



Aberdeen City Health & Social Care Partnership  
*A caring partnership*



# Board Assurance and Escalation Framework

2025 Review Document v1.1

## Content

<b>Part 1: Introduction</b>	Page 1
1.1 Background .	Page 1
1.2 Regulatory framework	Page 2
1.3 Purpose of the framework	Page 2
1.4 An integrated approach to governance for health and social care	Page 4
 <b>Part 2: The Framework</b>	 Page 7
2.1 Strategic priorities	Page 7
2.2 Risk Management Policy	Page 10
a) Risk appetite	Page 10
b) Risk Appetite Statement	Page 10
c) Risk Assessment methodology	Page 11
2.3 Roles and Responsibilities for governance	Page 16
a) Committee structure	Page 16
b) Individual responsibilities	Page 17
2.4 Reporting of information to provide assurance and escalate concerns (internal & external)	Page 18
2.5 Sources of assurance	Page 21
a) Quality of services	Page 22
b) Engagement	Page 20
c) Other internal and external sources of assurance	Page 22
 <b>Appendices</b>	 Page 23
Appendix 1 – Strategic risk register format	Page 24
Appendix 2 – Board committee diagram	Page 25
Appendix 3 – Roles of the Governance Groups	Page 26
Appendix 4 – Clinical and care governance diagram	Page 32
Appendix 5 – Health Care Improvement Scotland Risk Matrix	Page 33
Appendix 6 – Risk escalation process	Page 34
Appendix 7 – Ownership & Version Control	Page 35

## 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<sup>1 2 3</sup> 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

---

<sup>1</sup> 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/>

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

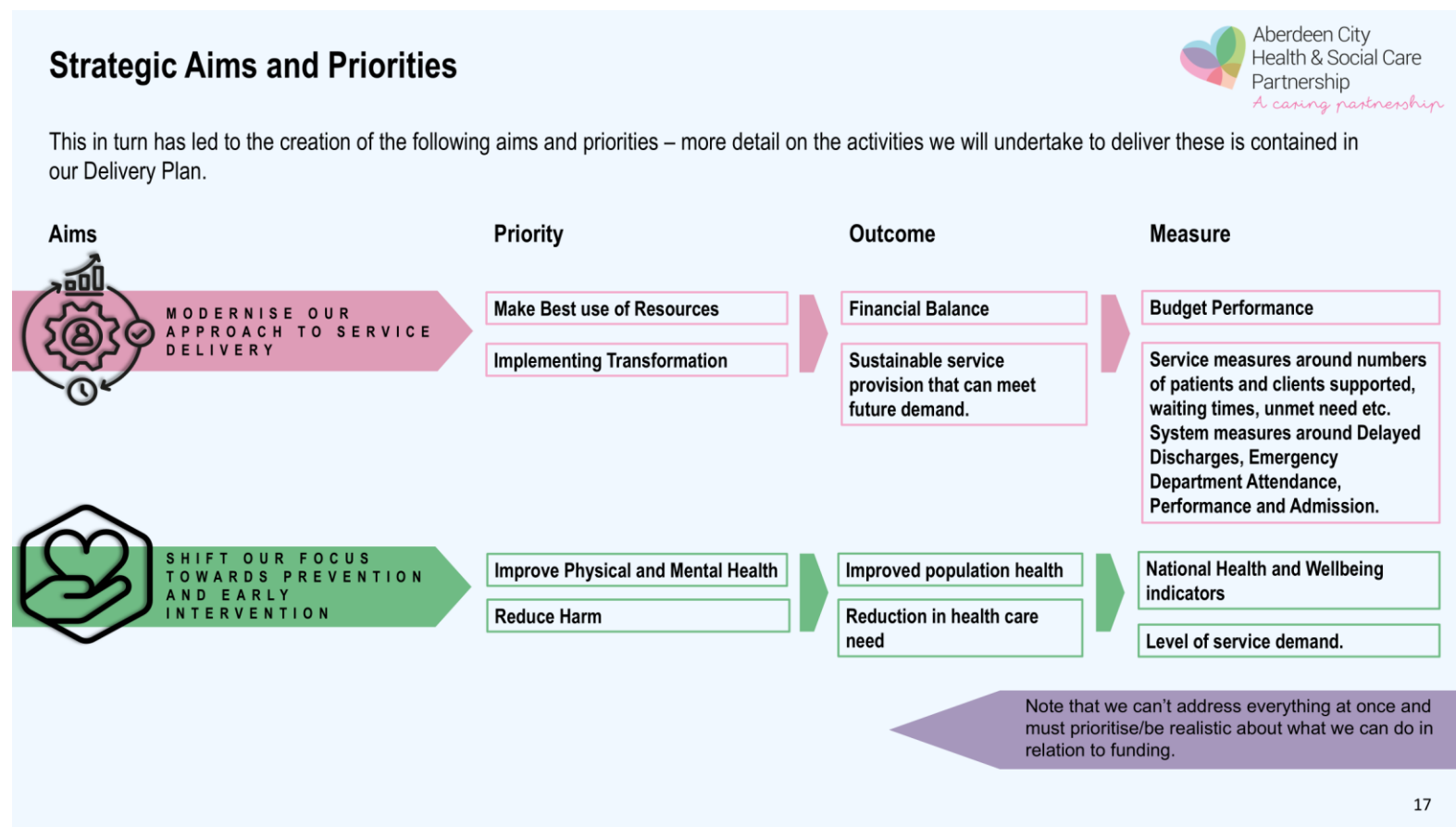
<sup>3</sup> Chartered Institute of Public Finance and Accountancy (CIPFA) and the International Federation of Accountants® (IFAC®). *International Framework: Good Governance in the Public Sector*, (2014) - <http://www.cipfa.org/policy-and-guidance/standards/international-framework-good-governance-in-the-public-sector>

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



The integration principles identified by The Scottish Government <sup>4 4 4</sup> also underpin decision-making within the IJB.

<sup>6</sup> 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](#)<sup>5</sup> 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

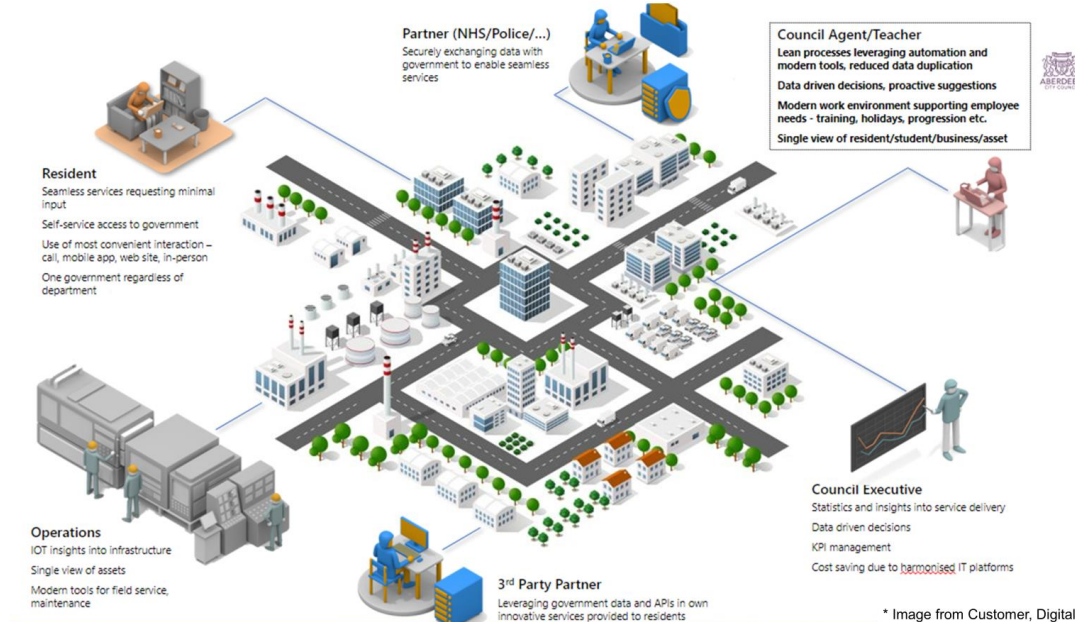
It is essential we have the right capability and capacity to meet the future needs of Aberdeen. We will update our Workforce Plan to support the delivery of this Strategy. The challenge of recruitment and retention of staff continues, particularly within clinical and social care settings. However, it 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.

## 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. Undoubtedly 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.



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

20

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

---

<sup>6</sup> 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 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.

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 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						
	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 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			

			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						
	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 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

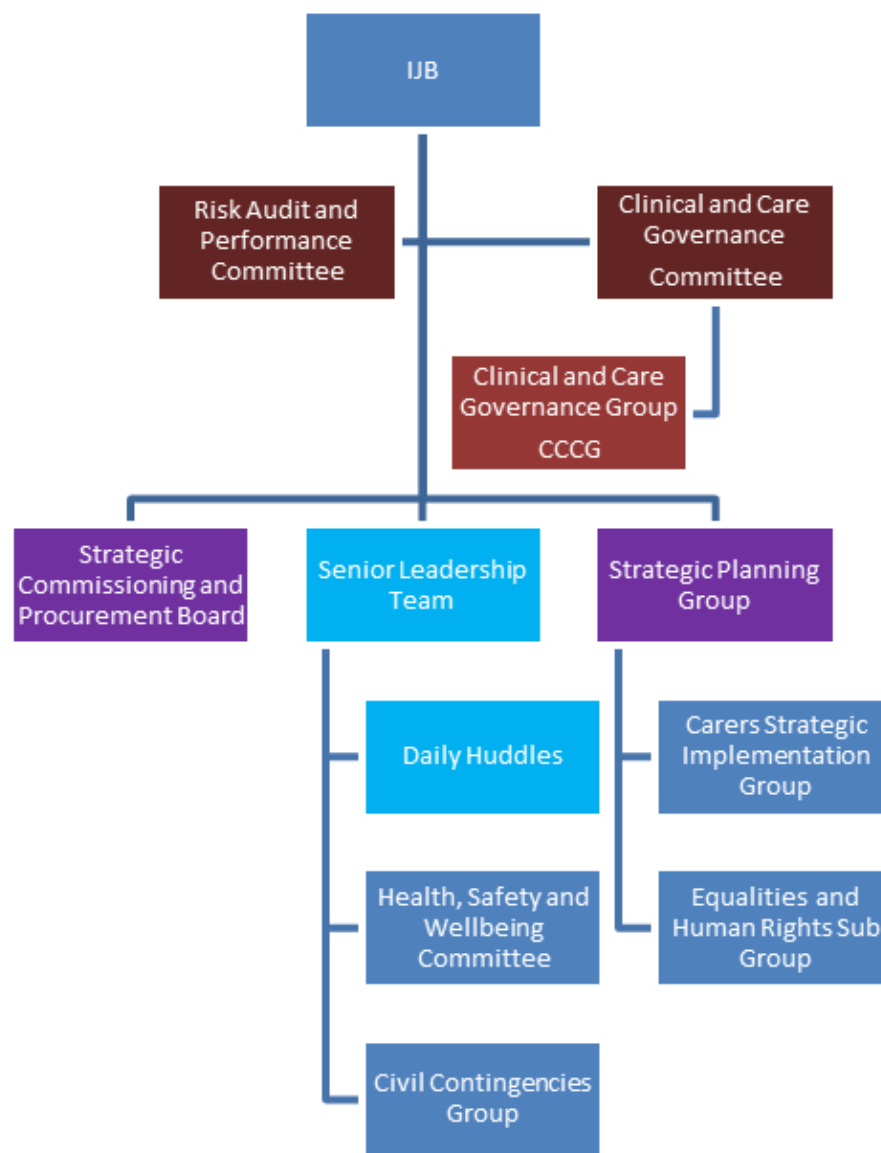
1. Strategic Risk Register format
2. Committee Diagram
3. Role of the Governance Groups
4. Clinical and Care Governance Diagram
5. Health Care Improvement Scotland Risk Matrix Link
6. Risk Escalation Process
7. Ownership and Version Control for the Board Assurance and Escalation Framework



## 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				

## Appendix 2 - Board Committee diagram



### Appendix 3 – Roles of the Governance Groups

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

Principal function/s	Membership	Reports to	Reports received / reviewed
Executive Governance Structures.			
<b>Strategic Planning Group</b>			
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 Strategy ACVO 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
<b>Risk Audit and Performance Committee</b>			

Principal function/s	Membership	Reports to	Reports received / reviewed
<p>To review and report on the relevance and rigour of the governance structures in place and the assurances the Board receives.</p> <p>These will include a risk management system and a performance management system underpinned by an Assurance Framework.</p>	<p>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.</p> <p>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.</p>	IJB	Annual audit plan
<b>Clinical &amp; Care Governance Committee</b>			
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		
<b>Clinical &amp; Care Governance Group</b>			
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

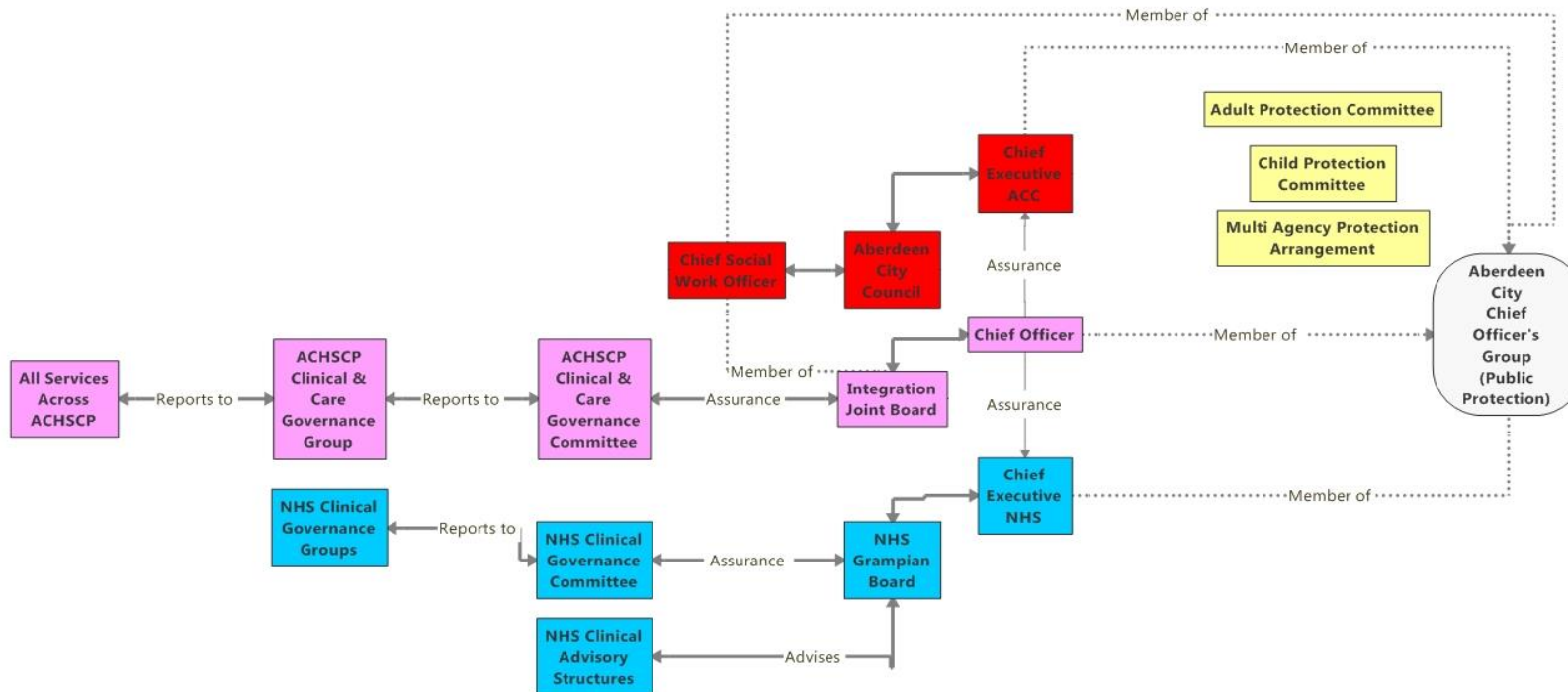
Principal function/s	Membership	Reports to	Reports received / reviewed
	Partnership Representative Representative from Community Mental Health and Learning Disability Services Representative from Acute Sector Public Partner		New and escalated risks
<b>Locality Empowerment Groups</b>			
<p>To deliver the locality planning requirements of the Public Bodies (Joint Working) (Scotland) Act 2014, in respect of the IJB.</p> <p>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.</p> <p>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</p>	<p>Community Members Public Health Coordinators</p>	<p>Strategic Planning Group</p>	<p>Locality Plans Health Improvement Fund report</p>

Principal function/s	Membership	Reports to	Reports received / reviewed
<p>inequalities that we know impact poorly on people's lives.</p> <p>The locality leadership group will influence, and be influenced by, the city's Strategic Planning Group and ultimately the Integration Joint Board.</p> <p>The locality leadership group will also influence and be influenced by the Aberdeen City Community Planning Partnership.</p>			
<b>Strategic Commissioning and Procurement Board</b>			
<p>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.</p>	<ul style="list-style-type: none"> <li>• Lead Commissioner ACHSCP?</li> <li>• Finance Officer ACC</li> <li>• Chief Officer Social Work (Adults)</li> <li>• Lead for Mental Health and Learning Disability</li> </ul> <p>ACHSCP</p> <ul style="list-style-type: none"> <li>• NHS Grampian Health Intelligence</li> <li>• Head of Commercial and Procurement Services</li> </ul> <p>ACC</p> <ul style="list-style-type: none"> <li>• Category Managers, Commercial and Procurement Services</li> <li>• ACVO Representative</li> </ul>	IJB	<p>Workstreams and project groups</p> <p>Business Case Programme Management documentation</p>



## Appendix 4 – Clinical and care governance diagram

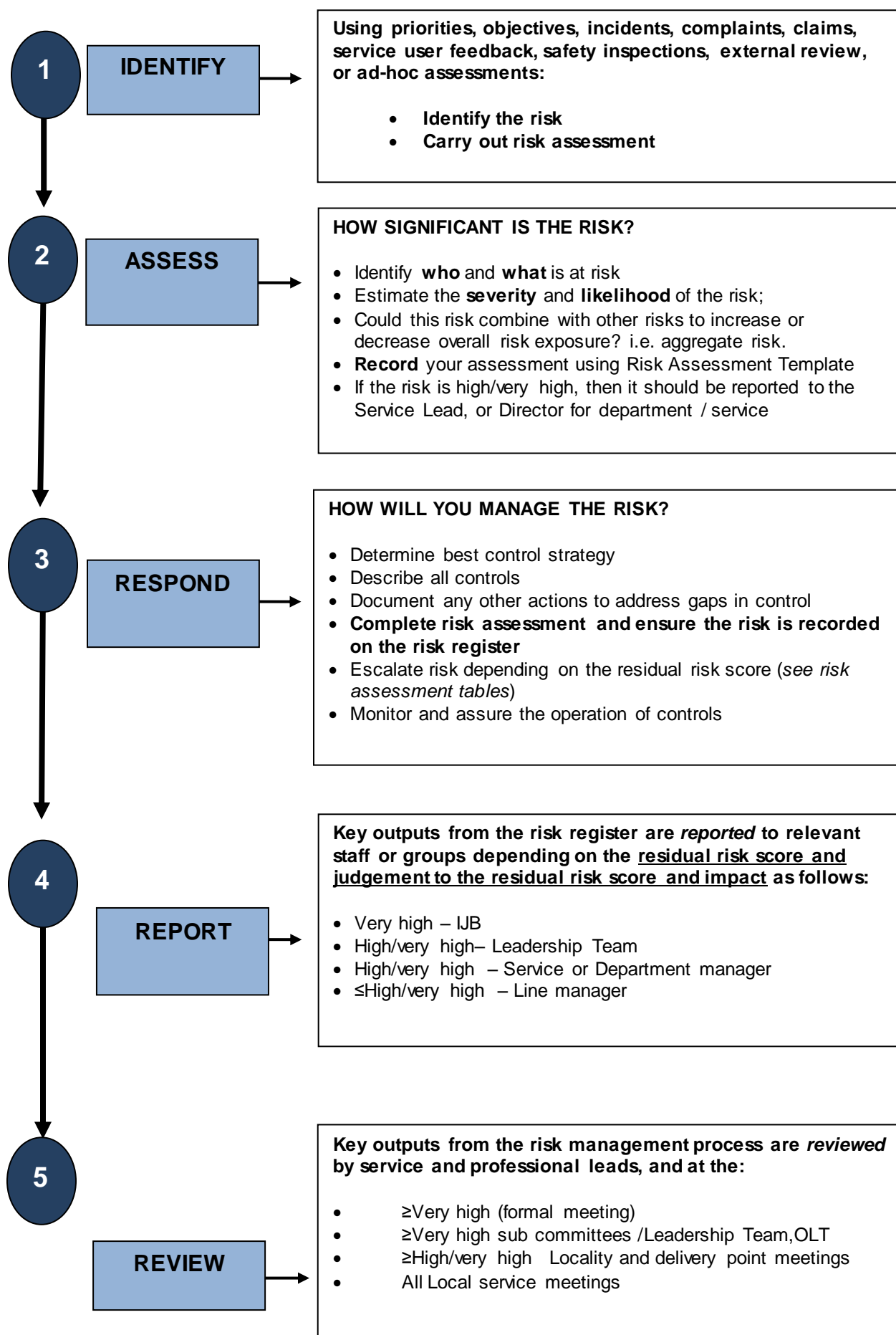
The diagram below provides an overview of the clinical & care governance processes within ACHSCP. The processes draw upon the existing clinical & care governance within Aberdeen City Council and the NHS. Clinical & care governance matters relating to the ACHSCP are considered by its Clinical & Care Governance 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



## 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

