



INTEGRATION JOINT BOARD

Date of Meeting	20.08.2019
Report Title	Strategic Risk Review
Report Number	HSCP 19039
Lead Officer	Alex Stephen, Chief Finance Officer
Report Author Details	Name: Martin Allan Job Title: Business Manager Email Address: martin.allan3@nhs.net
Consultation Checklist Completed	Yes
Appendices	a. Strategic Risk Register

1. Purpose of the Report

- 1.1. To present the Audit & Performance Systems (APS) Committee with the latest version of the Aberdeen City Health & Social Care Partnership's (ACHSCP) strategic risk register for an in-depth review of items 4, 5, 6 and 10.

2. Recommendations

- 2.1. It is recommended that the Audit & Performance Systems Committee:
- a) Approve and provide comment on the revised risk register, as detailed in the Appendix to the report; and
 - b) Undertake an in-depth review of risks 4, 5, 6 and 10, within the strategic risk register.

3. Summary of Key Information

Revised Strategic Risk Register

- 3.1. The strategic risk register has been reviewed by the risk owners and updates provided on each risk contained within it.



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3.2. Key changes to the strategic risk register in this version include:

- a) Alignment of the Strategic Risks to the approved Strategic Plan 2019-2022.

In-Depth Review of Risks 4, 5, 6 and 10

3.3. At the meeting of the APS Committee on 11 September 2018, the Committee agreed *“to monitor three/four risks within the strategic risk register at each Committee meeting up until the next review period, and to treat the register as a living document”*.

3.4. It is recommended that the APS Committee undertakes an in-depth review of risk 4, 5, 6 and 10.

Review of Risk 4- There is a risk that relationship arrangements between the IJB and its partner organisations (Aberdeen City Council & NHS Grampian) are not managed to maximise the full potentials of integrated & collaborative working. This risk covers the arrangements between partner organisations in areas such as governance; corporate service; and performance.

We need the ability to plan for an uncertain future; to work through ‘wicked’ issues; to work collaboratively across boundaries; letting go of our power and position base, providing the fertile ground for system leaders to evolve and where relationships and understanding of the whole process and system are key to working with and through others to solve complex issues. The shaping and changing of culture will transform service delivery using a collaborative, system wide and coproduced approach. The Strategic Plan of the IJB is the document where we set out our direction of travel. The refreshed Strategic Plan was approved by the IJB in March 2019. It was developed with reference to a number of existing delivery, partner and enabling plans, most notably NHS Grampian’s Clinical Strategy and the Local Outcome Improvement Plan (LOIP) where commitments, targets and measures already existed. The Strategic Plan highlights our five strategic aims - Prevention, Resilience, Personalisation, Connections and Communities – each of which has a number of commitments and priorities identified.

The Leadership Team’s 2019/20 objectives have all been set based on achieving the aims, commitments and priorities within the Strategic Plan and there are plans to roll this approach out all the way down to frontline staff establishing a golden thread that links all operational activity to the achievement of our strategic aims and enables staff to identify their contribution to this. Our approach will be risk based, solution focused and collaborative. Our decision making will be based on



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our learning experience and our data. We will be the driving force behind Aberdeen City becoming a place where citizens, communities, and third, independent and public sector partners work collaboratively together to ensure people are safe, supported and well.

Review of Risk 5- There is a risk that the IJB, and the services that it directs and has operational oversight of, fail to meet both performance standards/outcomes as set by regulatory bodies and those locally-determined performance standards as set by the board itself. This may result in harm or risk of harm to people.

This risk is under continual review. We have recently secured additional resource to review operational performance reporting. This will map out what performance data is reported, where and what it is used for. We will use this map to identify any gaps, produce the leadership team performance dashboards and further develop our performance reporting framework. This resource will also revise the role, remit and membership of the Performance Management and Evaluation Group (PMEG) with a view to switching its focus to embedding performance management at an operational level throughout the partnership.

In the past few months we have developed and responded to a number of initiatives to enhance our understanding of the partnership's overall performance status. We are progressing with the implementation of the partnership level Care Opinion module. The Care Opinion tool is already used by NHS Grampian, having started initially as Patient Opinion. The partnership module extends the tool to social care services including those that are commissioned externally which is particularly important for Aberdeen City as almost 100% of our social care services are commissioned this way. We aim to launch the tool at the Partnership conference in October with a communication and promotion campaign planned for August and September to achieve buy-in from staff and providers to encourage service users to make use of it. Individuals can access the tool online to leave feedback on services anonymously. In addition we are in the middle of undertaking our locally commissioned survey. Unlike the national survey, this is targeted at our service users. The information we glean from these exercises will give us real life, real time feedback on the perception of our performance as a partnership and provide us with areas of focus for improvement activity.

In May 2019 we completed the MSG Self Evaluation in relation to progress against integration. Although our result was very positive – 45% Exemplary, 41% Established, 14% Part Established and no area not yet established – we have identified areas for improvement and these have been compiled into an Action Plan with Lead Officers and Timescales assigned. Delivery of the plan will be monitored by the Leadership Team and an annual progress report submitted to the IJB in preparation for the anticipated repeat of the self-evaluation exercise next year.



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During June and July 2019 we have prepared the partnership's Annual Report which collates all of the relevant information to demonstrate our performance against national and local performance indicators. The report also captures qualitative information in relation to relevant developments that demonstrate our progress on the integration journey. The Annual Report is being considered by the Audit, Performance and Systems committee in August 2019 and will be presented to the IJB at their September 2019 meeting for approval before publication on our website as per the requirements of the Integration Scheme.

Between November 2015 and February 2016, the Care Inspectorate, jointly with Healthcare Improvement Scotland, carried out an inspection of health and social care services for older people in the Aberdeen City. Their report was published in September 2016. They made eight recommendations and a partnership Action Plan was developed to address these. In June 2018, the same regulatory bodies undertook a progress review where they considered the partnership had made good progress in relation to five of the recommendations, reasonable progress in relation to two, and limited progress in relation to one. Given the findings from the review and progress made, we were advised that there was no intention to conduct any further scrutiny in relation to the original recommendations, however we continue to review and progress delivery of the Action Plan within the Leadership Team to ensure that improvements are achieved and the partnership is prepared for any further inspection activity.

These activities combined with our already established performance management framework should hopefully give the Audit and Performance systems Committee and the IJB assurance that we are working hard to ensure we provide good quality services to meet people's needs and keep them well and safe from harm.

Review of Risk 6- There is a risk of reputational damage to the IJB and its partner organisations resulting from complexity of function, delegation and delivery of services across health and social care.

The risk of reputational damage links to all areas of the Partnership's work and therefore to all areas of the Strategic Plan. This risk is managed and mitigated by ensuring that intelligence about any emerging challenge which pose a reputational risk is communicated to the Communications Lead at the earliest opportunity. This allows all necessary communications activities to be planned in advance of such matters (eg service failures, budgetary challenges, controversial changes to service delivery) reaching the public domain. Communications with stakeholders, in such scenarios, is carefully considered and tailored to specific audiences (staff, public, partner organisations etc), and founded upon simple key messages in plain English. Meantime, robust and open relationships are maintained at all times with the media to ensure that they are confident that the Partnership is providing



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accurate, trustworthy and timely information on matters in which they are investigating

Review of Risk 10- There is a risk that ACHSCP is not sufficiently prepared to deal with the impacts of Brexit on areas of our business, including affecting the available workforce and supply chain.

This risk was added to the Strategic Risk Register in January 2019. The Partnership have been working closely with both NHSG and ACC and their EU Exit reporting structures to provide information and assurance on this risk. A lot of the control measures are being dealt with at a national level and will depend on the final political decision on the UK exiting the EU. The Partnership have been involved in the testing of reporting on potential EU exit implications through both ACC and NHSG and this reporting will re-commence as the end of October deadline approaches. The reporting mechanisms are fed through to a national Scottish Government level for consideration. This risk links to the Strategic Plan in two ways. In terms of Communities-within the Plan there is a priority to develop a Risk Management and Business Continuity Plan. A lot of the potential risk of the UK exiting the EU will test the Partnership's Business Continuity Plans. In terms of Resilience-the risk tests the resilience of the organisation to manage in circumstances that are unknown/unstable, as detailed in the Strategic Plan.

Implications for IJB

- 3.5. **Equalities** – while there are no direct implications arising directly as a result of this report, equalities implications will be taken into account when implementing certain mitigations
- 3.6. **Fairer Scotland Duty** – while there are no direct implications arising directly as a result of this report, the Fairer Scotland duty will be taken into account, where appropriate, where implementing certain mitigations
- 3.7. **Financial** – while there are no direct implications arising directly as a result of this report financial implications will be taken into account when implementing certain mitigations.
- 3.8. **Workforce** - there are no direct implications arising directly as a result of this report.
- 3.9. **Legal** - there are no direct implications arising directly as a result of this report.



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

4. Links to ACHSCP Strategic Plan

4.1. Ensuring a robust and effective risk management process will help the ACHSCP achieve the strategic priorities as outlined in its strategic plan, as it will monitor, control and mitigate the potential risks to achieving these. The Strategic Risks have been aligned to the Strategic Plan 2019-2022.

5. Management of Risk

5.1. Identified risks(s): all known risks

5.2. Link to risks on strategic or operational risk register: all risks as captured on the strategic risk register.

5.3. How might the content of this report impact or mitigate these risks: Ensuring a robust and effective risk management process will help to mitigate all risks.

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