Aberdeen City Health & Social Care Partnership

A caring partnership

Board Assurance and Escalation Framework

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Part 1: Introduction

1.1 Background

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

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

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

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

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

1.2 Regulatory framework

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

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

1.3 Purpose of the framework

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

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

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

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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

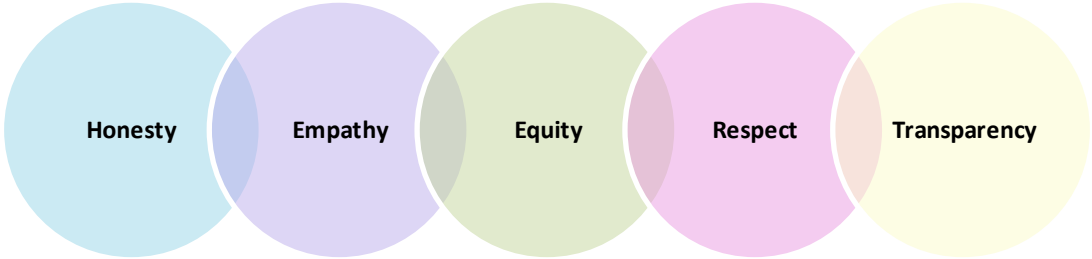
[3] Chartered Institute of Public Finance and Accountancy (CIPFA) and the International Federation of Accountants® (IFAC®). *International Framework: Good Governance in the Public Sector*, (2014) - http://www.cipfa.org/policy-and-guidance/standards/international-framework-good-governance-in-the-public-sector

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

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

1.4 An integrated approach to governance for health and social care

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



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

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

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

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

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

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

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

Table 1: Assurance and Compliance Framework

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

Part 2: The Framework

2.1 Strategic priorities

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

Strategic Aims			
Caring Together	**Keeping People safe at home**	**Preventing Ill Health**	**Achieve fulfilling, healthy lives**
Strategic Priorities			
❖ Undertake whole pathway reviews ensuring services are more accessible and coordinated ❖ Empower our communities to be involved in planning and leading services locally ❖ Create capacity for General Practice improving patient experience ❖ Deliver better support to unpaid carers	❖ Maximise independence through rehabilitation ❖ Reduce the impact of unscheduled care on the hospital ❖ Expand the choice of housing options for people requiring care ❖ Deliver intensive family support to keep children with their families	❖ Tackle the top preventable risk factors for poor mental and physical health including: - obesity, smoking, and use of alcohol and drugs ❖ Enable people to look after their own health in a way which is manageable for them	❖ Help people access support to overcome the impact of the wider determinants of health ❖ Ensure services do not stigmatise people ❖ Improve public mental health and wellbeing ❖ Improve opportunities for those requiring complex care ❖ Remobilise services and develop plans to work towards addressing the consequences of deferred care

Strategic Enablers				
Workforce	**Technology**	**Finance**	**Relationships**	**Infrastructure**
❖ Develop a Workforce Plan ❖ Develop and implement a volunteer protocol and pathway ❖ Continue to support initiatives supporting staff health and wellbeing ❖ Train our workforce to be Trauma informed	❖ Support the implementation of appropriate technology-based improvements – digital records, SPOC, D365, EMAR, Morse expansion ❖ Expand the use of Technology Enabled Care throughout Aberdeen. ❖ Explore ways to assist access to digital systems ❖ Develop and deliver Analogue to Digital Implementation Plan	❖ Refresh our Medium-Term Financial Framework annually ❖ Report on financial performance on a regular basis to IJB and the Audit Risk and Performance Committee. ❖ Monitor costings and benefits of Delivery Plan projects ❖ Continually seek to achieve best value in our service delivery	❖ Transform our commissioning approach focusing on social care market stability ❖ Design, deliver and improve services with people around their needs ❖ Develop proactive communications to keep communities informed	❖ Develop an interim and longer-term solution for Countesswells ❖ Review and update the Primary Care Premises Plan

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

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

2.2 Risk Management Policy

a) Risk appetite

Risk appetite can be defined as:

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

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

b) Risk Appetite Statement

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

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

c) Risk Management Approach

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

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

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

d) Risk Assessment methodology

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

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

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

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

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

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

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

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

The IJB's risk measurement table is shown below:

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

Risk Matrix

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

The outputs from risk assessment are as follows:

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

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

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

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

The risks are identified by:

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

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

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

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

Corporate Level: Operational Risk Register

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

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

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

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

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

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

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

Table 2: Risk Recording Format

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

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

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

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

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

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

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

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

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

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

2.3 Roles and Responsibilities for governance

a) Committee structure

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

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

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

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

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

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

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

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

b) Individual responsibilities

1. Board and corporate level:

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

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

2. Professional level:

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

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

3. Locality level:

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

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

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

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

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

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

		Safeguarding alerts Risk assessment Incident reporting	Locality Empowerment Groups	

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

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

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

2.5 Sources of assurance

a) Quality of services

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

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

b) Engagement

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

c) Other internal and external sources of assurance

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

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

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

Appendices

1 Strategic Risk Register format

2 Committee diagram

3 Transformation Programme Structure and Senior Management Structure

4 Role of the Committees

5 Clinical and care governance diagram

6 Risk assessment tables

7 Risk escalation process

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

Appendix 1 – Strategic risk register format

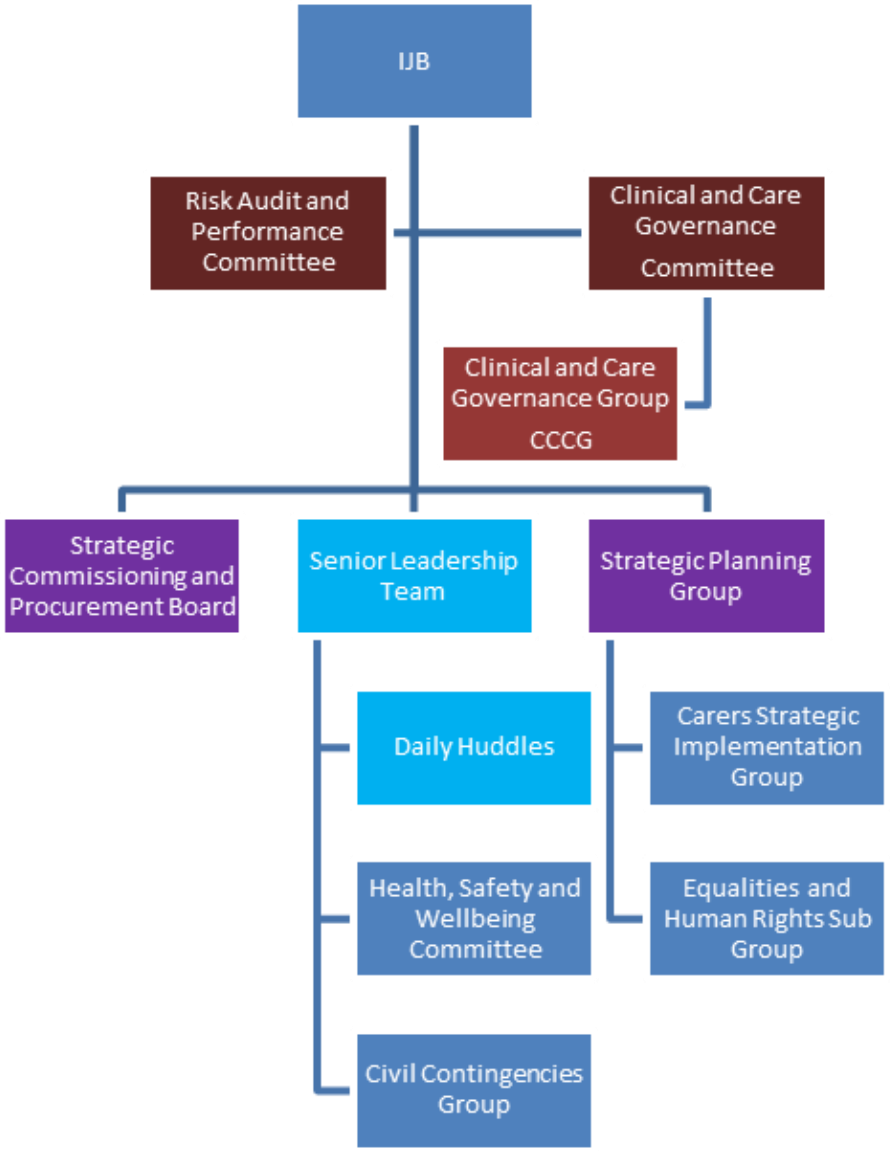
<table>
<tr><th colspan="3">- 1 -</th></tr>
<tr><td colspan="3">Description of Risk:</td></tr>
<tr><td colspan="2">Strategic Priority:</td><td>Lead Director:</td></tr>
<tr><td>Risk Rating: low/medium/high/very high

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

Rationale for Risk Appetite:</td></tr>
<tr><td>Risk Movement: increase/decrease/no change

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

Appendix 2 - Board Committee diagram



Appendix 3 – Roles of the Governance Groups

Principal function/s	Membership	Reports to	Reports received / reviewed
Senior Leadership Team			
• Monitoring the delivery of the Delivery Plan 2022-25. • Monitor Key Performance Indicators across services. • Provide oversight of political enquiries and complaints. • Monitor the ACHSCP's Strategic Risk Register and identify emerging risks and issues. • Monitor the ACHSCP's financial position. • Oversee the IJB and committees' business planners. • Approve regular initiatives including, annual contract workplan, annual audit plan, annual governance statement	The core membership is as follows: • Chief Officer • Chief Operating Officer-Chair • Chief Finance Officer • Medical Lead • Strategy & Transformation Lead • Business Support, Communications & Contingency Lead • People and Organisation Lead • Allied Health Professional and Grampian Specialist Rehabilitation Lead • Chief Nurse & Frailty Lead • Chief Officer Social Work (Adults) • Mental Health & Learning Disabilities Lead (Community) • Mental Health & Learning Disabilities Lead (Specialist/In-Patient) • Commissioning Lead • Strategic Home Pathways 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 /

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

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

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

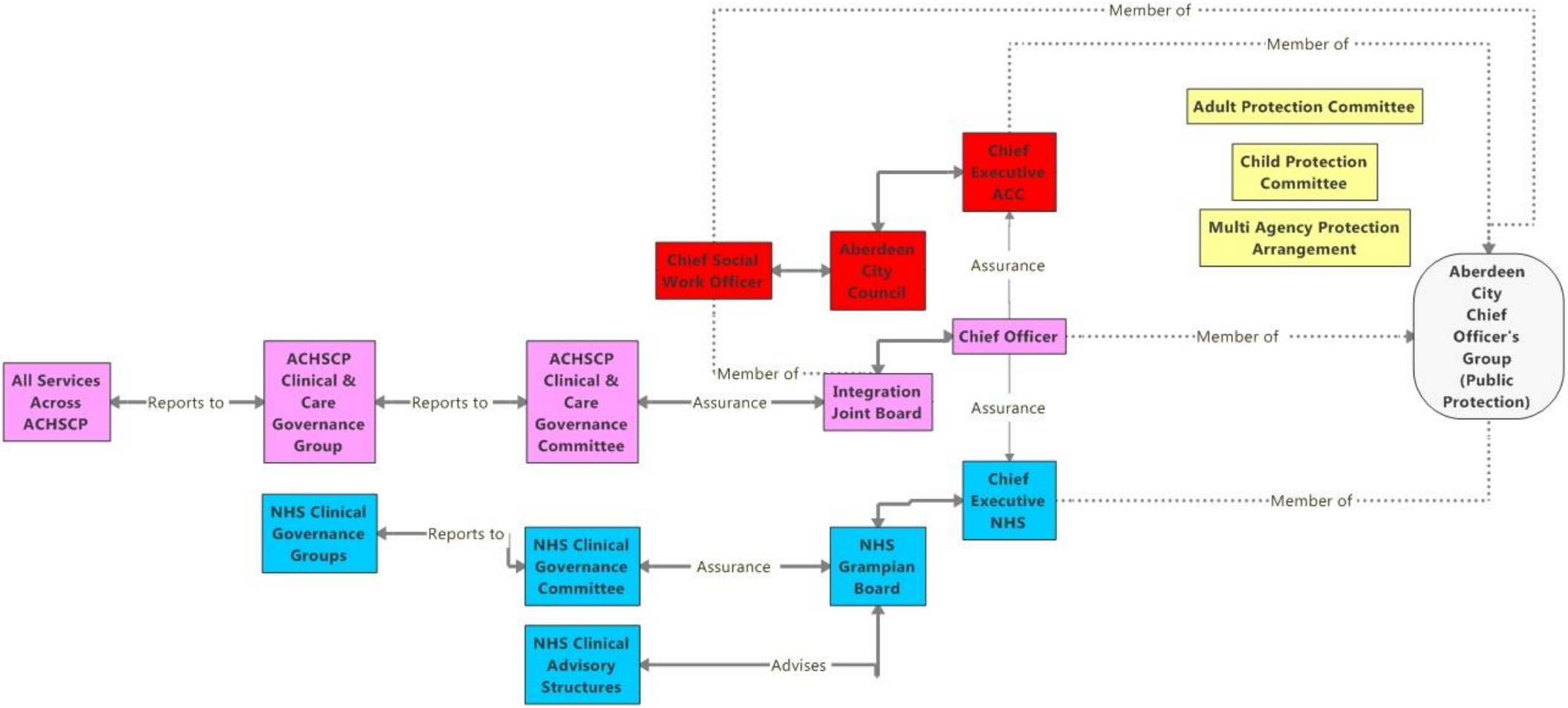
To oversee and provide a coordinated approach to clinical and care governance issues and risks within the Aberdeen City Health and Social Care Partnership.	• Medical Lead
	  • Chief Officer Social Work (Adults)
	  • Chief Nurse & Frailty Lead
	• Public Health Lead
	• Patient/Public Representative
	 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

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

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

Appendix 5 – Clinical and care governance diagram

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


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

NHS Scotland Core Risk Assessment Matrices

Table 1 - Impact/Consequence Definitions

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

Table 2 - Likelihood Definitions

Descriptor	Rare	Unlikely	Possible	Likely	Almost Certain
Probability	• Can't believe this event would happen • Will only happen in exceptional circumstances	• Not expected to happen, but definite potential exists • Unlikely to occur.	• May occur occasionally • Has happened before on occasions • Reasonable chance of occurring.	• Strong possibility that this could occur • Likely to occur.	This is expected to occur frequently/in most circumstances more likely to occur than not.

Table 3 - Risk Matrix

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

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

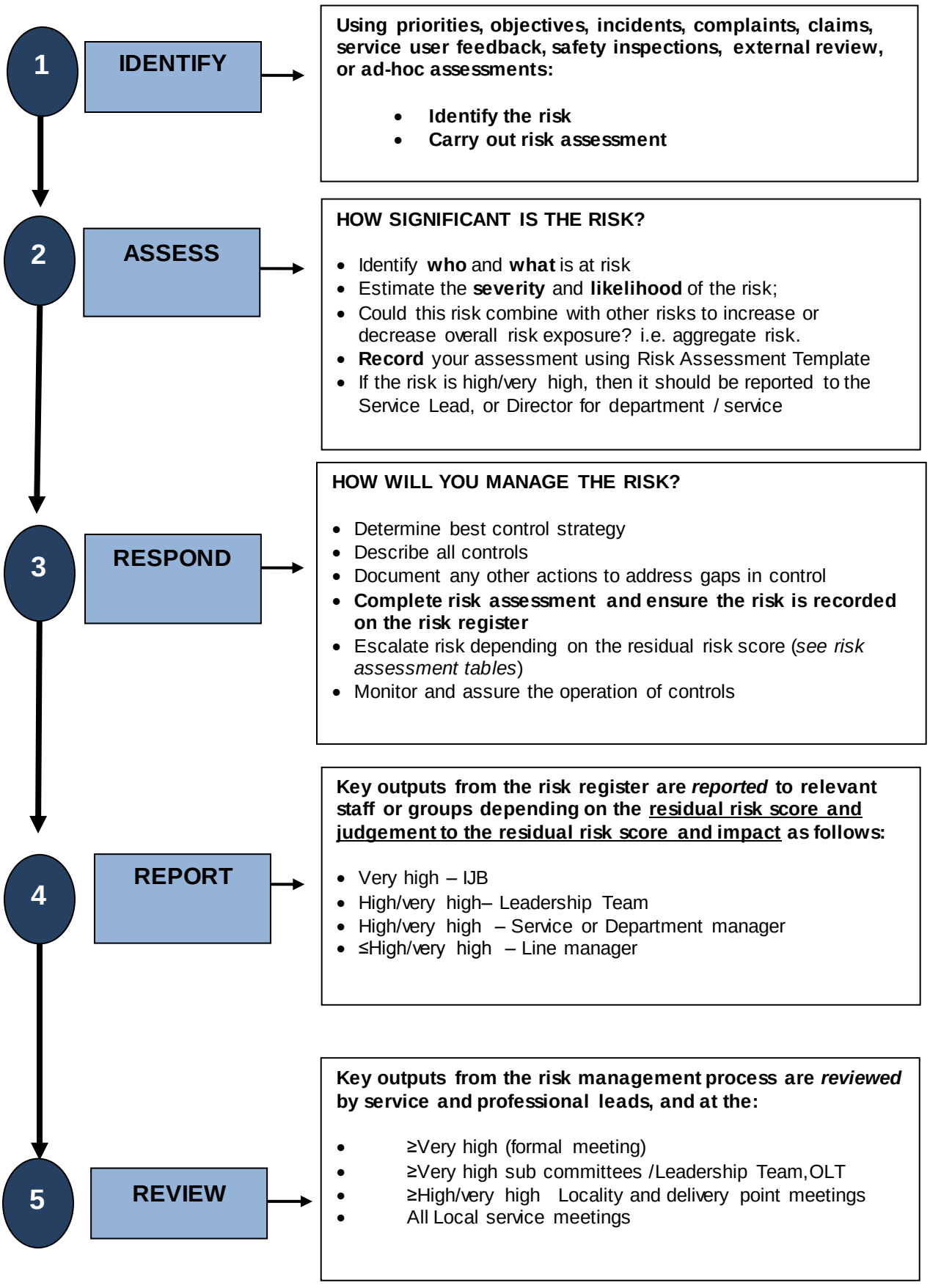
Table 4 - NHSG Response to Risk

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

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

Version March 2013

Appendix 7 – Risk escalation process



Appendix 8: Ownership & Version Control

Ownership:

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

Version Control

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

8.	Annual Review	Martin Allan, Business and Resilience Manager	February 2024