Workforce Plan to support the delivery of this Strategy. The challenge of recruitment and retention of staff continues, particularly within clinical and social care settings. However, it is also unlikely that we will be able to afford the same level of staffing in future years. We will look to increase the integration of community teams and maximise the use of digital service delivery whilst ensuring that staff are supported to adapt their skills to this new way of working.

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Enablers to Delivery

Technology

This enabler covers both the use of Technology Enabled Care for service users and to digital applications and solutions for staff to modernise service delivery.   Undoubtably the introduction of technology will deliver efficiencies in the medium to long term, but it requires investment in the short to medium term.   The IJB has been fortunate to secure some initial pump priming external funding to deliver a couple of bespoke initiatives and we will continue to maximise any further similar opportunities.   We are aware that not everyone will be able to access and use some of the technology we are seeking to introduce, and we will develop a Digital Inclusion Plan as part of the implementation plan.

Partner (NHS/Police/...)
Securely exchanging data with government to enable seamless services

Council Agent/Teacher
Lean processes leveraging automation and modern tools, reduced data duplication
Data driven decisions, proactive suggestions
Modern work environment supporting employee needs - training, holidays, progression etc.
Single view of resident/student/business/asset

Resident
Seamless services requesting minimal input
Self-service access to government
Use of most convenient interaction – call, mobile app, web site, in-person
One government regardless of department

Operations
IOT insights into infrastructure
Single view of assets
Modern tools for field service, maintenance

3rd Party Partner
Leveraging government data and APIs in own innovative services provided to residents

Council Executive
Statistics and insights into service delivery
Data driven decisions
KPI management
Cost saving due to harmonised IT platforms

* Image from Customer, Digital and Data Strategy (ACC)

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The implementation of this four-year Strategic Plan will be achieved through the successful delivery of Annual Delivery Plans. These will contain details of the projects and activities we plan to undertake along with timelines and measures. Progress is monitored regularly by the Senior Leadership Team (SLT), quarterly by the Risk Audit and Performance Committee and annually by the IJB via the Annual Performance Report (APR).

2.2 Risk Management Policy
a) Risk appetite

Risk appetite can be defined as:

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

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

b) Risk Appetite Statement

The IJB has consequently agreed a statement of its risk appetite. The IJB will review and agree the risk appetite statement on an annual basis. The IJB last reviewed its Risk Appetite Statement in July 2025.

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

c) Risk Management Approach

The Risk Appetite statement, risk management system, strategic and operational risk registers together form the risk management approach as outlined in this Framework.
The Framework sets out the arrangements for the management and reporting of risks to IJB strategic priorities, across services, corporate departments, and IJB partners. In line with the principles set out in the Australia/New Zealand Risk Management

Standard 4360 [6], it describes how risk is contextualised, identified, analysed for likelihood and impact, prioritised, and managed. This process is framed by the requirement for consultation and communication, and for monitoring and review.

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

d) Risk Assessment methodology

Risks are measured against two variables: the probability of any particular risk occurring and the impact of that risk should it occur.

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

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

It is important to note that in most areas of risk identified and managed by the IJB, the aim is to manage down the probability of a risk event and that in most cases, the impact of a risk event will remain the same throughout the lifetime of the risk. For example, if there is a shortage of key clinical specialists one month, the impact for service users could be a poorer health or wellbeing outcome. If vacancies are filled in a subsequent month, the probability of that impact is reduced but if the risk event nevertheless occurs, the impact for patients or clients may still be 'major' depending on the nature of the service involved.

Risk measurement tables are widely used by organisations and set out levels of both probability and impact, in order to reach an overall risk assessment score. It is rare in the type of services the IJB is concerned with that this is a scientific process, but it provides a practical way of comparing different types of risk issues and helping organisations to prioritise between issues so that

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

they can be managed and the risk reduced. This measurement system is also used to decide when to escalate issues that cannot be managed locally or that are of such significance that the members of the SLT or the IJB need to be aware of them.

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

The IJB's risk measurement table is shown below:

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

Risk Matrix

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

The outputs from risk assessment are as follows:

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

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

The IJB's SRR format is included in the document (Appendix 1). While many of the issues may be termed strategic, the key thing to remember is that these are issues which may affect the ability to deliver on strategy. It is quite possible that significant operational issues will also be incorporated, therefore. The SLT consider risks classified as 'very high' for inclusion in the SRR (see Appendix 7 – risk escalation process). The SLT 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. In addition to this an annual workshop is held with IJB members whereat the SRR and the Risk Appetite Statement are reviewed.

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

The risks are identified by:

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

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

RAPC reviews the SRR for the effectiveness of the process.

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

Corporate Level: Operational Risk Register

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

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

Risks from service risk registers are escalated to the ORR according to their risk assessment scores. New risks and risks proposed for escalation, will be discussed at the Clinical and Care Risk Meetings. New risks proposed for escalation can also be discussed at the Operational Leadership Team huddles as well as at monthly Business Meetings of the Senior Leadership Team.

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

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

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

The issues identified are measured according to the risk assessment methodology. They are recorded on the Datix system.

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

- Review of performance data and dashboards
- Service risk registers
- Review of reports from IJB sub committees
- ACHSCP Occupational Health, Safety and Wellbeing committee reports

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

New operational risks proposed for escalation can also be discussed at the Operational Leadership Team huddles as well as at monthly Business Meetings of the SLT.

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

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

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

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

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

2.3   Roles and Responsibilities for governance

a) Committee structure

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

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

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

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

The Clinical and Care Governance Committee (CCGC) performs the role of providing assurance to the IJB on the systems for delivery of safe, effective, person-centred care in line with the IJB's statutory duty for the quality of health and care services. To support this role, the CCGC is informed by the clinical and care governance arrangements in place across NHS Grampian and Aberdeen City Council (see Appendix 4 - Clinical and care governance diagram). The CCGC will report on an annual basis to NHS Grampian's Clinical and Care Governance Committee in relation to safe and effective services. Equally, NHS Grampian have a requirement to report to IJB's on effective professional governance as well.

The IJB's SLT is an executive group with oversight of the implementation of IJB decisions. The SLT will take collective responsibility and accountability for the delivery of Aberdeen City Health and Social Care Partnership's (ACHSCP) Delivery Plan

2025-2029. It will work together to identify any emerging risks and issues and to address those together. It will work to identify and embrace opportunities for accelerating the delivery of the Delivery Plan. It will provide a forum to 'join the dots' between local, regional, and national initiatives ensuring that the IJB operates as efficiently and effectively as possible.

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

b) Individual responsibilities

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

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

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

Chief Nurse, Frailty and Rehab Lead
Chief Officer Social Work (Adults)
Allied Health Professional Lead
Primary Care Lead
Public Health Lead
Medical Lead

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

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

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

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

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

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

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

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

	and Chief Officer of ACHSCP	Bi-monthly 2-1 meetings		Governance Directions Transformation Programme

2.5 Sources of assurance

a) Quality of services

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

- Senior Leadership Team member visits to service areas
- Staff Surveys
- Joint Staff Forum
- Staff Induction Programme
- Leadership Programmes
- Performance & Appraisal Development Process
- Compliance Reports – Health & Social Care
- Learning Lessons Systems

- Quality Strategies
- Policies on Raising Concerns
- HR Policies
- Performance Frameworks
- Safeguarding Policy (Vulnerable Adults)
- Event Reporting and Review Policies & Procedures
- Information Governance Policies & Processes

b) Engagement

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

c) Other internal and external sources of assurance

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

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

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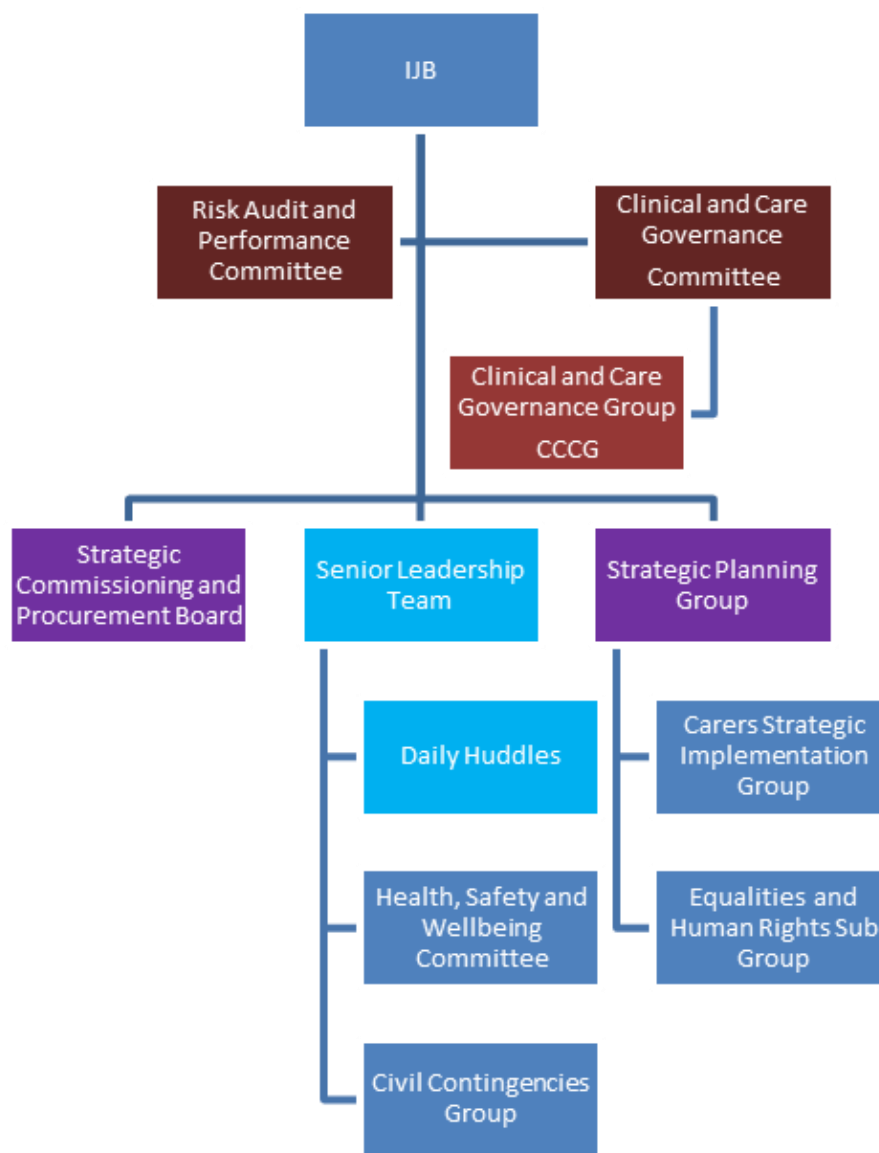
Appendices

1. Strategic Risk Register format

2. Committee Diagram

3. Role of the Governance Groups

4. Clinical and Care Governance Diagram

5. Health Care Improvement Scotland Risk Matrix Link

6. Risk Escalation Process

7. Ownership and Version Control for the Board Assurance and Escalation Framework

Appendix 1 – Strategic risk register format

Risk ID	Risk Dimension	Risk Appetite	Risk Description	Untreated Prob	Untreated Impact	Untreated Score	Risk Mitigation/Controls in Place	Previous Prob	Previous Impact	Previous Score	Current Prob	Current Impact	Current Score	Planned Risk Mitigation	Target Prob	Target Impact	Target Score	Target Date	Risk Movement	Risk Owner	Comments (Including Closure Date)
										0			0				0				

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Appendix 2 - Board Committee diagram

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                              │     IJB      │
                              └──────┬───────┘
                                     │
         ┌────────────────────┐      │      ┌────────────────────┐
         │ Risk Audit and     │      │      │ Clinical and Care  │
         │ Performance        │      │      │ Governance         │
         │ Committee          │      │      │ Committee          │
         └────────────────────┘      │      └─────────┬──────────┘
                                     │                │
                         ┌───────────────────┐        │
                         │ Clinical and Care │        │
                         │ Governance Group  │◄───────┘
                         │      CCCG         │
                         └───────────────────┘

  ┌──────────────────┐   ┌──────────────────┐   ┌──────────────────┐
  │ Strategic        │   │ Senior Leadership│   │ Strategic Planning│
  │ Commissioning and│   │ Team             │   │ Group            │
  │ Procurement Board│   └────────┬─────────┘   └────────┬─────────┘
  └──────────────────┘            │                      │
                         ┌──────────────────┐   ┌──────────────────┐
                         │ Daily Huddles    │   │ Carers Strategic │
                         │                  │   │ Implementation   │
                         └──────────────────┘   │ Group            │
                                                └──────────────────┘
                         ┌──────────────────┐   ┌──────────────────┐
                         │ Health, Safety and│   │ Equalities and  │
                         │ Wellbeing         │   │ Human Rights Sub │
                         │ Committee         │   │ Group            │
                         └──────────────────┘   └──────────────────┘
                         ┌──────────────────┐
                         │ Civil Contingencies│
                         │ Group            │
                         └──────────────────┘
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Appendix 3 – Roles of the Governance Groups

Principal function/s	Membership	Reports to	Reports received / reviewed
Senior Leadership Team			
Monitoring the delivery of the Delivery Plan 2025-29. Monitor Key Performance Indicators across services. Provide oversight of political enquiries and complaints. Monitor the ACHSCP's Strategic Risk Register and identify emerging risks and issues. Monitor the ACHSCP's financial position. Oversee the IJB and committees' business planners. Approve regular initiatives including, annual contract workplan, annual audit plan, annual governance statement and the Risk Appetite Statement. Approval of ACHSCP strategies and policies prior to consideration by the IJB. Provide a forum for escalation of matters arising from other relevant executive groups within the ACHSCP as set out in the	The core membership is as follows: Chief Officer-Chair Chief Finance Officer Medical Lead Strategy & Transformation Lead Business Resilience and, Communications Lead People and Organisation Lead Allied Health Professional Lead Chief Nurse, Frailty and Rehab Lead Chief Officer Social Work (Adults) Mental Health & Learning Disabilities Lead (Community) Mental Health & Learning Disabilities Lead (Specialist/In-Patient) Primary Care Lead Public Health Lead	IJB	The following will report as required to the Senior Leadership Team: Senior Leadership team members Service Managers Transformation Programme Managers Chief Officers – Moray and Aberdeenshire in relation to performance of 'hosted services' Designated service health and safety leads Partnership representatives / trade union representatives Service Improvement and Quality Chief Social Work Officer Health Intelligence

Principal function/s	Membership	Reports to	Reports received / reviewed
Executive Governance Structures.			
Strategic Planning Group			
Establishing a Strategic Planning Group (SPG) is a requirement under the Public Bodies (Joint Working) (Scotland) Act 2014. Key partners in delivering health and social care integration are represented on the group. The SPG is the essence of the collaborative and co-productive approach of Aberdeen City Health and Social Care Partnership. It ensures that key strategic, policy, performance and improvement decisions relating to integration functions are informed and co-developed by partners and the organisations and communities they represent.	Strategy and Transformation Lead (Chair)* Primary Care Lead Chief Nurse, Frailty and Rehab Lead Allied Health Professional Lead Chief Officer Social Work (Adults) NHSG Planning Innovation and Programmes Sexual Health Services Mental Health and Learning Disability Community Planning ACC Housing StrategyACVO Bon Accord Care Alcohol and Drugs Partnership Community Justice Locality Empowerment Group Representatives Civic Forum Community Council Forum Carer Representatives Service User Representatives	IJB	Locality Empowerment Groups Annual Performance Report Strategic Plan Carers Strategy Workforce Plan Equality and Human Rights Subgroup Climate Change Subgroup
Risk Audit and Performance Committee			

Principal function/s	Membership	Reports to	Reports received / reviewed
To review and report on the relevance and rigour of the governance structures in place and the assurances the Board receives. These will include a risk management system and a performance management system underpinned by an Assurance Framework.	The IJB appoints the Chair of the Committee for an appointing period not exceeding three years. The IJB Chair/Vice Chair shall not chair the Committee. The IJB will appoint two voting members from each constituent authority to serve on the Committee to ensure equal representation. No business is to be transacted at a meeting of the RAPC unless at least one voting member of each constituent authority (Aberdeen City Council and NHS Grampian) are present. The Board Chair, Chief Officer, Chief Finance Officer, Chief Internal Auditor and other Professional Advisors and senior officers as required as a matter of course, external audit or other persons shall attend meetings at the invitation of the Committee. The Chief Internal Auditor should normally attend meetings, and the external auditor will attend at least one meeting per annum.	IJB	Annual audit plan
Clinical & Care Governance Committee			
To provide assurance to the IJB on the systems for delivery of safe, effective, person-centred care in line with the IJB's	The Committee will be chaired by a voting member of the IJB. The IJB will appoint the Chair of the Committee. The Committee shall comprise of:	IJB	CCG Group report Feedback/Incidents Reporting Escalations from CCG Group

| Principal function/s	Membership	Reports to	Reports received / reviewed
statutory duty for the quality of health and care services.	4 voting members of the IJB (two voting members from each constituent authority to ensure equal representation) Chief Officer Chief Social Work Officer Medical Lead Chair of the Clinical and Care Governance Group Chair of the Joint Staff Forum Professional Lead – Nurse/AHP Public Representative Third Sector representatives		
Clinical & Care Governance Group			
To oversee and provide a coordinated approach to clinical and care governance issues and risks within the Aberdeen City Health and Social Care Partnership.	Medical Lead Chief Officer Social Work (Adults) Chief Nurse, Frailty and Rehab Lead Public Health Lead Patient/Public Representative Allied Health Professional Lead GP Representative Dental Clinical Lead or Dental Service Representative Lead Optometrist Representative from Sexual Health Service General Practice Patient Safety Lead Woodend Hospital and Link@ Woodend Representative Representative from Commissioned Service	Senior Leadership Team Clinical and Care Governance Committee NHSG Clinical Quality & Safety Group ACC Public Protection Committee	Reports from services: AHP Dentistry Optometry Pharmacy Nursing General Practice Social Work/Care Woodend Hospital and Links @ Woodend Biannual Reports Falls Pharmacy/medication Patient Safety in Primary Care

Principal function/s	Membership	Reports to	Reports received / reviewed
	Partnership Representative Representative from Community Mental Health and Learning Disability Services Representative from Acute Sector Public Partner		New and escalated risks
Locality Empowerment Groups			
To deliver the locality planning requirements of the Public Bodies (Joint Working) (Scotland) Act 2014, in respect of the IJB. The Locality Empowerment Groups play a key role in ensuring the delivery of the Aberdeen City Health and Social Care Strategic Plan, including contributing to the delivery of its associated strategic outcomes. The role of the Locality Empowerment Groups includes developing and ensuring appropriate connections and partnerships across the Locality to help to improve the health and wellbeing of the locality population and reduce the health	Community Members Public Health Coordinators	Strategic Planning Group	Locality Plans Health Improvement Fund report

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

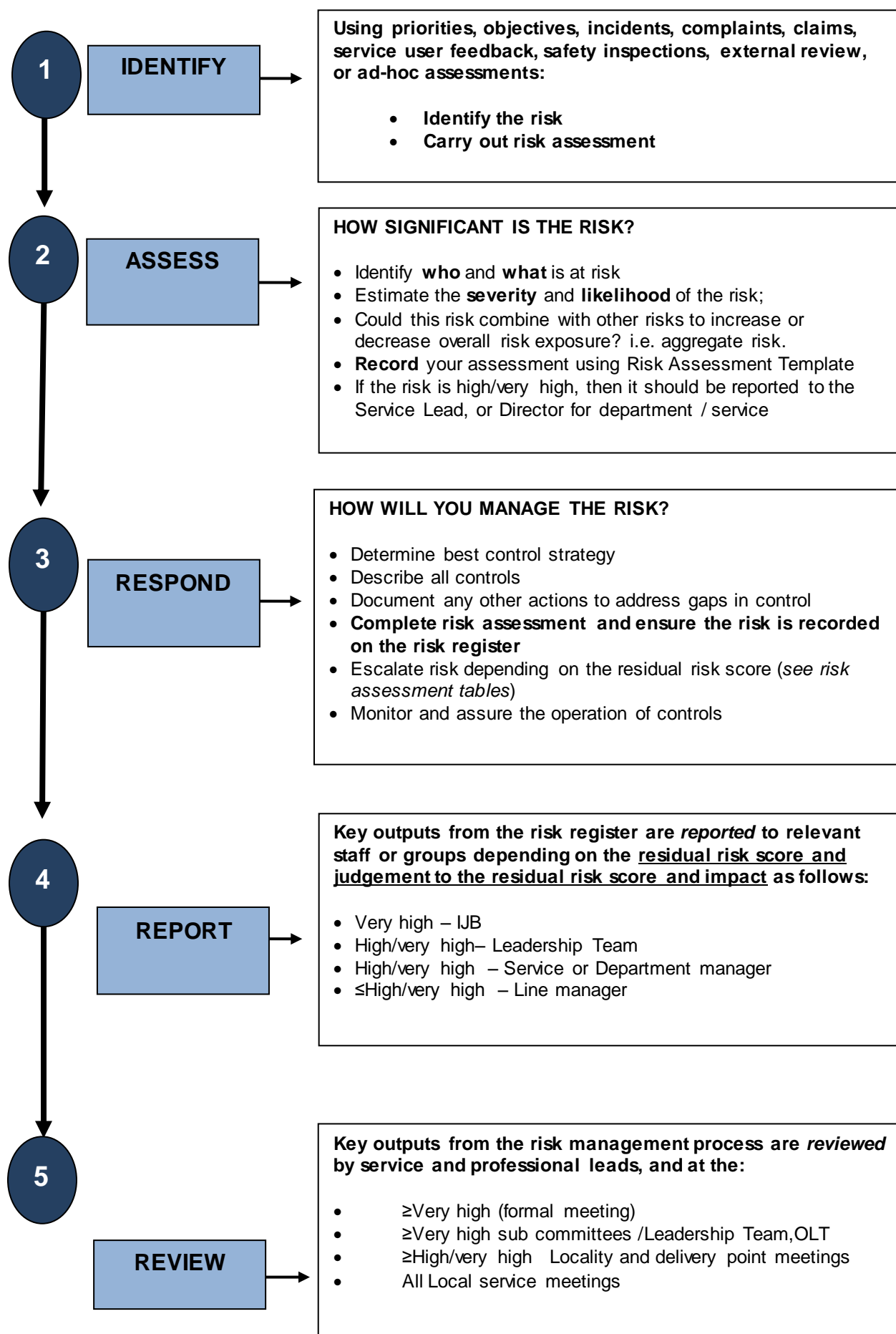## Appendix 4 – Clinical and care governance diagram

The diagram below provides an overview of the clinical & care governance processes within ACHSCP. The processes draw upon the existing clinical & care governance within Aberdeen City Council and the NHS. Clinical & care governance matters relating to the ACHSCP are considered by its Clinical & Care Governance Group. The Clinical & Care Governance group has representation from all services across ACHSCP and report to the ACHSCP Leadership Team, Clinical & Care Governance Committee and provide assurance to ACC and NHS clinical and safety structures.
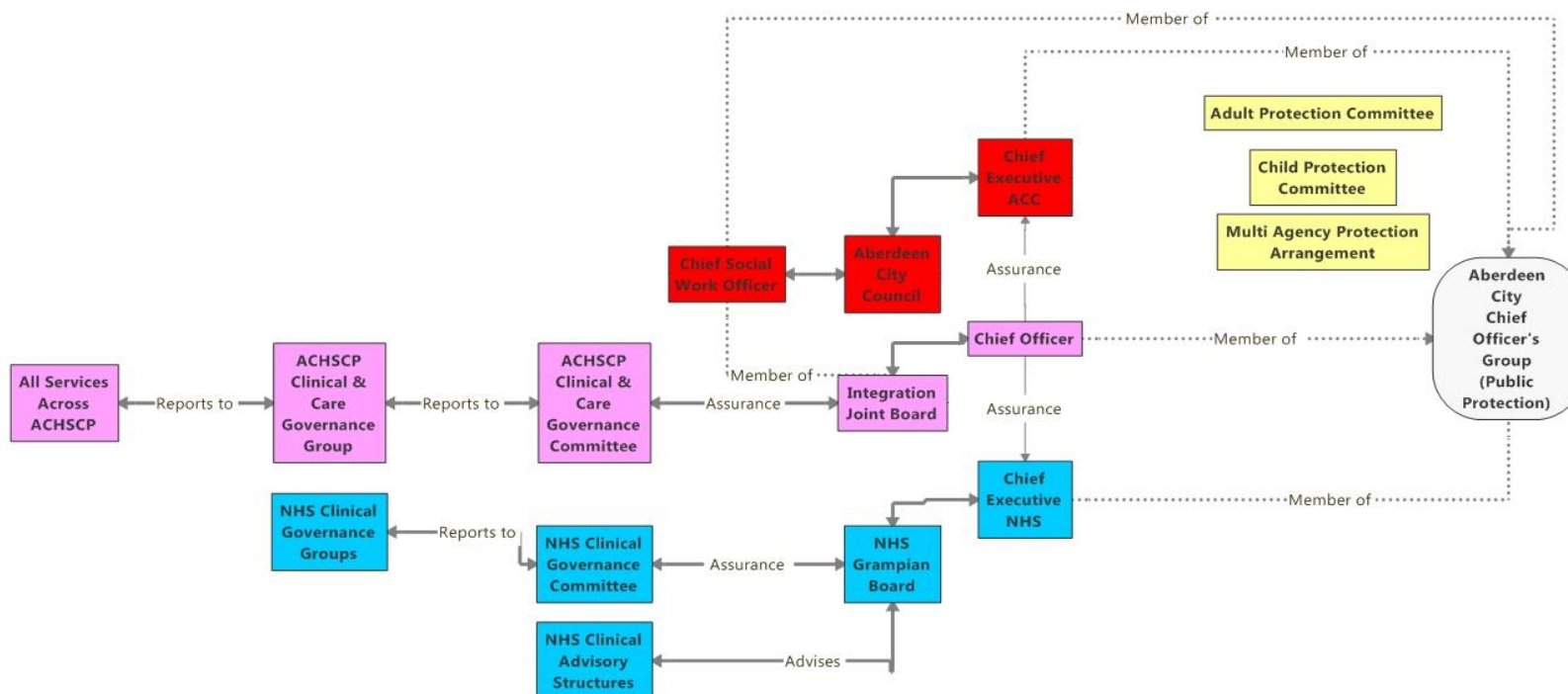
Appendix 5 – Health Care Improvement Scotland Risk Matrix

Please see link to the [Health Care Improvement Scotland Risk Matrix](#)

Appendix 6 – Risk escalation process

1 **IDENTIFY**

Using priorities, objectives, incidents, complaints, claims, service user feedback, safety inspections, external review, or ad-hoc assessments:

- **Identify the risk**
- **Carry out risk assessment**

2 **ASSESS**

HOW SIGNIFICANT IS THE RISK?

- Identify **who** and **what** is at risk
- Estimate the **severity** and **likelihood** of the risk;
- Could this risk combine with other risks to increase or decrease overall risk exposure? i.e. aggregate risk.
- **Record** your assessment using Risk Assessment Template
- If the risk is high/very high, then it should be reported to the Service Lead, or Director for department / service

3 **RESPOND**

HOW WILL YOU MANAGE THE RISK?

- Determine best control strategy
- Describe all controls
- Document any other actions to address gaps in control
- **Complete risk assessment and ensure the risk is recorded on the risk register**
- Escalate risk depending on the residual risk score (*see risk assessment tables*)
- Monitor and assure the operation of controls

4 **REPORT**

Key outputs from the risk register are *reported* to relevant staff or groups depending on the <u>residual risk score and judgement to the residual risk score and impact</u> **as follows:**

- Very high – IJB
- High/very high– Leadership Team
- High/very high – Service or Department manager
- ≤High/very high – Line manager

5 **REVIEW**

Key outputs from the risk management process are *reviewed* by service and professional leads, and at the:

- ≥Very high (formal meeting)
- ≥Very high sub committees /Leadership Team,OLT
- ≥High/very high Locality and delivery point meetings
- All Local service meetings

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Appendix 7: Ownership & Version Control

Ownership:

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

Version Control

Version Control/Document Revision History (begun 24.11.2017)			
Version	Reason	By	Date
	Revisions to the BAEF requested by the Audit & Performance Committee at its meeting on the 21st of November 2017	Sarah Gibbon, Executive Assistant	24.11.2017
	Additional revisions to BAEF pending submission to IJB	Sarah Gibbon, Executive Assistant	22.01.2018
	Acceptance of changes	Sarah Gibbon, Executive Assistant	31.01.2018
	Annual Review	Sarah Gibbon Executive Assistant	18.01.2019
	Annual Review	Neil Buck Support Manager	22.04.2020
	Annual Review	Martin Allan Business Manager	August 2021
	Annual Review	Martin Allan Business and Resilience Manager	February 2023
	Annual Review	Martin Allan, Business and Resilience Manager	February 2024
	Annual Review	Martin Allan, Business, Resilience and Communications Lead	July 2025

Using priorities, objectives, incidents, complaints, claims, service user feedback, safety inspections, external review, or ad-hoc assessments:

- **Identify the risk**
- **Carry out risk assessment**

Aberdeen City Health & Social Care Partnership
A caring partnership

Risk, Audit and Performance Committee

Date of Meeting	27 August 2025
Report Title	Internal Audit Update Report
Report Number	HSCP.25.065
Lead Officer	Jamie Dale Chief Internal Auditor
Report Author Details	Jamie Dale Chief Internal Auditor Jamie.Dale@aberdeenshire.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	Appendix A – RAPC - Internal Audit Update Report August 2025
Terms of Reference	2. Review and approve the annual audit plans (internal and external) on behalf of the IJB, receiving reports, overseeing and reviewing actions taken on audit recommendations and escalating to the IJB as appropriate.

1. Purpose of the Report

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

2. Recommendations

2.1.   It is recommended that the Committee:

a) Note the contents of the RAPC - Internal Audit Update Report August 2025 ("the Internal Audit Update Report"), as appended at Appendix A, and the work of Internal Audit since the last update;

b) Note the progress against the approved 2025/26 Internal Audit Plan as detailed in the Internal Audit Update Report.

3. Strategic Plan Context

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

4. Summary of Key Information

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

5. Implications for IJB

5.1. **Equalities, Fairer Scotland and Health Inequality –** An equality impact assessment is not required because the reason for this report is for the RAPC to discuss, review and comment on the contents of the Internal Audit Update Report and there will be no differential impact, as a result of this report, on people with protected characteristics.

5.2. **Financial –** There are no direct implications arising from this report.

5.3. **Workforce** – There are no direct implications arising from this report.

5.4. **Legal** –There are no direct implications arising from this report.

5.5. **Unpaid Carers** – There are no direct implications arising from this report.

5.6. **Information Governance –** There are no direct implications arising from this report.

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5.7.   Environmental Impacts – There are no direct impacts arising from this report.

5.8.   Sustainability – There are no direct impacts arising from this report.

5.9.   Other – there are no other impacts arising from this report.

6. Management of Risk

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

6.2.   Link to risks on strategic risk register: The Internal Audit Plan, and this output report, is developed following consideration of the Aberdeen City Health and Social care Partnership Risk Register and through consultation with management.

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

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Internal Audit

Risk, Audit and Performance Committee Internal Audit Update Report August 2025

Contents

1 Executive Summary

1.1 Introduction and background

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

This report advises the RAP Committee of Internal Audit's work since the last update. Details are provided of the progress against the approved 2025/26 Internal Audit Plan, audit recommendations follow up, and other relevant matters for the Committee to be aware of.

1.2 Highlights

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

- Work is underway to deliver the 2025/26 Internal Audit Plan.
- Work is underway by Management with regards to the implementation of agreed audit recommendations.

1.3 Action requested of the RAP Committee

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

2 Internal Audit Progress

2.1 2025/26 Audits

Service	Audit Area	Position
Health & Social Care Partnership	Health and Social Care (staffing) Scotland Act 2019	**Review Scheduled**
Integration Joint Board	IJB Financial Sustainability	**Review Scheduled**

2.2 Follow up of audit recommendations

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

As at 30 June 2025 (the baseline for our exercise), 12 audit recommendations were due. Management has closed off 11. Appendix 1 – Grading of Recommendations provides the definitions of each of the ratings used. Appendix 2 – Audit Recommendations Follow Up – Outstanding Actions provides a detailed breakdown of the outstanding audit recommendations that will be taken forward and followed up as part of the next cycle.

3 Appendix 1 – Grading of Recommendations

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

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

Individual issue / risk	Definitions
Minor	Although the element of internal control is satisfactory there is scope for improvement. Addressing this issue is considered desirable and should result in enhanced control or better value for money. Action should be taken within a 12 month period.
Moderate	An element of control is missing or only partial in nature. The existence of the weakness identified has an impact on the audited area's adequacy and effectiveness. Action should be taken within a six month period.
Major	The absence of, or failure to comply with, an appropriate internal control, such as those described in the Board's Scheme of Governance. This could result in, for example, a material financial loss, a breach of legislative requirements or reputational damage to the Board. Action should be taken within three months.
Severe	This is an issue / risk that is likely to significantly affect the achievement of one or many of the Board's objectives or could impact the effectiveness or efficiency of the Board's activities or processes. Examples include a material recurring breach of legislative requirements or actions that will likely result in a material financial loss or significant reputational damage to the Board. Action is considered imperative to ensure that the Board is not exposed to severe risks and should be taken immediately.

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4 Appendix 2 – Audit Recommendations Follow Up – Outstanding Actions

Overall Report Area	Report	Grading	Recommendation	Original Due Date	Current Due Date	Committee Update	Status
IJB Budget Setting and Monitoring	AC2507	**Moderate**	The HSCP should review the support services being provided by partners, against the budget and costs incurred, on an annual basis to ensure it continues to deliver Best Value, in line with provision 6.5 of the Integration Scheme. All revisions to the budget or additional recharges should be subject to tripartite agreement in advance.	Mar-25	Sep-25	Work is underway by Management to complete and evidence the review. Internal Audit is in discussion with officers on the provision of evidence to close the action. Extended briefly to facilitate this work.	**In Progress**

Aberdeen City Health & Social Care Partnership
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RISK AUDIT PERFORMANCE COMMITTEE

Date of Meeting	27 August 2025
Report Title	Delivery Plan Update
Report Number	HSCP.25.067
Lead Officer	Alison MacLeod
Report Author Details	Calum Leask Transformation Programme Manager CLeask@aberdeencity.gov.uk
Consultation Checklist Completed	*Yes*
Exempt	No
Appendices	a. *Year 1 Delivery Plan Actions*
Terms of Reference	5. Receive and scrutinise performance reports and receive assurance that actions in respect of emerging trends are proportionate to the IJB's Risk Appetite Statement.

1. Purpose of the Report

1.1. This report seeks to provide assurance to the Risk, Audit and Performance Committee (RAPC) and relates to the progress of the Delivery Plan as set out within the Aberdeen City Health and Social Care Partnership (ACHSCP) Strategic Plan 2025-2029.

2. Recommendations

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

2.1.1. Agree to the proposed Year 1 Delivery Plan actions as detailed in Appendix A.

3. Strategic Plan Context

RISK AUDIT PERFORMANCE COMMITTEE

3.1. The Partnership's Strategic Plan for 2025-2029 was approved by the Integration Joint Board on 1st July 2025. The Strategic Plan's Reporting Framework outlines our requirement to provide assurance to RAPC on a quarterly basis that progress is being made and this report ensures that this element of governance is achieved in a robust manner.

3.2. The strategic ambitions of the Partnership are operationalised through the development and implementation of Delivery Plans that are revised on an annual basis. Following approval of the Strategic Plan, there is a need for RAPC to endorse the associated Year 1 Delivery Plan before formal reporting can commence.

4. Summary of Key Information

4.1. In the Strategic Plan, there are two strategic aims, each with two associated strategic priorities:

Strategic Aim	Associate Strategic Priorities
Modernise our approach to service delivery	-Make best use of resources -Implementing transformation
Shift our focus towards prevention and early intervention	-Improve physical and mental health -Reduce harm

4.2. These were developed from an assessment of current performance in relation to both service delivery and financial performance and the current and predicted health of the population in Aberdeen and the predicted growth of the older population and burden of disease.

4.3. This Year 1 Delivery Plan details the activities and projects the IJB intends to undertake in the first of the four-year lifespan of the Strategic Plan to begin the process of delivering on the strategic aims and priorities. In recognition that there is a need to balance responding to current demand and current financial pressures with achieving transformation in service delivery and delivering on our prevention and early intervention agenda, prioritisation is required with cognisance of the available resources.

4.4. For each priority, a number of projects or activities have been identified that will contribute in some way to delivering on the overall priority and aim. Some of these will be one off pieces of work that will be completed in Year 1 such as the budget savings projects. Others will form the necessary building

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blocks to enable future activity and so will not necessarily have a significant impact in Year 1, for example the publication of a multi-agency action plan for healthy weight, for which the impact will be felt in future years when actions are implemented. Some projects will span the four-year life cycle of the Strategic Plan with different pieces of activity being delivered in different years, for example, delivering Aberdeen City's commitments within the Grampian-wide GP Vision 2024-2030.

4.5. The title of MSD12 has been updated from "Redesign Day Care Provision for people with Learning Disabilities" to "Review of Day Care Provision for people with Learning Disabilities". This description better reflects the activity to be undertaken in the area as there is no redesign planned for existing services at this time.

4.6. At the Committee meeting on 17th June 2025, RAPC endorsed the proposed approach to performance monitoring for the Year 1 Delivery Plan, recognising this would adapt over time to ensure it was fit for purpose. These include development of a Delivery Plan Dashboard that will provide a visual overview of progress by priority area. The Dashboard will be developed using PowerBI (a Microsoft digital platform for data visualisation), allowing progress to be reviewed at a glance and easier focus on areas not progressing as anticipated. These reporting arrangements were deemed to be proportional in order to provide adequate assurance to the Committee that the Partnership's priorities are being sufficiently managed. However, it was acknowledged that the arrangements shall remain flexible with the potential to refine over time if required.

4.7. Should the Year 1 Delivery Plan actions be formally agreed at this meeting, updates shall be provided to the Committee at the next meeting.

5. Implications for IJB

5.1. Equalities, Fairer Scotland and Health Inequality

There are no direct implications arising from this report.

5.2. Financial

Financial measures associated with specific delivery plan actions are noted in the Appendix.

5.3. Workforce

There are no direct implications arising from this report.

5.4. Legal

There are no direct implications arising from this report.

5.5. Unpaid Carers

There are no direct implications arising from this report.

5.6. Information Governance

There are no direct implications arising from this report.

5.7. Environmental Impacts

There are no direct implications arising from this report.

5.8. Sustainability

There are no direct implications arising from this report.

5.9. Other

None.

6. Management of Risk

6.1. Identified risks(s)

Risk	Likelihood	Impact	Controls	Evaluation
Assurance over delivery of strategic priorities	Low	Medium	Performance Framework outlines the required reporting to take place through the year in order	If the paper was not presented, assurance would not be given to the RAPC and therefore part of the remit

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				to create assurance	and responsibility of the Committee would not be met.

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

This report links to Strategic Risks 2, 4 and 5 on the Strategic Risk Register:

Strategic Risk	Cause	Event	Consequence
2	IJB financial failure and projection of overspend	Demand outstrips available budget	IJB can't deliver on its strategic plan priorities, statutory work, and projects.
4	Performance standards/outcomes are set by national and regulatory bodies and those locally determined performance standards are set by the board itself.	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.	This may result in harm or risk of harm to people.
5	Demographic & financial pressures requiring IJB to deliver transformational system change which helps to meet its strategic priorities.	Failure to deliver transformation and sustainable systems change.	People not receiving the best health and social care outcomes

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

The report and its appendices help to mitigate the risk by providing assurance that progress against the Strategic Plan 2025-2029 and the associated Delivery Plan is being achieved and, that this has been monitored by the

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Senior Leadership Team on a monthly basis who consider and direct remedial action and unblock barriers where relevant. It further provides assurance that these arrangements shall continue into the new strategic planning cycle.

Aberdeen City
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DELIVERY PLAN
2025/26

ABERDEEN

Priority A– Making the Best Use of Resources

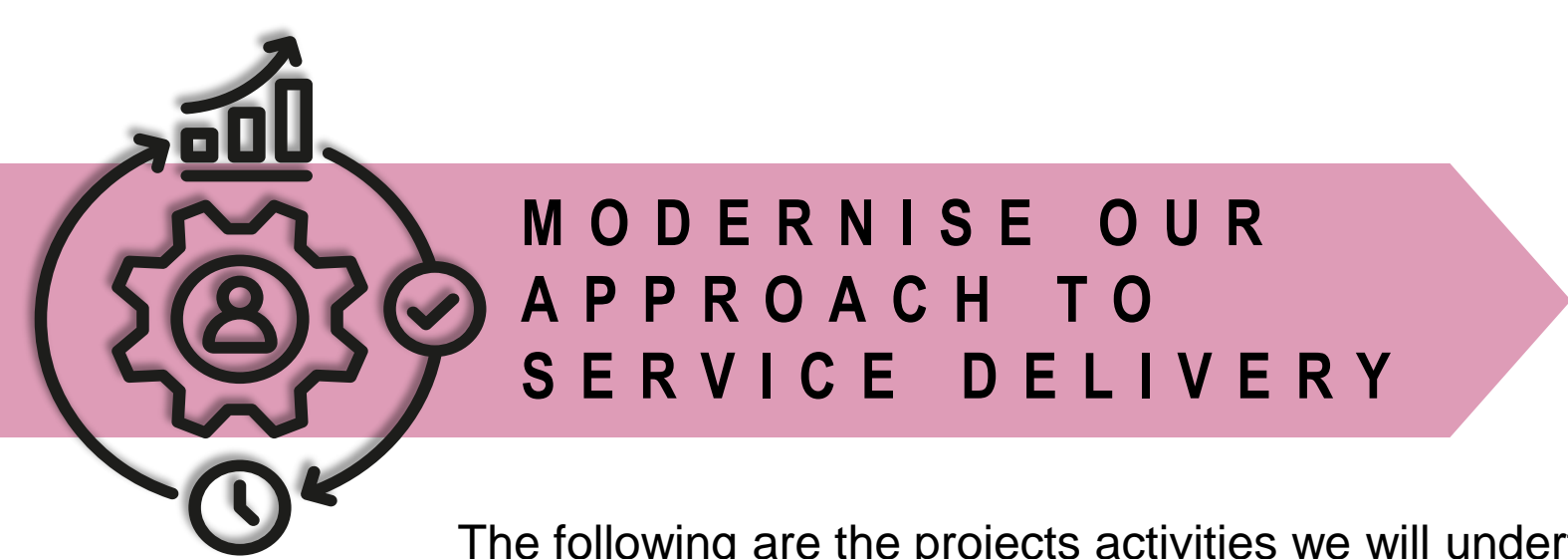The following are the projects activities we will undertake to contribute towards achieve this priority.

Description	Rationale	Outcome/ Impact	Measure	Target
Consolidate our use of properties	Due to budget pressures, it has been agreed to look into a number of ways to reduce costs whilst still protecting frontline service delivery. ACHSCP services are delivered from a number of locations, and these arrangements have evolved over time for a variety of reasons. This project will review usage and seek to rationalise where possible including exploring sharing premises with partners	Reduction in premises costs by £153,000. Potential impact on staffing groups relocating however we will engage with staff throughout and fully involve them in the process.	Budget Saving	£153,000
Deliver savings in utility costs	Due to budget pressures, it has been agreed to look into a number of ways to reduce costs whilst still protecting frontline service delivery. The temperature within certain buildings is something that is within our control and we plan to reduce the temperature setting where possible in the Spring and Autum and potentially switch off altogether in Summer.	Reduction in Utility Costs of £50,000. Staff may be impacted by the change, and we will communicate with them and monitor the situation.	Budget Saving	£50,000
Deliver efficiencies from robust management of vacancies	Staffing costs are a significant part of the IJB budget and due to budget pressures, this is an area that needs to be explored for any potential cost efficiencies. A robust recruitment protocol has been developed to ensure consistent and robust analysis of all staff vacancies arising. Mangers are asked to consider post redesign or alternatives to recruitment where appropriate. The protocol performance will be kept under review to ensure the identified target saving is delivered	Reduction in staffing cost of £1,346,000. Vacancies may be slower to fill which could potentially impact service delivery. Managers will keep this under continual review. Post redesign could potentially impact traditional ways of working and staff will be supported to adapt.	Budget Saving	£1,346,000
Reduce the number of posts in ACHSCP establishment	Staffing costs are a significant part of the IJB budget and due to budget pressures, this is an area that needs to be explored for any potential cost efficiencies. In addition to the robust management of vacancies activity, managers across all services in ACHSCP are being asked to review their budgeted staffing establishments and identify any vacant posts or temporary arrangements that are no longer required, or any other opportunities where savings could be made. Aberdeen City Council are offering their staff Voluntary Severance/Early Retirement (VSER), and this also presents an opportunity for post reduction.	Reduction in staffing costs by £884,000. Reducing posts has the potential to impact service delivery however posts will only be reduced where it is deemed that the impact on service delivery can be mitigated.	Budget Saving	£884,000
Increase the use of technology and Technology Enabled Care (TEC) across the system	Digital innovation can improve access to information, enhance service delivery, and empower both staff and service users. It can also create capacity by making processes more efficient and less labour intensive. Year 1 of this project is the beginning of our digital and TEC journey. Implementing new technologies requires investment and whilst we have received some initial external funding for a couple of the projects within the Digital and TEC Road Map limited funding has been identified from within our existing resources for the others. We are starting small, but these initiatives will release capacity.	Improved access to information, enhanced service delivery, and empowered staff and service users. We recognise that not all service users or staff will be able to embrace new technology in the same way. As part of the project, we will develop a Digital Inclusion Plan.	Number of care packages that have an element of TEC	N/A
Implement an 'Individual Budget' approach to the charging of social care	In addition to achieving savings another way to help manage our financial situation is to maximise the income we receive from the Contributing to your Care Policy which charges people in receipt of certain social care support based on their ability to pay. It has been identified that one of the first things we need to do in order to achieve that maximisation is to develop and implement an 'Individual Budget' approach whereby the total cost of an agreed care package for an individual is calculated before splitting out the chargeable and non-chargeable elements and calculating any contribution. Undertaking this work in Year 1 will allow us to progress to more income maximisation in future years.	Individual Budget approach developed and implemented. Impact on staff learning to adapt to new ways or working and they will be supported through this. No impact on service users in Year 1.	Policy developed and approved, systems and communications in place	N/A

MODERNISE OUR APPROACH TO SERVICE DELIVERY

Priority A– Making the Best Use of Resources

The following are the projects activities we will undertake to contribute towards achieve this priority.

| Description	Rationale	Outcome/ Impact	Measure	Target
Modernise care provision for older people	As a result of the cost pressure in adult social care we must find a way to continue to meet people's needs but to do so within budget. Our Eligibility Criteria remains at high and urgent need, but we are reviewing care packages to ensure there is robust application of the criteria across the board and step down when people's needs change.	Reduction in spend of £3,328,000 (3% total budget) Some individuals may experience a change in care arrangements in line with their needs. Any changes will be planned and communicated.	Budget Saving	£3,328,000
Review mix of residential care	As a result of the cost pressure in adult social care we must find a way to continue to meet people's needs but to do so within budget. Most of residential care is covered by the National Care Home Contract however there are some agreements where higher rates are paid for a number of reasons but mainly for care for people with complex needs. These arrangements will be review to ensure they continue to meet client needs.	Reduction in spend of £336,000. Some individuals may experience a change in care arrangements in line with their needs. Any changes will be planned and communicated.	Budget Saving	£336,000
Develop data dashboards to support the planning and delivery of services	Having the right data and monitoring it on a regular basis can help make better decisions about service delivery, service change or the requirement to make savings in year. The type of information being reported on is being reviewed and a number of dashboards developed that will help monitor current service delivery from an activity, quality, and financial point of view, cross reference this performance with system wide measures (e.g. hospital attendances, admissions, delayed discharges etc.) and predict future demand to inform service planning.	Dashboards and reporting in place. Robust information informing decision making.	Dashboards and reporting in place	N/A
Modernise care delivery models for vulnerable adults including people with Learning Disabilities and Complex Needs	People with Learning Disabilities and other complex needs require more bespoke responses to their care needs than other client groups and if the arrangements are not suitable or if they break down for any reason it can have a significant impact on their health.	Ensure provision of sustainable and responsive care models for people in Aberdeen requiring supported living at home and residential care placements. If achieved this will have a significantly positive impact on outcomes for individuals.	Increase in % of clients with LD and Complex Needs living independently	N/A
Implement transitions process to improve service user experience and future financial planning	The process for children transitioning from children's social services to adult social services is not always positive. We intend to implement plans to improve these arrangements, to enhance early joint working with partners, the children themselves and their families to better plan and prepare for the transition and also to help assist with future service planning and budgeting.	Improvements implemented which should lead to more positive outcomes for children transitioning and their families	Feedback	N/A
Develop an Initial Point of Contact Model (pre assessment offer) for adult social care.	As a result of the cost pressure in adult social care, we have to find a way to continue to meet people's needs but to do so within budget. The Initial Point of Contact will enhance early intervention serving as a central access point for requests for social care support.	Ensure people get the support they need whilst maximising the use of resources	Referral Rates	N/A

MODERNISE OUR APPROACH TO SERVICE DELIVERY

Priority A– Making the Best Use of Resources

The following are the projects activities we will undertake to contribute towards achieve this priority.

Description	Rationale	Outcome/ Impact	Measure	Target
Review Day Care Provision for people with Learning Disabilities	As a result of the cost pressure in adult social care, we must find a way to continue to meet people's needs but to do so within budget. The current day care provision for people with Learning Disabilities will be reviewed in line with people's needs.	Reduction in budget spend £1,449,000. The support some clients get will potentially change however people and their families will be involved in the decision-making process and we will have ongoing dialogues throughout the transition	Budget Saving	£1,449,000
Review use and cost of Out of Area care	As a result of the cost pressure in adult social cork we must find a way to continue to meet people's needs but to do so within budget. The Coming Home report sets out recommendations to improve support for people with learning disabilities and complex needs, with a focus on providing care closer to home. The service currently has a number of clients being cared for out with the local area and as such the placements, contracts and funding arrangements will be reviewed initially with a view to reducing costs but also considering	Reduction in Budget Spend £174,000	Budget Saving	£174,000
Reduce spend and achieve value for money with key commissioned service providers	As a result of the cost pressure in adult social care we must find a way to continue to meet people's needs but to do so within budget. Work is underway with some of our larger commissioned service providers to share learning in our approach to reducing costs and work with them to identify areas where they could contribute to reducing the budget overspend.	Reduction in Budget Spend £4,599,000	Budget Saving	£4,599,000
Refresh Workforce Plan focusing on future staffing requirements taking service transformation into account	Workforce is a key enabler to delivery of the Strategic and Delivery plans. The changes highlighted in these plans have significant implications for staff and as such our Workforce Plan needs to be reviewed and revised in light of this.	Refreshed Workforce Plan that supports delivery of the Strategic Plan	Refreshed Workforce Plan developed	N/A

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MODERNISE OUR APPROACH TO SERVICE DELIVERY
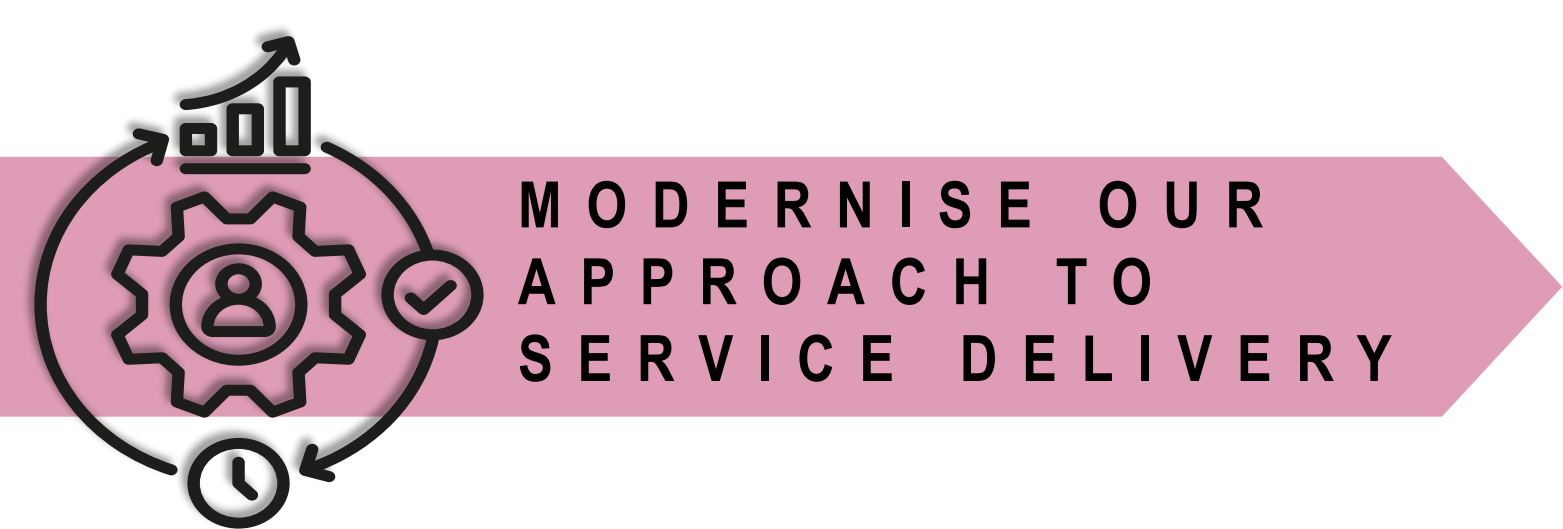
Priority B – Implementing Transformation

The following are the projects activities we will undertake to contribute towards achieve this priority.

Description	Rationale	Outcome/ Impact	Measure	Target
Deliver ACHSCP commitments in the GP Vision	Our population are experiencing challenges in accessing GP appointments at the right time, demand is high, and we don't have the resources to meet this. We are committed to creating opportunities to change the way general practice services are delivered and implementing the Grampian General Practice Vision should help resolve this. ACHSCP staff have particular responsibilities within the Vision and City IJB resource will therefore be allocated to those. The Vision is to 2030.	Commitments delivered and the impacts of those realised.	Commitments delivered	
Implement and review Primary Care Improvement Plan (PCIP)	Our population are experiencing challenges in accessing GP appointments at the right time, demand is high, and we don't have the resources to meet this. We are committed to creating opportunities to change the way general practice services are delivered and continuing to deliver the 6 workstreams within the PCIP is one way to do this. A review of the PCIP is also planned to ensure work continues to focus on the right areas. The review is being undertaken in conjunction with Aberdeenshire and Moray HSCPs to share good practice.	Efficient delivery of services and areas of improvement. It is hoped this work will have a positive impact on people's experiences of General Practice however not all of the impacts will be realised in Year 1.	Commitments delivered	
Deliver ACHSCP commitments from the Discharge Without Delay Collaborative	Adult Social Care services are at capacity causing longer waits for assessment and lowering performance on Delayed Discharges. The Discharge Without Delay Collaborative is a pan-Grampian piece of work, with support provided from NHS Grampian and all three HSCPS. ACHSCP will lead specifically the Discharge to Assess (D2A) and Frailty at the Front Door (a Geriatrician-led, admission avoidance service delivered within the Emergency Department) Projects, providing senior project management support into these.	The aim of the collaborative is to reduce lengths of stay and delayed discharges and to improve the 4-hour waiting time target for the Emergency Department at Aberdeen royal Infirmary.	Budget Saving Acute Geriatric length of stay Community Hospital length of stay Delayed Discharges 4-hour Performance	£999,000 20% reduction 20% reduction 20% reduction 3-5% improvement
Redesign model of support to Amputees to community-based provision	Amputees can experience lengthy stays in hospital and delayed discharge. It is anticipated a redesign of the model of support to a community-based pathway will reduce the time spent in hospital and provide improved patient experience.	Improved patient experience, reduced Lengths of Stay and Delayed Discharge.	Patent Experience Lengths of Stay Delayed Discharge	N/A
Codesign alliancing work with Counselling Services	There are a number of providers delivering counselling services across the city and demand for these services is high. This project is about enhancing collaboration across the providers to design an integrated service which maximises the capacity available and optimises the experience for those using the service.	Improved experience, reduced wating times and elimination of duplication.	Feedback Waiting Times	
Implement redesign of residential substance use service with a view to delivering a community-based support service model	Consultation feedback highlighted concerns over the availability of community support for those with substance use issues. We currently commission a residential substance use service and this project is about implementing a redesign of this service with a view to delivering a community-based support service model.	Providing support in the right place at the right time from the right person.	Number of people supported in the community Feedback	
In conjunction with ACC colleagues, influence the redesign of Sheltered Housing to modernise the model of Housing Support	The right housing is a key element to good physical and mental health and wellbeing. Colleagues in ACC Housing are currently undertaking a review of Housing for Varying Needs. ACHSCP staff will work alongside this review helping to identify levels of need for the various types of housing and the associated requirements for Housing Support	People are housed in properties and receive support to maintain their tenancies appropriate to their needs. The review may cause some changes for individuals however they will be involved in the process of change which will be managed in line with all relevant policies	Proportionate change in provision of low medium and high levels of Housing Support	

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SHIFT OUR FOCUS TOWARDS PREVENTION AND EARLY INTERVENTION

Priority A – Improve both physical and mental health

The following are the projects activities we will undertake to contribute towards achieve this priority.

Description	Rationale	Outcome/ Impact	Measure	Target
Increase the number of people who accept the invitation of cancer screening on the basis of informed consent	Early detection of cancer can lead to early treatment and an improved outcome should cancer be found. The best way to achieve early detection is to participate in the cancer screening programmes for bowel cancer, breast cancer and cervical cancer that are available. We know that participation rates are lower in areas of deprivation and amongst some ethnic groups. This project is about targeting these groups ensuring they are informed of the availability of the screening and the benefits.	Improved screening uptake rates particularly in priority neighbourhoods, reduced length of stay for cancer and improved population health	Cancer related lengths of stay Increased participation rates	10% reduction 5%
Improve uptake of immunisations to at least the Grampian average level by March 2027	Various immunisations are on offer, but uptake rates are not as high as we would like. Immunisation prevents disease and maintaining immunity can help maintain good health and reduce the need for healthcare services. Staff immunisation can help maintain a healthy workforce and reduce the need to backfill for absence.	Increase immunisation rates helping to improve health	Uptake rates	Achieve at least Grampian average
Publish an agreed multi-agency Healthy Weight Action Plan for Aberdeen City by December 2025	Over half of the deaths in Aberdeen City in 2023 were associated with cancers and circulatory diseases, for which smoking, obesity, and physical inactivity are risks and obesity rates in 2023 were 32%, a significant increase from 23% in 2016-19. Action is needed to encourage the achievement of healthy weight to reduce potential harm and improve overall health.	A multi-agency Healthy Weight Action Plan will set out the activity needed for a whole system approach to tackling obesity	Plan published	By Dec 2025
Publish an agreed multi-agency Public Mental Health action plan for Aberdeen City by March 2026	In 2023, Dementia and Alzheimer's disease were the leading cause of death for females (13.4% of all female deaths) and the second most common cause of death for males (7% of all male deaths). In 2019-2023, an estimated 18% of people were deemed to have a potential psychiatric disorder. Action is needed to optimise whole system support	A multi-agency Public Mental Health Action Plan will set out the activity needed for a whole system response addressing gaps in support provision and making best use of resources.	Plan published	By Mar 2026
Publish an agreed multi-agency Ageing Well action plan for Aberdeen City by April 2026	By 2028 the number of 65–74-year-olds will increase by 14.4% and the number of 75+ will increase by 16.1% - that represents an additional 4,000 people who will potentially require health and social care. Interestingly in the 75+ age category the increase in the male population is expected to be 26.2%. Action is needed to help people to age well reducing the need for health care services in future.	A multi-agency Ageing Well action plan will provide increased clarity on preventative and early intervention activities and expected outcomes.	Plan published	By April 2026

Priority B – Reduce Harm

The following are the projects activities we will undertake to contribute towards achieve this priority.

Description	Rationale	Outcome/ Impact	Measure	Target
Decrease the number of women who are smoking during pregnancy in the 40% most deprived SIMD	Smoking during pregnancy can have significant consequences for mother and baby, and increases the risk of stillbirth, miscarriage and preterm birth. Around 9% of pregnancies booking their first midwife appointment are current smokers.	A reduction in smoking prevalence at booking could lead to improved maternal and foetal health and better outcomes for children.	Prevalence at booking Pregnant women setting quit dates	
Reduce the number of 13-18-year-olds in regular use of Vaping products	In 2022 and 2023, 5.6% of 13–18-year-olds reported that they were vaping regularly. The impact of vaping on long term health is not yet known but most vaping products contain nicotine.	Better long-term outcome for children.	% of 13–18-year-olds vaping	Reduction from 5.6% to 4%
Reduce harm caused by the use of drugs and alcohol	In 2019-2023 23% of adults were drinking alcohol above the guideline recommendations which is an increase on the previous period. In 2023 there were 54 drug related deaths, an increase from 42 in 2022. One of the specific project aims is to increase the number of Naloxone kits distributed to try to reduce the number of drug related deaths. Another is to refresh the Alcohol Prevention Strategy	Reduction in both drug related and alcohol related deaths	Drug related deaths Alcohol related deaths	10% reduction 10% reduction
Deliver & implement Action plans for Suicide & Self Harm Prevention Strategies	In 2023 there were 29 probable suicides (24 male and 5 female).	Reduction in the 5-year rolling average number of suicides	Number Suicides	Reduce

Priority	Action	Measure	Start Date	End Date
MODERNISING SERVICE DELIVERY				
Best use of Resources	Consolidate our use of properties	Reduction in Premises Costs by £153,000	Started	Mar-26
Best use of Resources	Deliver savings in Utility costs	Reduction in Utility Spend by £50,000	Started	Oct-25
Best use of Resources	Deliver efficiencies from robust management of vacancies	Reduction in Staff Costs by £1,346,000	Started	Mar-26
Best use of Resources	Reduce the number of posts in ACHSCP establishment	Reduction in Staff Costs by £884,000	Started	Mar-26
Best Use of Resources	Increase the use of technology and Technology Enabled Care across the system	No. of care packages including TEC	Started	Mar-26
Best use of Resources	Implement an Individual Budget approach to the charging of social care	Policy developed and approved, systems and communications in place	Started	Mar-26
Best use of Resources	Modernise care provision for Older People	Reduction in Spend by £3,328,000	Started	Mar-26
Best use of Resources	Review mix of residential care	Reduction in spend by £336,000	Started	Mar-26
Best use of Resources	Develop data dashboards to support the planning and delivery of services	Dashboards in place and reports informing work focus	Started	Mar-26
Best use of Resources	Modernise care delivery models for vulnerable adults including people with Learning Disabilities and Complex Needs.	Increase in % of clients with LD and Complex Needs living independantly; Reduction in Out of Area placements	Started	Mar-26
Best use of Resources	Implement transitions process to improve service user experience and future financial planning	Process implemented, client feedback, budget performance	Started	Mar-26
Best use of Resources	Redesign Day Care Provision for people with Learning Disabilities	Reduction in spend by £1,449,000	Started	
Best use of Resources	Review use and cost of Out of Area care	Reduction in spend by £174,000	Started	Mar-26
Best use of Resources	Reduce spend and achieve value for money with key commissioned service provider	Reduction in budget by £4,599,000	Started	Mar-26
Best use of Resources	Refresh Workforce Plan focusing on future staffing requirements taking service transformation into account	Refreshed Workforce Plan developed	Jul-25	Mar-26
Transforming Services	Deliver city commitments in the GP Vision	Commitments delivered	Started	Mar-29
Transforming Services	Implement and review Primary Care Improvement Plan (PCIP) to identify, successful efficient delivery of services and areas of improvement	Refreshed PCIP approved	Mar-25	Mar-26
Transforming Services	Deliver the Discharge Without Delay Collaborative commitments	Reduction in Bank Nursing spend by £999,000, delivery of DWD measures	Started	Mar-26
Transforming Services	Redesign model of support to Amputees to community-based provision	Closure of 6 beds, Length of Stay and Delayed Discharge Data	Started	Mar-26
Transforming Services	Codesign alliancing work with Counselling Services	Reduction in average waiting times; increase in inter-provider collaboration; and reduction in duplication of services and waiting lists	Started	Mar-26
Transforming Services	Implement redesign of residential substance use service with a view to delivering a community-based support service model	Redesign implemented	Started	Mar-26
Transforming Services	Develop an Initial Point of Contact Model (pre assessment offer) for adult social care.	Referral Rates	Started	Mar-26
Transforming Services	In conjuction with ACC colleagues, influence the redesign of Sheltered Housing to modernise the model of Housing support .	Numbers of tenants receiving low, medium and high support	Started	Mar-26
PREVENTION AND EARLY INTERVENTION				
Improve Health	Increase the number of people who accept the invitation of cancer screening on the basis of informed consent.	Cancer Screening Uptake Stats	Started	Mar-26
Improve Health	Improve uptake of immunisations to at least the Grampian average level by March 2027	Immunisation Uptake level	Started	Mar-27
Improve Health	Publish an agreed multi-agency Healthy Weight Action Plan for Aberdeen City by December 2025	Plan published following approval by relevant agencies.	Started	Dec-25
Improve Health	Publish an agreed multi-agency Public Mental Health action plan for Aberdeen City by March 26	Plan published following approval by relevant agencies.	Started	Mar-26
Improve Health	Publish an agreed multi-agency Ageing Well action plan for Aberdeen City by April 2026	Plan published following approval by relevant agencies.	Started	Apr-26
Reduce Harm	Decrease the number of women who are smoking during pregnancy in the 40% most deprived SIMD	Reduction in smoking prevalence at booking, number of pregnant women who set a quit date	Started	Apr-26
Reduce Harm	Reduce the number of 13-18-year-olds in regular use of Vaping products	No. 13–18-year-olds regularly Vaping	Started	Apr-26
Reduce Harm	Reduce harm caused by the use of drugs and alcohol	Reduction in deaths related to drugs and alcohol by 10%	Started	Mar-29
Reduce Harm	Deliver & implement Action plans for Suicide & Self Harm Prevention Strategies	5 Year Rolling Average No.of Suicides	Started	Mar-29

Aberdeen City Health & Social Care Partnership
A caring partnership

RISK, AUDIT AND PERFORMANCE

Date of Meeting	27 August 2025
Report Title	Workforce Plan Report 22-25 Final Progress Report
Report Number	*HSCP.25.066*
Lead Officer	*Sandy Reid, People and Organisation Lead*
Report Author Details	*Grace Milne* *Senior Project Manager* *gracemilne@aberdeencity.gov.uk*
Consultation Checklist Completed	*Yes*
Directions Required	*No*
Exempt	No
Appendices	*A – Workforce Plan Final Progress Report 22-25*
Terms of Reference	

1. Purpose of the Report

1.1. This report presents to the Risk Audit and Performance Committee the final progress Report for Aberdeen City Health and Social Care Partnership Workforce Plan 2022 - 2025. This report gives and overview of our current workforce over the period of the plan and the progress made against the Workforce Plan Priorities.

2. Recommendations

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

    a) Notes the progress of the Workforce Plan 2022 -2025
    b) Instructs officers to undertake full engagement process for the development of refreshed Workforce Plan 2025-2029

RISK, AUDIT AND PERFORMANCE

3. Strategic Plan Context

The ACHSCP Workforce Plan 2022 – 2025 aligns directly with the ACHSCP strategic plan 2022 – 2025, specifically in relation to our enabler for workforce. However, links have already been made to the areas of focus for the next Workforce plan directly from the Strategic Plan and Routemap for delivery 2025 -2029.

4. Summary of Key Information

4.1. On 29 November 2022, IJB approved the Aberdeen City Health and Social Care Partnership (ACHSCP) Workforce Plan 2022-2025. As required by Scottish Government and the IJB, the plan contains detailed information on; an overview of ACHSCP workforce at 2022. Alignment with the NHS plan for the future, ACC workforce plan, ACHSCP strategic plan, and our financial planning, feedback from the most recent workforce survey, shared learning from the impact of COVID-19 and the challenges we face, clear aims and key actions required over the 2022 -2025 together with the improvement measures and expected impact.

4.2. The current workforce plan was aligned to ACHSCP Strategic Plan 2022 – 2025 and we have continued to engage and collaborate with our ACC and NHSG colleagues on the development of their respective workforce plans to ensure they work in parallel and complement each other avoiding duplication where possible.

4.3. IJB instructed that the annual report on the workforce plan progress is reported to RAPC. Appendix A outlines the final progress report and summarisation of the workforce actions and highlights progress since the workforce plan came into place. This includes an encouraging increase in headcount and FTE/ WTE (Full Time Equivalent or Whole Time Equivalent) across the partnership. There has also been a decrease in staff turnover which suggests some stabilisation since the pandemic period. The report updates the impact on increase profile of ACHSCP at recruitment and job events and the impact of annual conference events on staff health and wellbeing. The report includes updates on implementation of the Health and Social Care (Staffing) (Scotland) Act 2019.

4.4. The report also includes areas of focus for refreshed workforce plan which have already been identified through our engagement and development of the Strategic Plan 2025 – 2029. A timeline and engagement and consultation plans are set out for the development of the refreshed Workforce Plan 2025 – 2029.

5. Implications for IJB

5.1. Equalities, Fairer Scotland and Health Inequality

The ACHSCP Workforce Plan 2022 - 2025 aims to have a positive impact on all staff across the workforce including those with protected characteristics as defined in the Equality Act (2010). Prior to the introduction of the new Integrated Impact Assessment (IIA) and guidance approved by IJB on 25 April 2023 a Stage 3 Health Inequalities Impact Assessment (HIIA) was completed for the workforce plan which can be found here. There are no further IIAs required for this particular report.

5.2. Financial

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

The ACHSCP Workforce Plan 2022 – 2025 has focussed on three key themes for the ACHSCP workforce over three years; recruitment and retention, health & wellbeing, and growth & development opportunities. The ACHSCP Workforce Plan final Report 2022/25 outlines progress to date and sets out areas of focus for the next workforce plan.

5.4. Legal

There are no specific legal implications related to this report.

5.5. Unpaid Carers

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The key themes identified in the ACHSCP Workforce Plan 2022 – 2025 will have a positive impact on unpaid carers as part of our workforce and the priorities set out in our ACHSCP Strategic Plan 2022 - 2025. The importance of the advice and guidance required to support unpaid carers as part of our workforce forms part of our working culture. The plan was developed alongside Carer's strategy which has specific actions to support unpaid carers as part of our wider workforce and to value their role within the health and social care system.

5.6. Information Governance

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

5.7. Environmental Impacts

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

5.8. Sustainability

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

5.9. Other

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

RISK, AUDIT AND PERFORMANCE

6. Management of Risk

6.1.   Identified risks(s)

Risks that if there is not a focus on Recruitment and Retention and supporting people into careers at Health and Social Care would cause more vacancy issues across the partnership, affecting service deliver.

Risks that if there is not focus on Staff Mental Health and Wellbeing that staff turnover increases as well as continued high absence rates, again affecting service delivery across the partnership.

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

Risk 1 - Cause: Relationship arrangements between the IJB and its partner organisations (Aberdeen City Council & NHS Grampian) in areas such as governance, human resources; and performance
Event: Relationships are not managed in order to maximise the full potential of integrated & collaborative working.
Consequence: Failure to deliver the strategic plan and reputational damage

Risk 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.

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

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 plan clearly sets out how changes and improvements will be made and how the progress and impact of the plan will be measured. These actions directly contribute to the controls and mitigations required in relation to the risks identified above.

A session was conducted on the 13 October 2023, to consider risks 1 & 7 in a deep dive of how we are mitigating and how we can develop and strengthen our mitigation of these risks.

Specifically, for Risk 1, the main proposal to help provide further assurance was: A joint approach to be taken to mitigate the risk.

-          There are further opportunities to collaborate

-              Mutual aid approach can be examined.
-              The 10 providers work well together to keep people safe and prevent hospital admission.

It is proposed that the partnership working continue through the Workforce Priority workstreams to support each other with best practices, shared learning and resources.

6.4. Specifically in relation to Risk 7, the main proposals raised/assurances given were: Improve the application processes; promote retention opportunities; look at guaranteed interview schemes, change advertising processes; utilise the untapped workforce refugees and asylum seekers and support them in to our workforce; promote shadowing opportunities; the holding of the Partnership's recruitment fair; and streamline information for the workforce. These are all main themes and actions of the Recruitment and Retention workstream and will be explored and delivered collaboratively to support whole system workforce.

6

Workforce Plan 2022 – 2025
Final Progress Report

Contents

Foreword

This report is the final progress report for the Aberdeen City Health and Social Care Partnership Workforce Plan 2022 – 2025. This report gives an overview of our current workforce, and the progress made against the workforce plan priorities.

Workforce Plan Priorities;-

- **Staff Health and Wellbeing**
- **Recruitment and Retention**
- **Growth and Development Opportunities**

Our workforce over 2022 – 2025 saw recovery and remobilisation from the COVID Pandemic, an unprecedented increase in demand, as well as a difficult financial climate. Our workforce has shown its resilience withstanding these pressures, while maintaining good levels of care and support to the population of Aberdeen City.

Over the past 3 years we have seen significant progress against our Strategic and Delivery Plan, that is down to our committed workforce. Links to that progress is within our Annual Performance Reports here;-
- **2022-2023 Annual Report**
- **2023-2024 Annual Report**
- **2024-2025 Annual Report due to Integration Joint Board September 2025**

This report comes at a time where we have just recently approved our new Strategic Plan 2025 – 2029, setting new aims –
shift focus to prevention and;
early intervention and modernise our approach to service delivery.
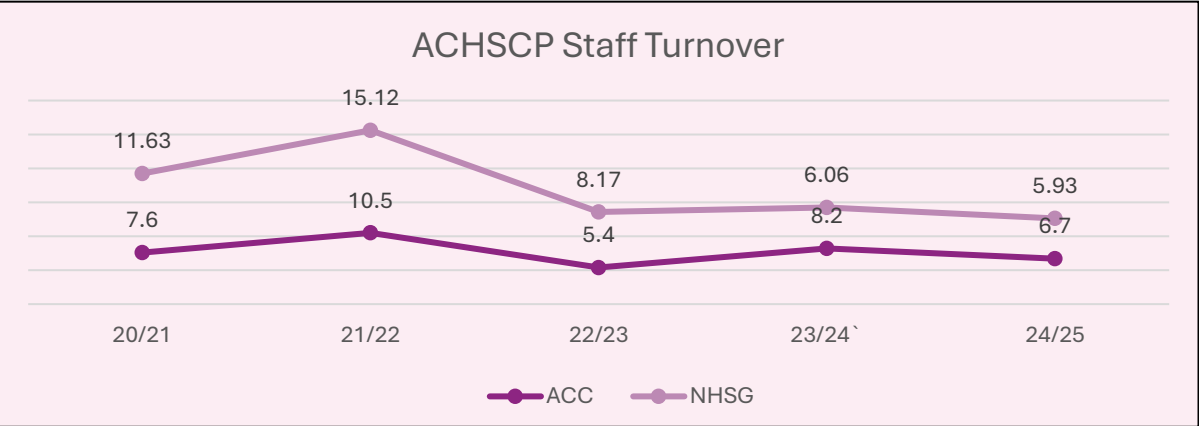
Our learnings from this workforce plan will impact our refreshed workplan and reflect our new Strategic Aims, many of our commitments over the next four years will impact our staff and how our services are delivered. We welcome staff input and support in development of the workforce plan and looking forward to future engagement sessions.
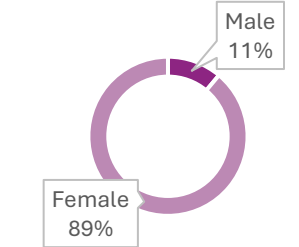
Workforce Overview

Overall, our workforce has grown in numbers over the years to support the increase of demand and pressures, and after the initial flux after the pandemic our staff turnover has remained steady. These figures unfortunately do not show the number of promotions within our internal services although our Grow our Own approach supports internal career progression. We understand that our financial climate may not be able to sustain additional capacity for staff going forward, we will have to ensure we maximise capacity by modernising our approach to service delivery and focus of early intervention and prevention. Our recent staffing protocol and scrutiny around vacancies that was introduced earlier in 2025 has had an impact on our headcount into 25/26. More on page 13.

We still have a large Female workforce population; however figures have slightly increased in our male workforce over the 3 years. Increase from 2022 9.68% Male to 2025 11.08%. Our workforce is approximately three quarters NHSG employed staff and one quarter ACC employed staff. However partnership workforce expands further than that across Commissioned services, working together towards the same outcomes.
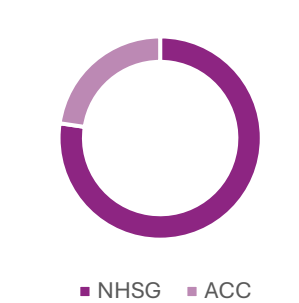
	2020	2021	2022	2023	2024	2025
WTE (Whole Time Equivalent)	1744.21	1741.31	1830.54	1933.13	1950.61	2046.96
Headcount	2164	2122	2197	2265	2317	2431

2025 Workforce Gender

Male 11%
Female 89%

- Male ■ Female

Staff Employed FTE

■ NHSG ■ ACC

ACHSCP Staff Turnover

	20/21	21/22	22/23	23/24`	24/25
ACC	7.6	10.5	5.4	8.2	6.7
NHSG	11.63	15.12	8.17	6.06	5.93

━●━ ACC ━●━ NHSG

Staffing groups and services across ACHSCP include;

▶ Community Nursing

▶ Allied Health Professionals

▶ Community Mental Health service

▶ Public Health services

▶ Substance Misuse and Alcohol services

▶ Sexual Health services

▶ Public Dental services

▶ Primary Care (General Medical; General Dental, General Ophthalmic, Community Pharmacy)

▶ Social Work services for adults and older people (including Criminal Justice services and physical disabilities)

▶ Support for people with learning disabilities and mental health conditions

▶ Specialist older adults & rehabilitations services

▶ Granite Care Consortium

▶ Bon Accord Care

▶ Strategy & Transformation Team

Workforce Overview

Absence Data helps us understand our workforce and enables the partnership to help put measures in place to keep our staff healthy. We value our staff and want to look after their wellbeing.
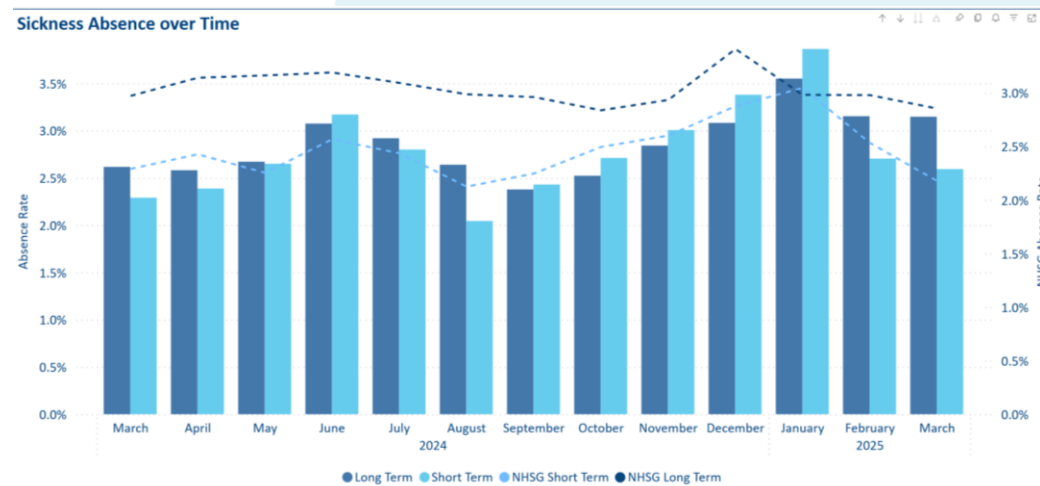
The main reasons for absence still includes, anxiety stress and depression, flu, colds and respiratory conditions and stomach bugs however over the span of the Workforce Plan there is a significant increase on the number of MSK issues reported.

Figures here show different information for each parent organisation, NHSG Staff have information for long- and short-term absence rate, note that ACHSCP Staff a have less long-term staff absent but often are over the average for short term absences.

ACC Staff information show the % of staff absent monthly. This roughly equates to 4.5 to 5.5 working days lost per Full Time Equivalent every month.
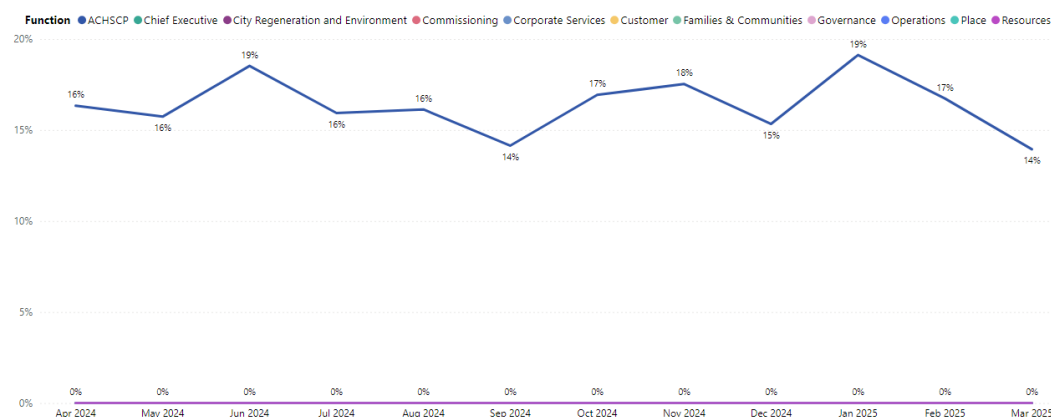
Through our workforce plan we have been encouraging uptake of Winter Flu and Covid vaccinations to protect our staff and patients. To support health and wellbeing in the workplace we also encourage staff to undertake mandatory training to keep up with health and safety techniques, healthy working lives initiatives (more info on page 10) and encourage staff to take regular breaks.

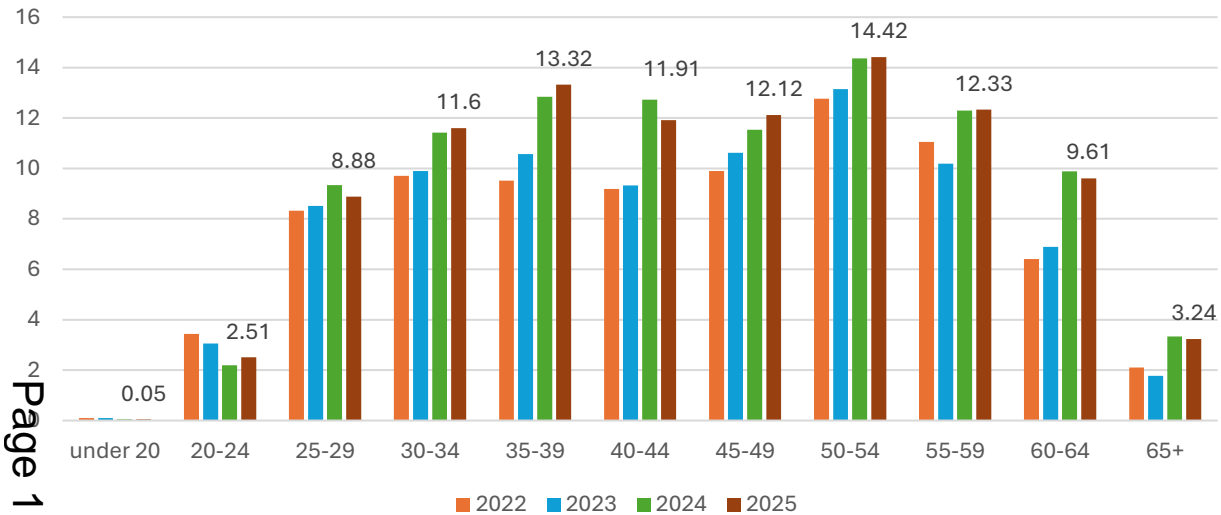## NHSG Staff Absence

ACC Staff Absence

Workforce Overview

ACHSCP Staff Age Group Percentage %

Legend: 2022, 2023, 2024, 2025

Values shown: 0.05, 2.51, 8.88, 11.6, 13.32, 11.91, 12.12, 14.42, 12.33, 9.61, 3.24

ACC ACHSCP Staff Length of Service

Legend: 30+, 20 to 29, 10 to19, 5 to 9, Under 5
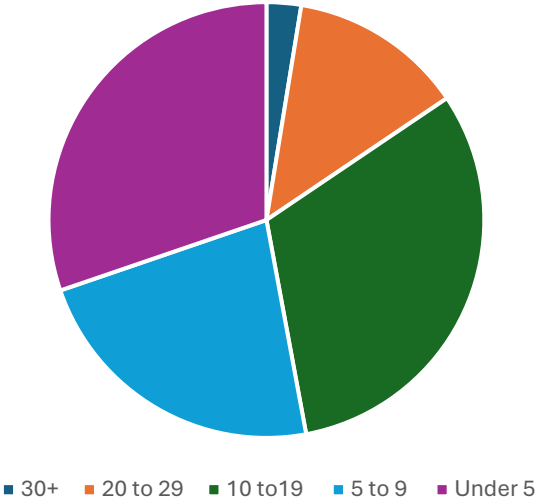
Looking at our age profiles of our staff helps us plan for our future workforce.

We recognise that we have 25% of our current workforce could potentially retire within the next 10 years. We have to ensure we are consistently trying to attract new people into Health and Social Care careers, as well as looking to our experienced colleagues to share knowledge and experience with our younger workforce. It is encouraging to see that our 20 – 44 age ranges have increased overall over the past 3-4 years, than our 45 - 65+. More information on our career pathways and recruitment and retention at page 14 and what ACHSCP are doing to encourage those in higher education to choose a career in Health and Social Care.

In November 2024, the Equalities and Human Rights Sub-Group reviewed the Equalities data we hold for our staff from both ACC and NHSG. The Group discussed the influence ACHSCP can have on support our staff with protected characteristics and what actions we put in place.

We collect information such as gender, sexual orientation, disability and ethnicity information.

The Equalities Outcomes Mainstreaming Framework is due to be refreshed in 2025 and these conversations will influence our refreshed equalities outcomes for our staff, public and patients.
Latest EOMF Progress Report | Aberdeen City HSCP
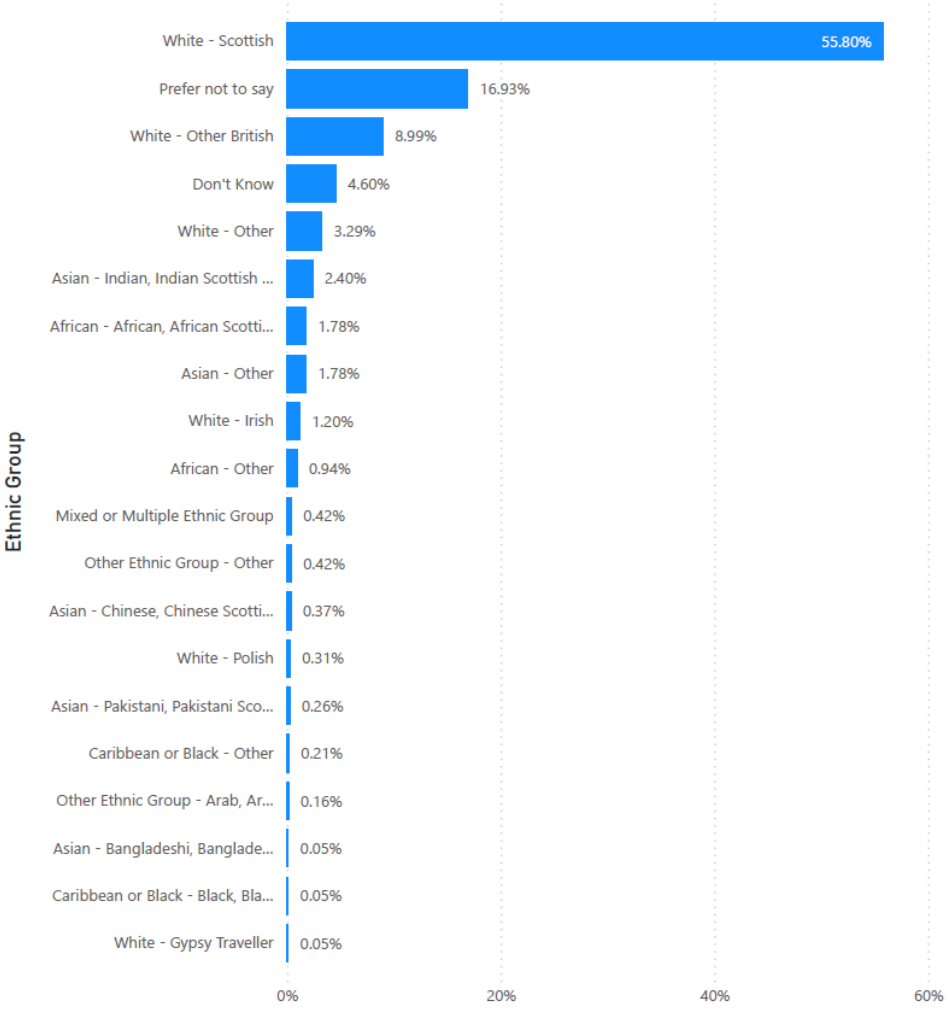
Equalities and Protected Characteristics

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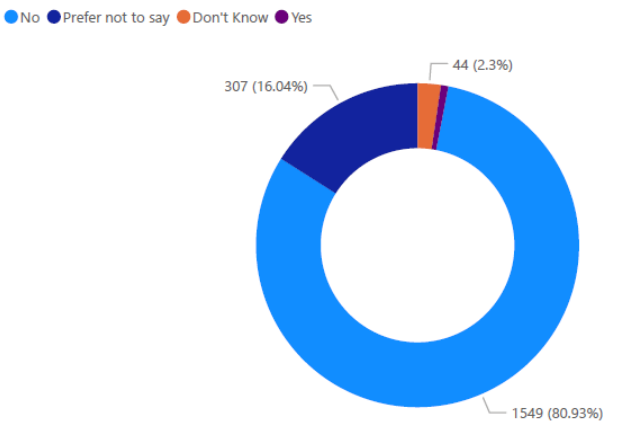
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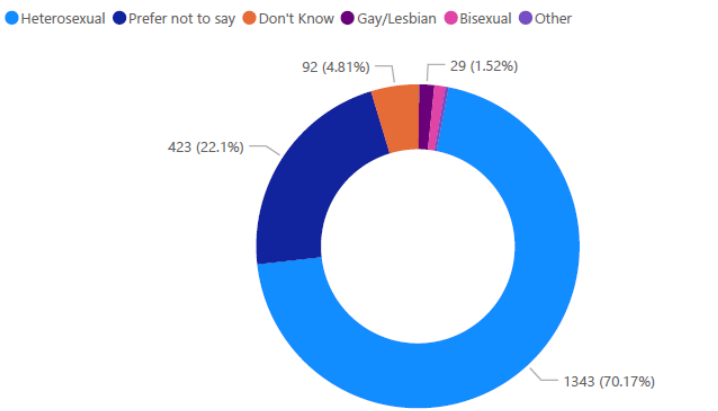Latest EOMF Progress Report ↓
Aberdeen City HSCP

Aberdeen City H&SCP Headcount by Ethnicity – March 2025

Ethnic Group	Percentage
White - Scottish	55.80%
Prefer not to say	16.93%
White - Other British	8.99%
Don't Know	4.60%
White - Other	3.29%
Asian - Indian, Indian Scottish ...	2.40%
African - African, African Scotti...	1.78%
Asian - Other	1.78%
White - Irish	1.20%
African - Other	0.94%
Mixed or Multiple Ethnic Group	0.42%
Other Ethnic Group - Other	0.42%
Asian - Chinese, Chinese Scotti...	0.37%
White - Polish	0.31%
Asian - Pakistani, Pakistani Sco...	0.26%
Caribbean or Black - Other	0.21%
Other Ethnic Group - Arab, Ar...	0.16%
Asian - Bangladeshi, Banglade...	0.05%
Caribbean or Black - Black, Bla...	0.05%
White - Gypsy Traveller	0.05%

Aberdeen City H&SCP Headcount by Disability – March 2025

Legend: No, Prefer not to say, Don't Know, Yes

- 44 (2.3%)
- 307 (16.04%)
- 1549 (80.93%)

Aberdeen City H&SCP Headcount by Sexual Orientation - March 2025

Legend: Heterosexual, Prefer not to say, Don't Know, Gay/Lesbian, Bisexual, Other

- 92 (4.81%)
- 29 (1.52%)
- 423 (22.1%)
- 1343 (70.17%)

Wider Partnership

Granite Care Consortium (GCC)

Granite Care Consortium is 9 different organisations working in collaboration to tackle Care at Home across Aberdeen. The organisations are; - Aberdeen Cyrenians, Ann Inspired Care, Blackwood, Community Integrated Care, MyCare Grampian, Paramount Care Aberdeen, Penumbra, Specialist Resource Solutions (SRS), Voluntary Services Aberdeen (VSA).

Case Study 6, page 56 of the Audit Scotland report IJB Performance Report showcases GCC as an approach and collaborative model. Integration Joint Boards' Finance and performance 2024

Bon Accord Care

Bon Accord Care have produced annual reports detailing their progress you can find the latest report here for further information annual-impact-report-2023-2024.pdf

Bon Accord Care Headcount/ FTE						
	2020	2021	2022	2023	2024	2025
Headcount	1128	1092	1154	1037	1081	945
Actual FTE	589	604	595	586	627	580

STAFF MENTAL HEALTH and WELLBEING

Progress against Staff Mental Health and Wellbeing

We continued progress and achieved aims against the workforce plan to help support Staff Mental Health and Wellbeing.

Wellbeing initiatives such as Healthy Working Lives and We Care have a vast range of activities available to all staff. We encourage our teams and managers to allow space for staff to attend if they wish and for our staff to take regular breaks. We recognise that this can be easier for some teams than others.

Reduced working week now implemented for ACC Colleagues and working towards the same for NHSG staff by March 2026, this will have an impact on staff mental health and wellbeing.

Staff recognition and celebrating achievements have been met by annual conference events as well as better communications and presence on Social Media.

Aim 1
Support staff to achieve a healthy work/life balance by exploring what works best in relation to flexible working whilst meeting the needs of services.

Aim 1; Continued Progress
Well established health and wellbeing initiatives in place to support work/life balance with increased uptake. Work to progress to 2025 on improving flexible working arrangements and additional support initiatives (pg10)

Aim 2
Build on our 'We Care' approach to develop & implement a framework for our values which contains a programme of mental health & wellbeing and a range of QI approaches/ Champions to support the mental health & wellbeing of staff.

Aim 2; Continued Progress
Staff engaged with the We Care Framework and values, linked with health and wellbeing initiatives in Aim 1, we will look to continue increased uptake and support promotion across wider partnership services year on year.

Aim 3
Develop & implement a 'keeping us informed' forum for all staff within ACHSCP and recognise & celebrate the achievements of staff.

Aim 3; Continued Progress
Page 11 has overview of the actions that have taken place to increase the profile of ACHSCP with annual conferences, focusing on shared learning, celebrating achievement, staff values and what matters to them.

Aim 4
Reduce the number of meetings that staff are required to attend by 20%.

Aim 4; Achieved
Hybrid Working, use of technology with shared collaboration spaces and work led by IJB around Culture and Governance Review has seen a reduction on meetings for staff to attend.

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Healthy Working Lives

Over the 3 years there has been over 2000 staff attendees to the Health Working Lives initiatives and sessions.

In total 750 staff attended the various therapies in the period from April 2024 to March 2025. These include complementary therapies, mindfulness sessions, reiki and reflexology. We also have had sessions delivered by NESCOL Students allowing for further benefit learning and experience too which in turn benefits our staff.

Complementary Therapy by NESCOL students	17
Reiki	70
• Reflexology	105
• Complementary Therapy	128
• Sound Bath	40
• Mindfulness	144
• Pedicure	246

"I had a wonderful pamper with the lovely Angie on Tuesday, it was just what I needed."

"I had an amazing session and I got a lot of benefit from it, it is brilliant that these are available for staff to use, I will be encouraging colleagues to go."

WE CARE

We Care is a staff health and wellbeing programme established to deliver, co-ordinate and enhance staff wellbeing across NHS Grampian and Health and Social Care Partnerships. Our workstream will look to further promote and embed the programme within the workforce teams across the partnership and record its impact. More information here on the **We Care Hub**

STAFF MENTAL HEALTH and WELLBEING

WE CARE
...because you care
Wellbeing support for all health and social care staff across Grampian

To support our staff mental health and wellbeing and as part of our aims, we have held two annual conferences, one throughout 22/23 and most recently Christmas 2024. This was to celebrate achievement and to bring together our workforce for collaboration opportunities and shared learning.

Both events had a focus of staff wellbeing, celebrating achievement and showcasing best practice. Presentations, stalls and key workforce discussions structured each programme. Here is a video of our first event, hearing from attendees about best ways to connect. https://youtu.be/Mi_eDwsaMbc

The outputs of these events have helped inform our new Strategic Plan and will support the development of our next workforce plan, continuing the communication and opportunities to collaborate with our workforce. The value of these type of events support health and wellbeing, showcasing the initiatives available for the staff all year round. Most importantly we ask that our staff give feedback at these events so we can make the most of the time we use together. These events have been well received with overwhelming majority rating them a good use of time.

Both sessions focused on "What matters to you?", and "what does wellbeing mean to you?" There is a crossover with answers and this is what our colleagues value and what wellbeing at work looks like. These are reflected within the Strategic Plan values. Transparency, Honesty, Empathy, Respect, Equity

STAFF MENTAL HEALTH and WELLBEING

4.33
Average Rating
★★★★☆

Connection change
Supported enthusiasm
adding understanding
relationship
Recognition Respected Positivity
value Fun Balance Consistency
Decisions team
Flexibility Teamwork Honesty
Friendly
Trusted Listened Valued
Good
consistency
supported partnership
Communication
flexibility
working
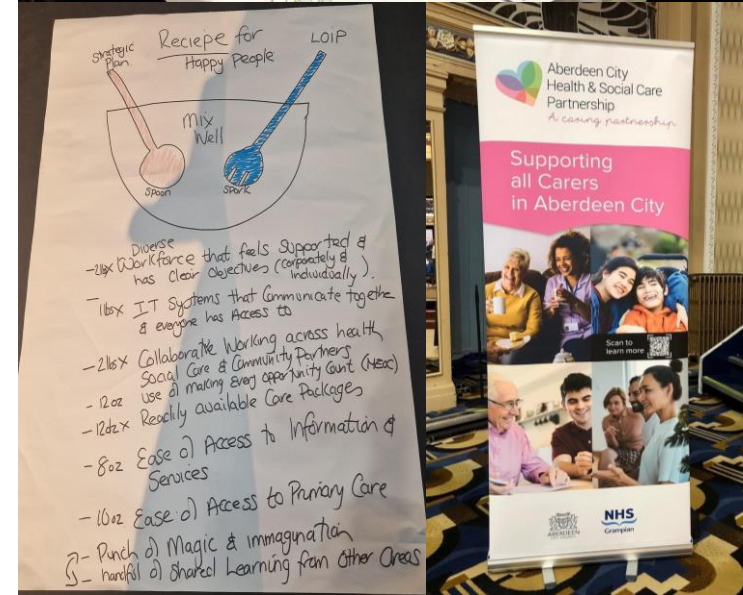
Progress against Recruitment and Retention

The Recruitment and Retention priority is essential for ensuring the future of our services. It vital that we encourage and support new people into our sector. Having a continued presence in the recruitment sector and showcasing the wide range of roles that Health and Social Care has to offer in Aberdeen City. We also need to encourage different pathways and avenues into our workforce such as apprenticeships, work experience and trainee positions.

Throughout 24/25 a Recruitment and Staffing protocol put in place that was reviewed on a quarterly basis allowing greater scrutiny and targeted approach for the services where we held a larger number vacancies.

Finally, we want to have Aberdeen City Health and Social Care Partnership as a recognised good place to work. We hold our Strategic Values, Vision and Strategic Aims in high regard, and what best way to do that is to make sure that all new staff is inducted into our organisation with these as set standard.

Aim 1

Develop a recruitment schedule which includes: Specific ACHSCP recruitment days which are delivered twice a year at suitable locations in the City. This will be supported and aligned with an increased social media presence to support the recruitment of staff.
A programme is developed to regularly attend recruitment days within Education settings and continue to support & develop projects such as Career Ready and Project Search.

Aim 1; Continued Progress

Recruitment and Staffing protocol put in place that is reviewed on a quarterly basis allowing greater scrutiny and targeted approach for the services where we held a larger number vacancies.

Aim 2

Support the development of the 'grow our own' approach and ensure future career pathways are available within ACHSCP.

Aim 2; Continued Progress
Similar to Aim 1, through the workstreams and employability networks forming closer working relationships with schools, colleges and universities to encourage career pathways into Health and Social Care.

Aim 3

Develop and introduce an induction for all new ACHSCP staff.

Aim 3; Not Started/ Paused
Due to the staff protocol and other conflicting priorities this action was paused. Appetite for this to stay in the refresh will be checked throughout the engagement process.

Staffing Protocol – Targeting frontline Service Vacancies

The workforce plan has had a focus on recruitment of careers into Health and Social Care services, particularly into posts that we often struggle to fill in Aberdeen City or Northeast of Scotland.

A Recruitment and Staffing protocol put in place that was reviewed on a quarterly basis allowing greater scrutiny and targeted approach for the services where we held a larger number vacancies. Over 24/25 the Staffing Protocol approved 228 posts for recruitment after reviewing vacancies. This process has contributed to a decrease in headcount and WTE overall in 25/26 monitoring numbers.

There are still areas in which we have to work on however, it is encouraging to see an increase in headcount and FTE (Full Time Equivalent) in Allied Health Professionals, Community Nursing.

Our focus for the next workforce plan, is to support our workforce to review our services and staffing levels, ensuring services continue to meet the Safer Staffing (Scotland) Act 2019 and ensure we modernise our approach service delivery across Aberdeen.

Safer Staffing (Scotland) Act

ACHSCP provides ongoing assurance to NHSG Board and Scottish Government towards compliance . Largest focus has been to date on nursing and there has been good implementation of the common staffing methodology across nursing teams. As part of the Action Plan, we have undertaken work to revise the procurement procedures and documentation utilised to plan and commission new care services from others. This was to fully comply with the requirements of the Act and in particular to ensure that new providers were aware of their duties to ensure appropriate staffing and to adhere to the Guiding Principles of the Act.

This year we have embedded in all tender documentation that any bidder must answer a mandatory question on being aware of the duty to have appropriate staffing and to abide by the Guiding Principles. Going forward providers would not receive a winning score without this clarification; our published template
contract also refers to the provider having agreed with the responsibilities under the Act. No provider would be awarded a contract who were not following national guidance in respect of this duty. In addition, our contract monitoring also checks to ensure compliance with the duty to ensure appropriate staffing and consider the guiding principles. Further actions include:

a) contract templates will be more specific – this work is being agreed with Aberdeen City Legal Department;
b) annual review of contract monitoring by team will firm up the ask around compliance on this duty.

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Recruitment Events and raising the profile of ACHSCP

On 1 November 2023 we trailed a Health and Social Care Recruitment Event. To promote vacancies and career options for Health and Social Care sector in Aberdeen City. ACHSCP to host this initial event to see the benefits for future job promotion and career pathways will benefit vacancy numbers across the sector. To take learnings into future events and job promotion. This event was well timed to support the winter surge and support the health and social care sector.

Approximately 300 attendees were welcomed by 18 organisations and teams. Feedback showed that organisations that were able to take applications for care worker posts etc with some organisations receiving over 100 applications on the day. These were quicklt followed up with interviews with good outcomes for vacancies.

The event also had "How to" sessions to encourage awareness of NHSG Vacancies and ACC Vacancies online, how to access and hints and tips for applications and interviews. ABZ Works also gave overview of how they can support people back into work. These events were held every hour and fully booked with 12+ attendees every session.

There are plenty of learnings from this initial event, its success in attendance and exhibitors proves that there is an appetite for finding out more about the Health and Social Care sector and that these type of events are useful.

Targeted events have also taken place regularly at RGU and Aberdeen University and ACHSCP have raised their profiles at the secondary school recruitment fayres across Aberdeen City.

We have also work closely with ABZ Works and their employment officers doing small group introductions to our support services, these are held regularly at Health Village and introduce potential staff to administration and maintenance positions.

Recruitment Video and promotion

We took the opportunity at the Beach Ballroom Event to held support a Recruitment Video to encourage those from further away to come to Aberdeen. We showcased Aberdeen City Health and Social Care Partnerships services and have used this in our recruitment advertising across social media too. Link here to view the video.

Raising the profile on Social Media for our Leadership posts have supported applications from other areas. We will continue to develop this approach when recruiting.

Career Ready

Aberdeen City Health and Social Care Partnership (ACHSCP) have been supporting young people through the Career Ready mentoring scheme since 2018. The mentoring scheme matches mentors in the Partnership with young people in S5. The programme runs for 18 months and includes a 4-week paid internship where the young people attend work within the Partnership.

The cohort of young people for 2022/2024 undertook their internships during July 2023. There were 4 young people who were mentored by Partnership staff and 1 additional young person who was mentored by an Aberdeen City Council colleague but who undertook their internship in the Partnership.

The cohort of young people for 24/25 are currently undertaking their internships during July 2025. There are 4 young people who are mentored by Partnership staff.

Each intern has their interests and areas of the services that they would like to explore. The Mentors have set a 4-week programme for them to shadow, learn and undertake tasks across the Partnership.

Supporting the Career Ready programme not only helps the young people, but also increases mentoring skills in the Partnership and helps promote the work of the Partnership whilst showcasing the Council and NHS Grampian as potential future employers, thus assisting the Partnership's Workforce Plan.

Future development of the young workforce will continue to be progressed through the Recruitment and Retention Workstream of the Workforce Plan.

BAC Apprenticeships

The Young Workforce team at Bon Accord Care have successfully expanded the provision of Apprenticeships due to the demand on the Health & Social Care sector, and the positive reputation of Bon Accord Care's 'Classroom to Career' pipeline. We work across Social Services & Healthcare, Business Administration and Business Management frameworks. Also supporting school placements for Career Ready pupils who complete summer internships to boost their employability skills.

Number of placements

➢ 22/23 – 44
➢ 23/24 – 63
➢ 24/25 – 67

GROWTH and DEVELOPMENT OPPORTUNITIES

Grow our own

Progress against Growth and Development Opportunities

22/23 has seen the development of a few projects to support the workforce in the use of digital technologies and new platforms to support our workforce.

Implementation of D365 for Adult Social Care systems and MORSE within some of our NHSG Teams all helps towards utilised better technologies and reduce duplication. We know that there is still always work to be done to support better partnership working.

Our Growth and Development Opportunities workstream will be focusing on mapping out what is available to utilise across the partnership in 23/24. This will help support emerging National Care Service and any new working practices this may bring.

Aim 1
Aim 1; Embrace the use of digital technologies to develop and support the ACHSCP infrastructure & develop a road map with a focus on enablement for staff.

Aim 1; Started
Projects such as MORSE and D365 has seen significant changes. Workstream to continue development of aim into Refreshed Workforce Plan

Aim 2
Aim 2; Reduce the volume of administrative documentation required.

Aim 2; Achieved
Achieved through the use of Microsoft packages and use of CoPilot for minuting.

Aim 3
Aim 3; Staff are supported in the roll out of the National Care Service and any new working practices that this may bring.

Aim 3; Paused/ Reviewed
The actions for developing National Care Service has been paused, however there has been a report recently published by Scottish Government, Update of Care Reform bill and how that will impact our workforce.

Aim 4
Aim 4; Develop & implement smarter working policies which support staff to adjust and adapt as required.

Aim 4; Continued Progress
Reduced working week information at page 19 has enabled teams to review smarter working policies, and adjust and adapt service delivery to new working hours.

Aim 5
Aim 5; Re-design and adapt services where required.

Aim 6; In Progress
Delivery Plan, service and project review findings, supporting best practice and test of change to expand across partnership services.

Care Reform (Scotland) Bill

Plans to transform social care across Scotland will be progressed after the Scottish Parliament approved the Care Reform (Scotland) Bill in June 2025.

Thousands of people with experience of accessing, delivering and receiving social care, social work and community health services have helped co-design the legislation, putting people at the heart of reform.

The Bill will bring forward a number of enhancements to social care that include:

- enshrining Anne's Law into legislation to uphold the rights of people living in adult care homes to see loved ones and identify an essential care supporter
- strengthening support for unpaid carers by establishing a legal right to breaks, following the additional £13 million already allocated for up to 40,000 carers to take voluntary sector short breaks
- empowering people to access information on their care and improving the flow of information across care settings
- improving access to independent advocacy to guarantee people are heard and involved in decisions about their own care
- creating a National Chief Social Work Adviser role to provide professional leadership and champion the sector, as part of plans for a new National Social Work Agency.

Alongside the Bill, an advisory board will be established to drive progress and scrutinise reform, replacing an interim board that met for the first time in May. ACHSCP will be committed to include the implementation and development of this bill throughout the next workforce plan ensuring our workforce are supported to deliver the outcomes required.

GROWTH and DEVELOPMENT OPPORTUNITIES

Our iMatter report gives us consistent feedback every year from our Workforce, with many teams digesting the feedback and creating action plans to work on. There has been a slight dip in responses this year, however still an encouraging rate.
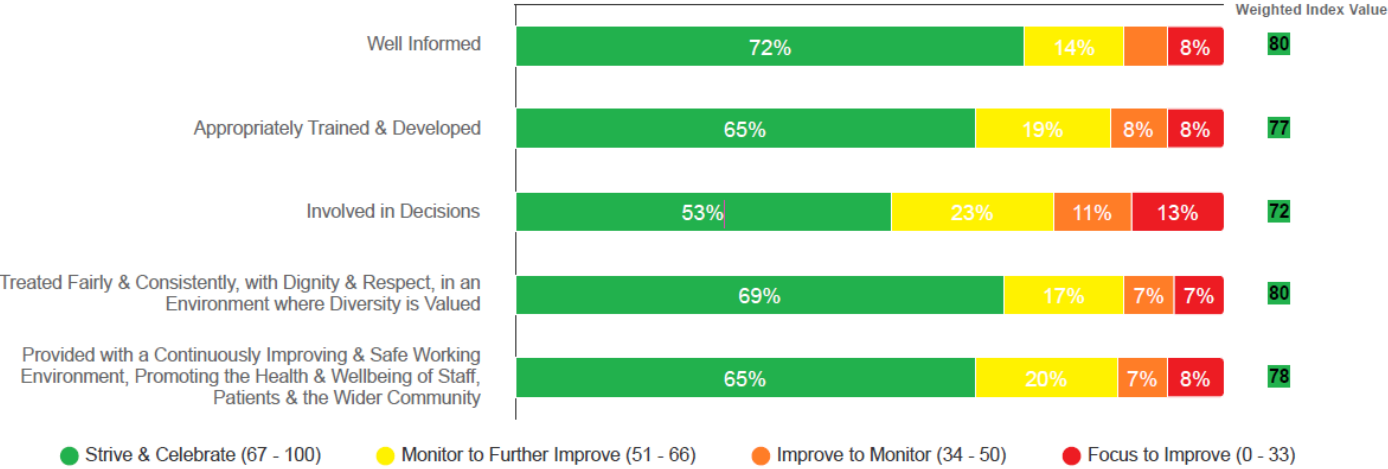
We have tried to address the consistently low scoring questions, mainly on visibility of the IJB/ SLT members across the organisation, however with the level of pressures that the system currently has, we know that this is not always able to be achieved from both perspectives of front facing services and decision-making teams. Initiatives the Conferences, newsletters and intranet can help bridge our communications within the organisation.

iMatter Response Rates

	2019	2021	2022	2023	2024	2025
Annual response rate	63%	58%	58%	64%	69%	63%
Completed Action Plans	48%	35%	39%	45%	55%	Not yet completed

Page 113

Encouraging that our Staff Governance Standards still remain predominantly in the Strive and Celebrate categories. However, it the 2025 report indicates a decrease in scores for staff feeling involved in decisions. This is also indicative within the level of response rate for the 2025 report when we had a good trend of increasing year on year. Work to ensure we gather better momentum and actions towards staff feeling involved with decisions will be included within the Delivery Plan and that staff feel involved in developing the refreshed workforce plan.

Staff Governance Standards - Strand Score Index

Standard	Strive & Celebrate	Monitor to Further Improve	Improve to Monitor	Focus to Improve	Weighted Index Value
Well Informed	72%	14%	8%		80
Appropriately Trained & Developed	65%	19%	8%	8%	77
Involved in Decisions	53%	23%	11%	13%	72
Treated Fairly & Consistently, with Dignity & Respect, in an Environment where Diversity is Valued	69%	17%	7%	7%	80
Provided with a Continuously Improving & Safe Working Environment, Promoting the Health & Wellbeing of Staff, Patients & the Wider Community	65%	20%	7%	8%	78

● Strive & Celebrate (67 - 100) ● Monitor to Further Improve (51 - 66) ● Improve to Monitor (34 - 50) ● Focus to Improve (0 - 33)

Aberdeen City Council – Implemented 35 Hour week

Aberdeen Council undertook a consultation that ended March 2025 to implement a reduction in full time working week to 35 hours. After trade union negotiations and further consultation a reduced working week was implemented from 1st July 2025.

The consultation period saw a numbers of briefings held, where staff were able to ask questions and raise concerns. Although there were talks about terms and conditions and any changes to pay, there were also concerns and discussion held about the impact to patients and services users with the reduced working week.

There is a recognition that this will enable a chance to review how we work and look for better efficiencies in procedures and new ways of working. A focus for the new workforce plan.

There are significant work taking place through Clinical and Care Governance Committee to ensure impact and actions of reduced working week on Adult Social Care Services.

NHSG – Staged approach for reduced working week

Agenda for Change - NHSG employees had a reduced 30 mins working week that came into effect from 1 April 2025. Proposals for further one hour reduction are due to be approved in autumn 2025 with plans for implementation for 1 April 2026 implementation.
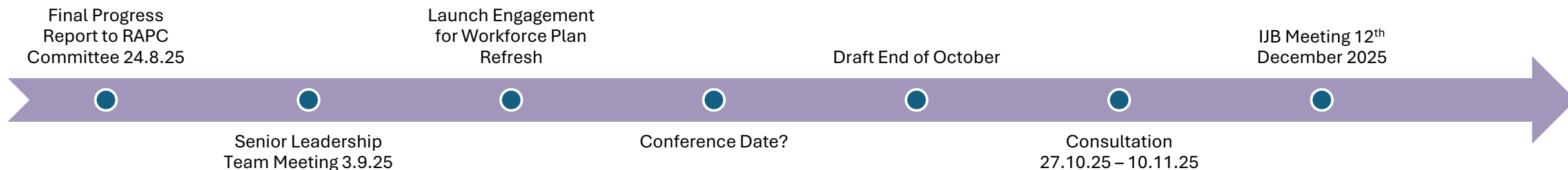
Again, staff are discussion reasonable adjustments to service delivery and minimal impact to patients and service users.

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GROWTH and DEVELOPMENT OPPORTUNITIES

Workforce Plan Refresh

Final Progress Report to RAPC Committee 24.8.25

Launch Engagement for Workforce Plan Refresh

Draft End of October

IJB Meeting 12th December 2025

Senior Leadership Team Meeting 3.9.25

Conference Date?

Consultation 27.10.25 – 10.11.25

Looking ahead

Our timeline above plans the next steps for the development of the refreshed Workforce Plan. We already have actions from the Strategic Plan and Route map for delivery that we can incorporate into the refreshed workforce plan that impact and support our Workforce.

Modernise our Approach to service delivery
- Actions to reduce non pay costs such as Infrastructure and Utilities
- Actions to reduce pay costs, which include careful management of vacancies and VSER.
- Service redesign and use of technology.

Focus on Early Intervention and Prevention
- Actions to reduce the future demand of our services.
- Actions to support Staff Health and Wellbeing

Our engagement process will ensure staff voices are heard and they are vital the development of the refreshed workforce plan.

Aberdeen City Health & Social Care Partnership

A caring partnership

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