



Aberdeen City Health & Social Care Partnership

*A caring partnership*



# Board Assurance and Escalation Framework

Revised 20.06.2017



## Content

Part 1: Introduction .....	2
1.1 Background .....	2
1.2 Regulatory framework .....	2
1. Purpose of the framework .....	3
1.4 An integrated approach to governance for health and social care .....	4
Part 2: The Framework .....	6
2.1 Strategic priorities .....	7
2.2 Risk Management .....	8
Risk appetite .....	8
Risk Management policy and system .....	8
2.3 Roles and Responsibilities for governance .....	11
Committee structure .....	11
Individual responsibilities .....	13
2.4 Reporting of information to provide assurance and escalate concerns .....	14
2.5 Sources of assurance .....	16
Quality of services .....	16
Engagement .....	16
Other internal and external sources of assurance .....	18
Appendices .....	19
Appendix 1 – Strategic risk register format .....	20
Appendix 2 - Board committee diagram .....	21
Appendix 3 – Roles of the Committees .....	21
Appendix 4 – Transformation Programme Governance Diagram .....	28
Appendix 4 – Roles of the Programme Boards .....	29
Appendix 5 – Clinical and care governance diagram .....	30
Appendix 6 – Risk assessment tables .....	31
Appendix 7 – Risk escalation process .....	32
Appendix 8 – Cycles of business .....	33



## Part 1: Introduction

### 1.1 Background

The partner organisations of Aberdeen City Health and Social Care Partnership (ACHSP), 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.”*

ACHSP has established an Integrated 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 Integration Scheme and Standing Orders.

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 - Guidance and 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. There are also Standing Orders of the IJB.

The IJB will make recommendations, or give directions where appropriate (i.e. where funding for employment is required) to the decision-making arms of the two Parties 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<sup>1 2 3</sup> and by awareness that ACHSP 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 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

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<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>

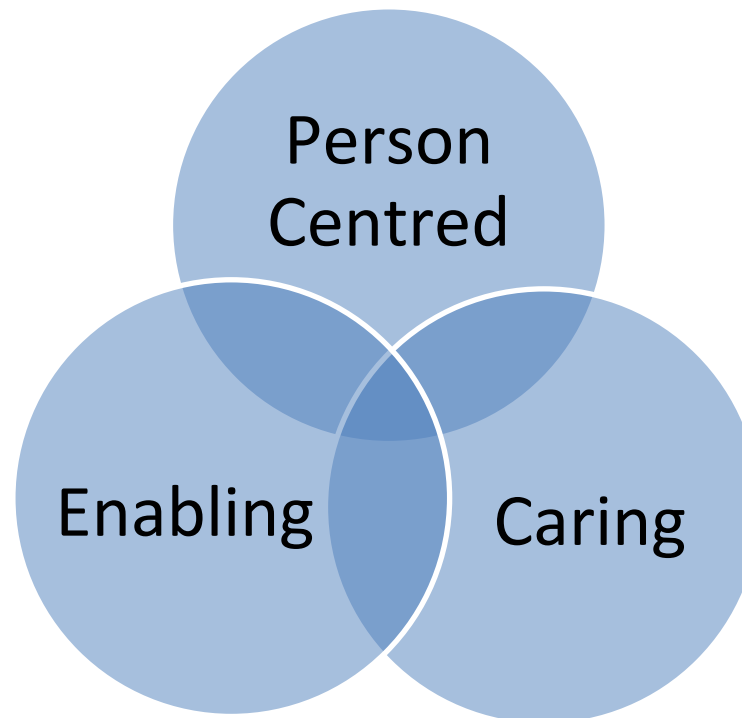


of care delivery and planning. This framework has been constructed in the light of these complexities and the likelihood that it may be important to amend and revise the systems as our understanding of the integration environment develops.

The structures and systems described are those in place from June 2017. 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 is committed to ensuring that delegated services are:





The integration principles identified by The Scottish Government <sup>4</sup> 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 were described.<sup>5</sup> These stressed the importance of:

- Embedding continuous improvement
- Providing robust assurance of high quality, effective and safe clinical and care services
- 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 ACHSP business. This framework can be represented graphically as follows in Table 1:

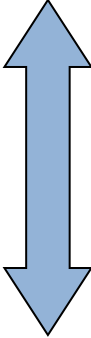
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<sup>4</sup> Integration Planning and Delivery Principles, The Scottish Government. <http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Principles>

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



**Table 1**

	ASSURANCE of COMPLIANCE	ASSURANCE of IMPROVEMENT, INNOVATION and TRANSFORMATION
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

From the nine strategic outcomes identified nationally as desired outcomes from integration, the ACHSP has, in its Strategic Plan<sup>6</sup>, articulated seven strategic priorities, which form the basis of its governance framework.

- Develop a consistent person centred approach that promotes and protects the human rights of every individual and which enable our citizens to have opportunities to maintain their wellbeing and take a full and active role in their local community.
- Support and improve the health, wellbeing and quality of life of our local population.
- Promote and support self-management and independence for individuals for as long as reasonably possible.
- Value and support those who are unpaid carers to become equal partners in the planning and delivery of services, to look after their own health and to have a quality of life outside the caring role if so desired.
- Contribute to a reduction in health inequalities and the inequalities in the wider social conditions that affect our health and wellbeing.
- Strengthen existing community assets and resources that can help local people with their needs as they perceive them and make it easier for people to contribute to helping others in their communities.
- Support our staff to deliver high quality services that have a positive impact on personal experiences and outcomes.

These priorities underpin:

- Decision-making criteria for service development, planning and delivery; resource allocation etc
- The Board Assurance Framework of key strategic risks
- Corporate operational risk register
- Risk registers across all departments and areas of operation
- Individual performance and appraisals
- Evaluation of achievement against objectives

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<sup>6</sup> Aberdeen City Health and Social Care Partnership Strategic Plan 2016-19.





## 2.2 Risk Management

### Risk appetite

The ACHSP 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 therefore agreed a statement of its risk appetite.<sup>7</sup>

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. As a newly established organisation, the ACHSP's appetite for risk will change over time, reflecting a longer-term aspiration to develop innovation in local service provision. As a result, the IJB is working towards a mature risk appetite over time<sup>8</sup>.

### Risk Management policy and system

The Risk Appetite statement, risk management policy, strategic and corporate risk registers form the risk management framework.

It 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<sup>9</sup>, 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 and recorded onto risk registers. The methodology for assessment of risk appears at Appendix 5. They are escalated according to the flowchart shown at Appendix 6.

The outputs from risk assessment are as follows:

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<sup>7</sup> Aberdeen City Health and Social Care Partnership Risk Appetite Statement – contained within ACHSP Strategic Plan 2016-19.

<sup>8</sup> Good Governance Institute (GGI) and Aberdeen City Health and Social Care Partnership, *GGI Risk Appetite Board Assurance Prompt, including a maturity matrix to support better use of risk in partnership decision taking* (2016)

<sup>9</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



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

This document sets out the strategic risks which may threaten achievement of the IJB's strategic priorities, in order for the board 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 issues identified are measured according to the IJB risk appetite and risk assessment methodology. They are summarised in a format which reflects the IJB's standardised risk register format. As the IJB develops its assurance process, each risk on this register will be analysed in detail using a format acknowledged as best practice in terms of Board Assurance Frameworks <sup>10</sup> (as illustrated in Appendix 1 – Strategic risk register format).

The risks are identified by:

- Discussions at Executive Group
- Review of Performance data and dashboards
- Reports from Project Management Board on review of PMO dashboards
- Review of the IJB Corporate Risk Register (see below)
- Review of Chief Officer reports and reports from IJB sub committees

The Executive Group agrees issues for inclusion on (and removal from) the SRR, and submits to the IJB quarterly for formal review

The Audit and Performance Systems Committee reviews the SRR for the effectiveness of the process annually.

## 2. Corporate Level: Operational Risk Register

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<sup>10</sup> Good Governance Institute (GGI) and 360 Assurance, *Building a Framework for Board/Governing Body Assurance*, February 2014. <http://www.good-governance.org.uk/wp-content/uploads/2014/07/360-GGI-Assurance-Framework-guidance.pdf>



The Corporate Risk Register comprises high scoring risks or those which cannot be managed locally from a range of sources. This document is routinely reviewed by both IJB sub committees to ensure:

- the right risks are being reported and escalated
- actions are being taken to mitigate risk
- 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**

ID	Strategic Priority	Description of Risk	Context	Impact	Date Last Assessed	Controls	Gaps in controls	Likelihood	Consequences	Risk Assessment	Assurances	Risk Owner/Handler	Con
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The risks are identified, using the risk assessment matrix for high scoring risks, from:

- Review of PMO dashboards
- Corporate department risk registers
- Service risk registers and review of reports from service governance groups
- Review of reports from IJB sub committees
- IJB Occupational Health and Safety committee reports

The Head of Operations owns the Operational Risk Register, and the Audit and Performance Systems Committee moderates risks escalated to ensure consistency and appropriateness of issues identified for inclusion and removal.

The Executive Group reviews the Corporate Risk Register and it will be reported to the Clinical and Care Governance Committee bi-monthly demonstrating the changes in the risk profile of the IJB.



The risk register is shared with the NHS Grampian and Aberdeen City Council through the report consultation process.

### 3. Service level: Risk registers and reports from governance groups

Arrangements have developed over the first year of operations across services, taking into account existing provider systems. Operational risks managed at the service and department level are monitored by the Chief Officer and Executive 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 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 6 shows the basis for this process.

## 2.3 Roles and Responsibilities for governance

### Committee structure

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

The board has established two sub-committees, as follows: **Audit and Performance Systems**, and **Clinical and Care Governance**. These sub committees have powers conferred upon them by the IJB.

In relation to governance and assurance, the **Audit and Performance Systems Committee** performs the key role of reviewing and reporting on the effectiveness of the governance structures in place and on the quality of the assurances the Board receives. It has a moderation role in relation to the consistency of risk assessment. It also has oversight of information governance issues.

The **Clinical and Care Governance Committee (CCGC)** provides assurance to the IJB in relation to the quality and safety of services planned and/or delivered by the IJB. Its key role is to ensure that there are effective structures, processes and systems of control for the achievement of the IJB's priorities, where these relate to regulator compliance, service user experience, safety and the quality of service outcomes. 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).



It also assures the IJB that services respond to requirements arising from regulation, accreditation and other inspections' recommendations. The Committee will consider and approve high value clinical and care risks, consider the adequacy of mitigation, the assurance provided for that mitigation and refer residual high risks to the Board. It has a key role in assuring the board that learning from governance systems across services, including learning arising from incidents, complaints and identified risks, is shared and embedded as widely as possible.

The IJB's **Executive Team** is an executive group with oversight of the implementation of IJB decisions. It oversees risk registers, financial and operational delivery, the innovation and transformation programmes and assures the Audit and Performance Systems Committee of transformation progress. The group also assures the board on progress towards the achievement of its strategic priorities through the Performance Management Framework.

There are existing **governance arrangements within the providers of services delegated to the IJB**. Arrangements to standardise reporting systems through the IJB's governance structures are being progressed and will be reported in due course.

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.

## **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 ensure that the IJB is well-led and that all members are supported in this responsibility, a board development programme will be constructed to transfer knowledge and skills. 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. In addition, an effective appraisal process for Board members is also in place.



## 2. Professional level:

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

- Lead Nurse
- Chief Social Work Officer
- Lead Allied Health Professional (AHP)
- Primary Care Clinical Leads (GPs)
- Public Health Lead
- Clinical Lead

## 3. Locality level:

The IJB is consulting on the key requirements for a management structure to lead on the delivery of services. 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. The development plan is that each of the six delivery points will have a single leader responsible for the good clinical and care governance of services within their remit.

### 2.4 Reporting of information to provide assurance and escalate concerns

The framework shown in Table 1 in section 1.4 can be populated as shown in Table 3 below. This will be further developed over the coming year. Locality 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:

**Table 3**

FOCUS	Assurance of compliance, performance, improvement and transformation
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	Individuals	Plans / activities	Groups / Partners	Reporting and feedback processes			
				Compliance with standards	Risk escalation and review	Performance monitoring	Improvement and Transformation reporting
<b>Board level</b>	Chair Chief Officer Board members Chairs / CEOs of the Parties	Strategic plan RM strategy Strategic Risk Assurance Register Corporate Risk register Performance framework Audit plan Standing Orders Integration Scheme	Board Executive group Audit and Performance Systems Committee Clinical and Care Governance Committee Other IJBs Scrutiny / governance arms of Parties	Review of BAF Review of risk scoring (Review of Performance dashboard PMO report Audit reports to Board Exception and action plan review			
<b>Corporate level</b>	Directors Senior Managers PMO	Corporate risk register Performance dashboard Business planning Budget monitoring Joint Complaints Procedure	Executive Group Senior Management Teams Cluster Management Group Strategic Planning Group Clinical and Care Governance Group	Financial monitoring Corporate risk register review Risk moderation and review			
<b>Service level</b>	Clinical leads and Social work leads Professional leads Locality managers Service managers Service users	Communication and Engagement plan 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 Service level dashboards			
<b>Individual level</b>	Staff members Service users Carers	Communication and Engagement plan Raising concerns policy Safeguarding alerts Risk assessment Incident reporting	Staff forums IJB engagement activity	Objective setting and review Supervision and line management Staff surveys Feedback mechanisms (see assurance source section)			



## 2.5 Sources of assurance

### 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
- 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

### 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 stakeholder with whom the IJB engages is broad, including:

- Service users





- Carers and families
- Staff
- The 'Our Ideas' Partnership suggestions website and system
- Commissioners
- Other providers in the acute and primary care health and social care sectors
- The independent and voluntary sector
- Housing, education providers, North East Partnership (IJBs)

Engagement will include consultation; communication of information; involvement in decision-making around planning and transforming services; feedback on services and other issues of concern or interest.

The ACHSP Communication and Engagement plan is in place in order to support engagement across these groups, and to provide a source of assurance that appropriate activities have been identified and implemented. It includes consideration of how to engage with hard to reach communities. The plan will include measures to assess its effectiveness over time. These will be reported through the IJB's Executive Group.



## Newsletters

Health Village newsletter  
NHSG Team Brief  
Scottish Care newsletter/ e-bulletin  
SHMU community newsletters  
Aberdeen Partnership Newsletter  
ACVO e-bulletin  
VSA Carers News

Care at Home Providers Group Forum  
Individual Independent providers  
Care and Support Providers Aberdeen  
Individual Third sector providers  
Housing providers / associations  
NHS Grampian Public Forum  
City Voice  
Civic Forum  
Sheltered Housing Network  
Joint Strategy groups  
GP Cluster Management Groups  
Cluster Operational Groups (COGs)  
Implementation Group (CIGs)  
Public Health Co-ordinators Network  
Local Community councils  
Mental Health and Learning Disability forums  
Joint Staff Forum  
Learning Partnerships

## Groups

## 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
- Audit Scotland
- 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
- Coroner's Inquests

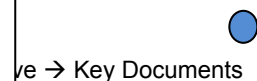
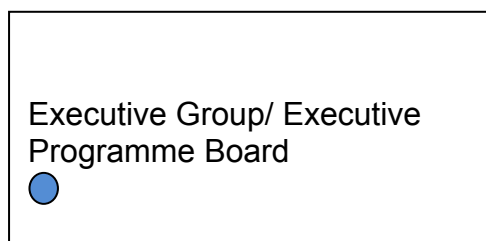
The IJB will also commission external reviews of specific services where the need for additional independent assessments and assurance are identified.

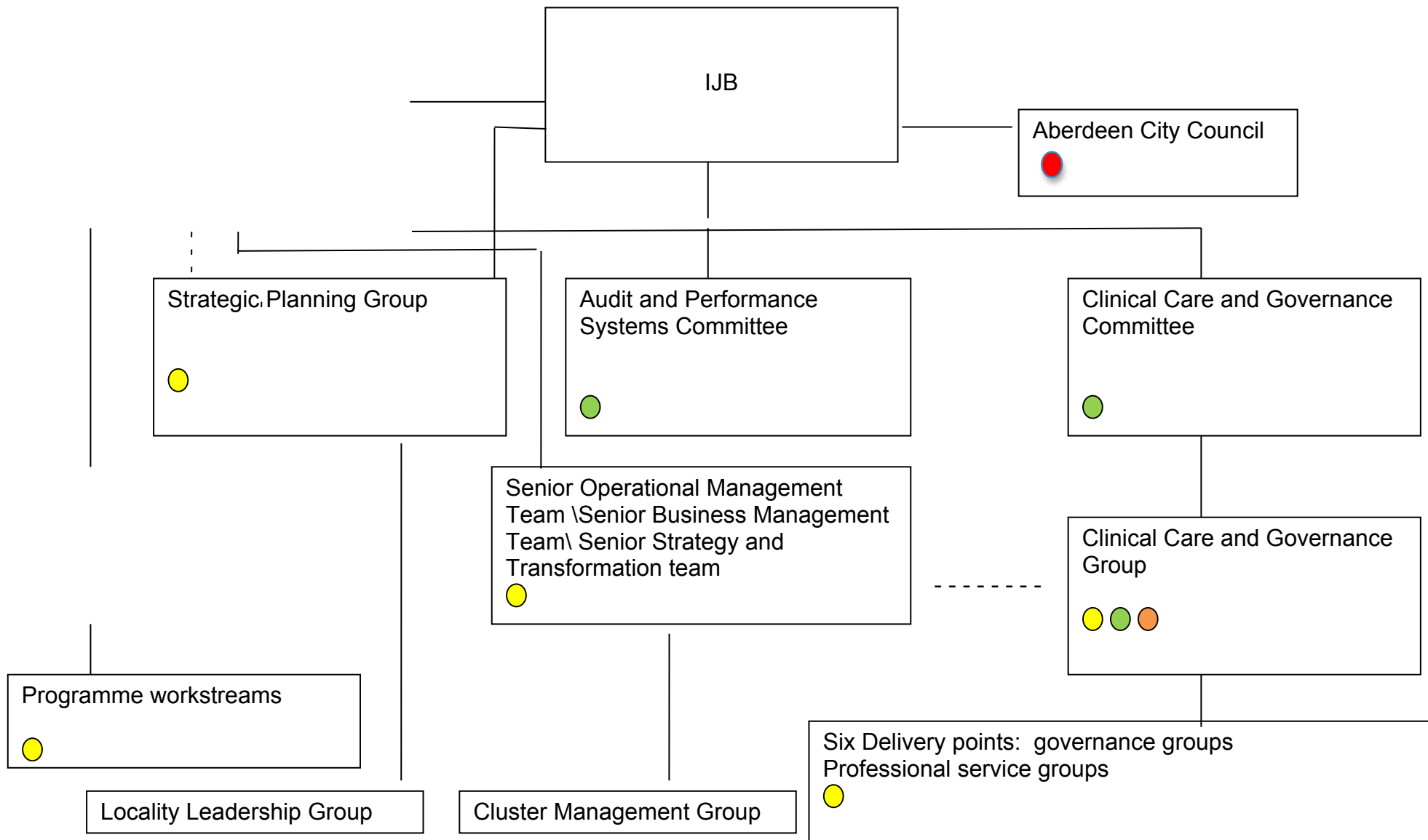
## Appendices

- 1 Strategic Risk Register format
- 2 Committee diagram
- 3 Roles of committees and groups
- 4 **Programme Board Governance Diagram**
- 5 Clinical and care governance diagram
- 6 Risk assessment tables
- 7 Risk escalation process
- 8 Cycle of business (to be developed)

### Appendix 1 – Strategic risk register format

- 1 -	
<b>Description of Risk:</b>	
<b>Strategic Priority:</b>	<b>Lead Director:</b>
<b>Risk Rating:</b> low/medium/high/very high <div style="background-color: yellow; text-align: center; padding: 5px;"><b>Medium</b></div>	<b>Rationale for Risk Rating:</b>  <b>Rationale for Risk Appetite:</b>
<b>Risk Movement:</b> increase/decrease/no change <div style="background-color: yellow; text-align: center; padding: 5px;"><b>NO CHANGE</b></div>	
<b>Controls:</b>	<b>Mitigating Actions:</b>
<b>Assurances:</b>	<b>Gaps in assurance:</b>
<b>Current performance:</b>	<b>Comments:</b> <ul style="list-style-type: none"> <li>•</li> </ul>
<b>Appendix 2 - Board committee diagram</b>	





## Appendix 3 – Roles of the Committees

Name of committee or group	Principal function/s	Membership	Reports to	Reports received / reviewed
<b>Executive Group</b>	<p>Robust and effective management processes are required to ensure management oversight of:</p> <ul style="list-style-type: none"> <li>Care and Clinical Governance</li> <li>Risk Management and oversight of Service and Corporate Risk Registers</li> <li>Financial governance and performance oversight</li> <li>Service performance</li> <li>Staff governance</li> <li>Health and Safety</li> <li>Executive oversight of change programmes</li> <li>Ensuring IJB's strategic plans are operationalised</li> <li>Good decision making</li> </ul>	<p>The core membership is as follows:</p> <ul style="list-style-type: none"> <li>Chief Officer – chair</li> <li>Executive Assistant – co-ordinates papers, provides analysis and follows up actions, minutes meeting</li> <li>Chief Finance Officer – financial reporting and performance</li> <li>Clinical Lead – Clinical Governance reporting</li> <li>Head of Operations – Operational performance</li> <li>Head of Strategy and Transformation</li> </ul>	IJB	<p>The following will report as required to the Executive Group:</p> <ul style="list-style-type: none"> <li>Lead Service Managers - Social Work</li> <li>Lead Service Managers – Nursing, AHPs, Public Health, Primary Care Development and Intermediate Care and Rehab</li> <li>Integration Programme Manager</li> <li>Chief Officers – Moray and Aberdeenshire in relation to performance of 'hosted services'</li> <li>General Manager Mental Health and Learning Disabilities (NHS)</li> <li>Designated service health and safety leads</li> <li>Partnership representatives / trade union representatives</li> <li>Service Improvement and Quality</li> <li>Chief Social Work Officer</li> <li>Health Intelligence</li> <li>Business Managers</li> </ul>

Name of committee or group	Principal function/s	Membership	Reports to	Reports received / reviewed
	and development of business cases			
<b>Strategic Planning Group</b>	<p>The role of the Strategic Planning Group is overseeing the development of the strategic commissioning plan and in continuing to review progress, measured against the statutory outcomes for health and wellbeing, and associated indicators.</p> <p>The strategic commissioning plan should be revised as necessary (and at least every three years), with the involvement of the Strategic Planning Group.</p>	<p>Prescribed groups of persons to be represented in strategic planning group:</p> <ul style="list-style-type: none"> <li>• health professionals;</li> <li>• users of health care;</li> <li>• carers of users of health care;</li> <li>• commercial providers of health care;</li> <li>• non-commercial providers of health care;</li> <li>• social care professionals;</li> <li>• users of social care;</li> <li>• carers of users of social care;</li> <li>• commercial providers of social care;</li> <li>• non-commercial providers of social care;</li> <li>• non-commercial providers of social housing; and third sector bodies carrying out activities related to health care or social care.</li> </ul>	Executive Group	Locality Leadership Group
<b>Audit and Performance Systems Committee</b>	<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</p>	<p>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.</p> <p>The Board Chair, Chief Officer, Chief</p>	IJB	Annual audit plan

Name of committee or group	Principal function/s	Membership	Reports to	Reports received / reviewed
	Assurance Framework.	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.		
<b>Clinical and 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 statutory duty for the quality of health and care services.	<p>The Committee shall be established by the IJB and will be chaired by a voting member of the IJB. The Committee shall comprise of:</p> <ul style="list-style-type: none"> <li>• 4 voting members of the IJB</li> <li>• Chief Officer</li> <li>• Chief Social Work Officer</li> <li>• Chair of the Clinical and Care Governance Group/ Clinical Lead (GP)</li> <li>• Chair of the Joint Staff Forum</li> <li>• Professional Lead – Nurse/AHP</li> <li>• Public Representative</li> <li>• Third sector Sector representatives</li> </ul>	IJB	CCG Group report Feedback/Incidents Reporting Escalations from CCG Group
<b>Clinical and Care Governance Group</b>	To oversee and provide a coordinated approach to clinical and care governance issues within the Aberdeen City Health and Social Care Partnership.	<ul style="list-style-type: none"> <li>• Clinical Lead (Chair)</li> <li>• Clinical and Care Governance Lead</li> <li>• Head of Operations</li> <li>• Lead Social Work Manager</li> <li>• Lead Nurse</li> <li>• Public Health Lead</li> <li>• Clinical Governance Coordinator/Facilitator</li> </ul>	Clinical and Care Governance Committee	Reports from services: AHP Dentistry Optometry Pharmacy Nursing General Practice Social Work/Care Woodend Hospital and Links@Woodend

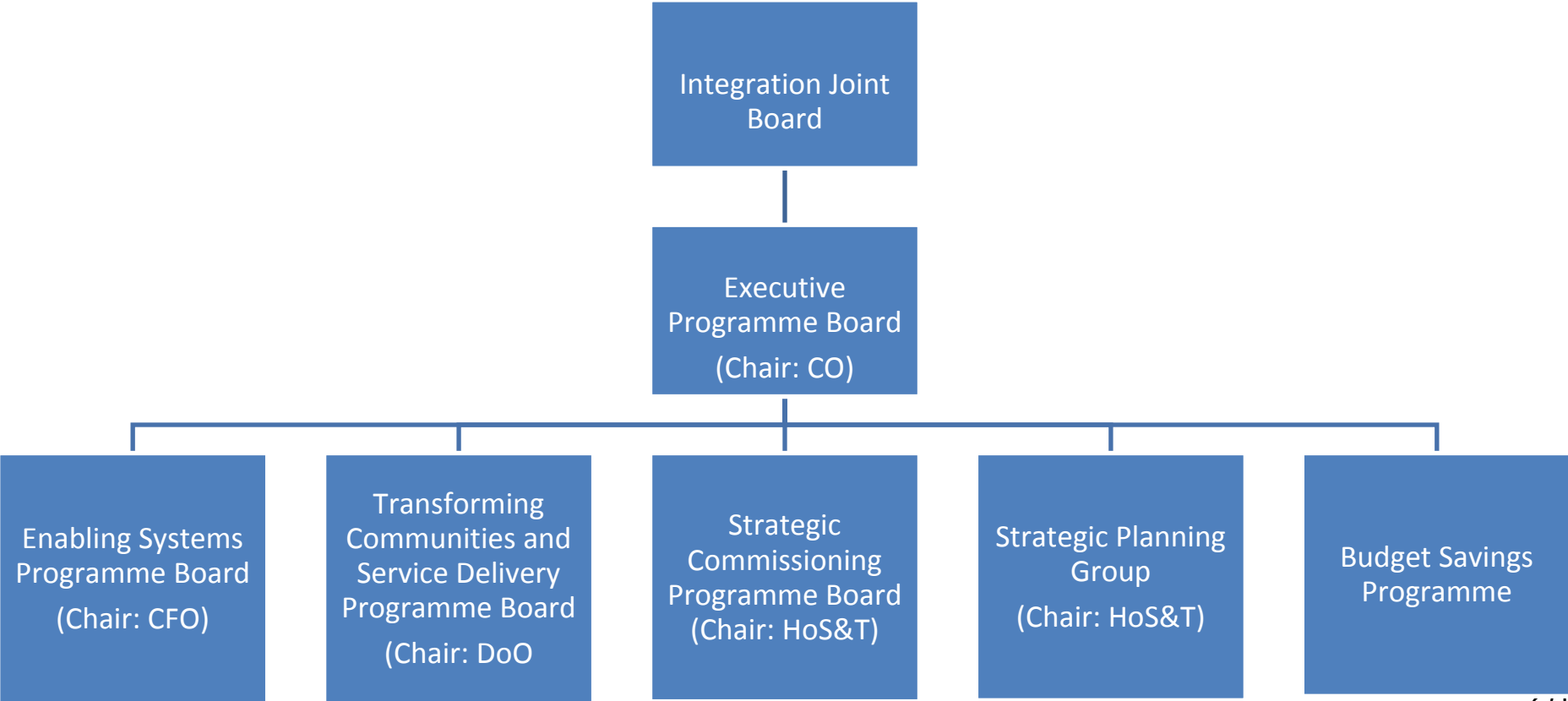


Name of committee or group	Principal function/s	Membership	Reports to	Reports received / reviewed
		<ul style="list-style-type: none"> <li>• Patient/Public Representative</li> <li>• Lead Allied Health Professional</li> <li>• GP Representative</li> <li>• Dental Clinical Lead or Dental Service Representative</li> <li>• Lead Optometrist</li> <li>• Representative from Sexual Health Service</li> <li>• General Practice Patient Safety Lead</li> <li>• Woodend Hospital and Link@ Woodend Representative</li> <li>• Representative from Commissioned Service</li> <li>• Partnership Representative</li> <li>• Representative from Community Mental Health and Learning Disability Services</li> <li>• Representative from Acute Sector</li> <li>• Public Partner</li> </ul>		Biannual Reports Falls Pharmacy/medication Patient Safety in Primary Care
<b>Locality Leadership Group</b>	<p>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.</p> <p>The Locality Leadership Group will play a key role in ensuring the delivery of the Aberdeen City Health and</p>	<p>Chair and Vice Chair to be agreed by Group and appointed for a fixed 2-year period.</p> <ul style="list-style-type: none"> <li>▪ Health and Social Care Partnership Locality Manager</li> <li>▪ GP Locality Lead</li> <li>▪ Other GPs (TBC)</li> <li>▪ Representative of Acute Sector (Unit Operational Manager)</li> <li>▪ AHP Representative</li> <li>▪ Nursing Representative</li> </ul>	Strategic Planning Group	

Name of committee or group	Principal function/s	Membership	Reports to	Reports received / reviewed
	<p>Social Care Strategic Plan, including contributing to the delivery of its associated strategic outcomes.</p> <p>The role of the Locality Leadership Group will include developing and ensuring appropriate connections and partnerships across the Locality to improve the health and wellbeing of the locality population and reduce the health 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 Community Planning Partnership processes.</p>	<ul style="list-style-type: none"> <li>Community Mental Health/ LD/ Rehab representation</li> <li>Unscheduled care representative (Out of hours/ A&amp;E)</li> <li>Geriatric Medicine representative</li> <li>Social Care Representative (Bon Accord Care &amp; Adult Social Care)</li> <li>Housing sector representative</li> <li>Third sector representative</li> <li>Independent Sector Representative</li> <li>Carer representative</li> <li>Patient representative</li> <li>Community representatives</li> <li>People managing services in the locality area</li> </ul> <p>Other locality stakeholders as determined by the group</p> <p>Further to the above membership, the group may arrange reports/ attendance at meetings from non members as required, such as;</p> <ul style="list-style-type: none"> <li>Primary Care Dentistry Locality Representative</li> <li>Primary Care Optometry Locality Representative</li> <li>Primary Care Pharmacy Locality Representative</li> </ul>		
<b>Executive Programme Board</b>	♦ <b>Provide direction to programme board and</b>	♦ Executive Team ♦ Lead Transformation Manager	♦ Seek IJB approval to incur	Papers from Enabling

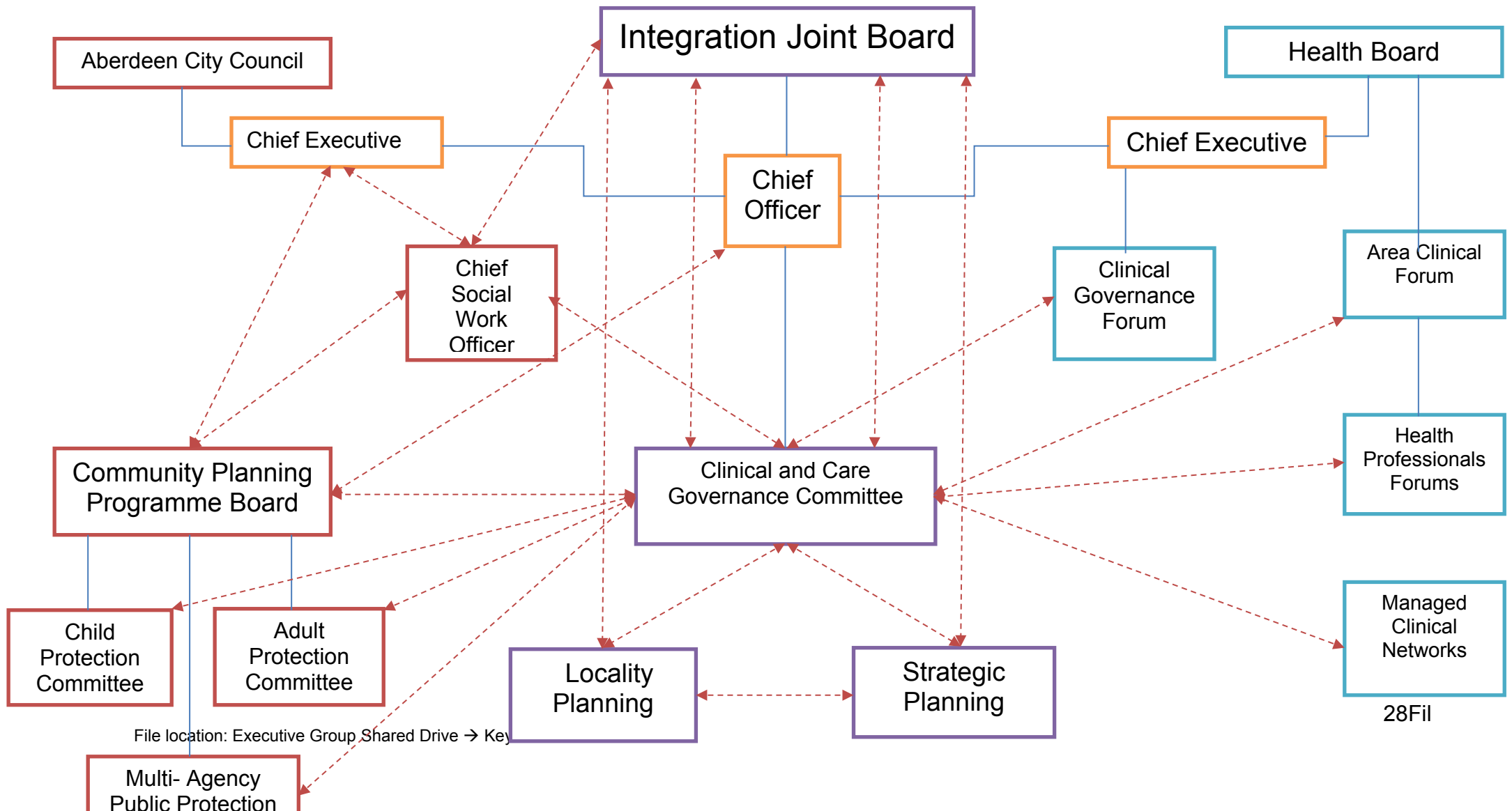
Name of committee or group	Principal function/s	Membership	Reports to	Reports received / reviewed
	<b>working groups</b> <ul style="list-style-type: none"> <li>♦ Identify prioritised projects</li> <li>♦ Approve Business Cases</li> <li>♦ Ensure programme progress including ensuring that progress is supported to continue at pace</li> </ul> Approve significant changes to programmes		expenditure for projects where required under standing orders (full life costs) Report on progress and performance to IJB	Systems/Strategic Commissioning/Transforming Communities and Service Delivery Programme Boards
<b>Enabling Systems/Strategic Commissioning/Transforming</b>	<ul style="list-style-type: none"> <li>♦ <b>Support and enable progress at pace across transformation portfolio</b></li> <li>♦ Review and approve Project Proposal Documents</li> <li>♦ Consider “deep dives” into working group programmes to be assured of progress</li> </ul> Ensure delivery of anticipated benefits and where these are no longer deliverable, redirect projects/ programmes accordingly	<ul style="list-style-type: none"> <li>♦ Chair (ET Member)</li> <li>♦ Lead Transformation Manager (lead officer &amp; vice chair)</li> <li>♦ Operational Managers</li> <li>♦ Lead Professional Managers</li> <li>♦ Independent Sector</li> <li>♦ Third Sector</li> <li>♦ ACC Communities and Housing</li> <li>♦ Acute Sector</li> </ul> Finance	Executive Programme Board	Workstreams and project groups

Appendix 4 – Transformation Programme Governance Diagram



File location: Executive Group Shared Drive → Key Documents

## Appendix 5 – Clinical and care governance diagram



## Appendix 6 – Risk assessment tables

### NHS Scotland Core Risk Assessment Matrices

**Table 1 - Impact/Consequence Definitions**

Descriptor	Negligible	Minor	Moderate	Major	Extreme
<b>Patient Experience</b>	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.
<b>Objectives/ Project</b>	Barely noticeable reduction in scope, quality or schedule.	Minor reduction in scope, quality or schedule.	Reduction in scope or quality of project; project objectives or schedule.	Significant project over-run.	Inability to meet project objectives; reputation of the organisation seriously damaged.
<b>Injury (physical and psychological) to patient/ visitor/staff.</b>	Adverse event leading to a minor injury not requiring first aid treatment.	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.
<b>Complaints/ Claims</b>	Locally resolved verbal complaint.	Justified written complaint peripheral to clinical care.	Below excess claim. Justified complaint involving lack of appropriate care.	Claim above excess level. Multiple justified complaints.	Multiple claims of single major claim. Complex justified complaint.
<b>Service/ Business Interruption</b>	Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service.	Short term disruption to service with minor impact on patient care.	Some disruption in service with unacceptable impact on patient care. Temporary loss of ability to provide service.	Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked.	Permanent loss of core service or facility. Disruption to facility leading to significant "knock on" effect.
<b>Staff and Competence</b>	Short term low staff level temporarily reduces service quality (< 1 day).  Short term low staff level (>1 day), where there is no disruption to patient care.	Ongoing low staff level reduces service quality.  <b>Minor error</b> due to ineffective training/implementation of training.	Late delivery of key objective/ service due to lack of staff. <b>Moderate error</b> due to ineffective training/ implementation of training. Ongoing problems with staff levels.	Uncertain delivery of key objective /service due to lack of staff.  <b>Major error</b> due to ineffective training/implementation of training.	Non-delivery of key objective/ service due to lack of staff. Loss of key staff.  <b>Critical error</b> due to ineffective training / implementation of training.
<b>Financial (including damage/loss/ fraud)</b>	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).
<b>Inspection/Audit</b>	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.
<b>Adverse Publicity/ Reputation</b>	Rumours, no media coverage.  Little effect on staff morale.	Local media coverage – short term. Some public embarrassment.  Minor effect on staff morale/ public attitudes.	Local media – long-term adverse publicity.  Significant effect on staff morale and public perception of the organisation.	National media/adverse publicity, less than 3 days. Public confidence in the organisation undermined. Use of services affected.	National/International media/ adverse publicity, more than 3 days. MSP/MP concern (Questions in Parliament). Court Enforcement. Public Enquiry/FAI.

**Table 2 - Likelihood Definitions**

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

**Table 3 - Risk**

Likelihood
Almost Certain
Likely
Possible
Unlikely
Rare

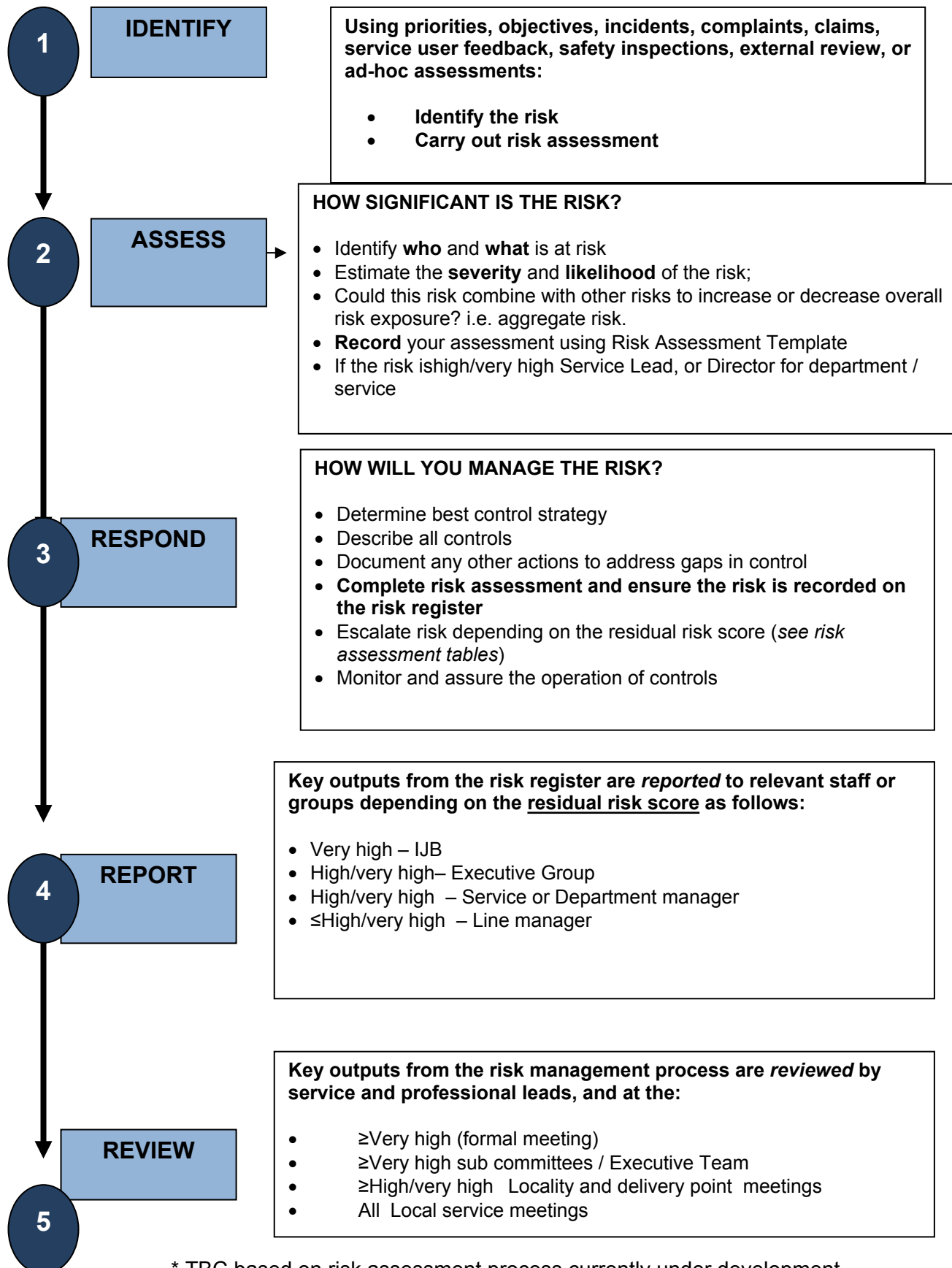
References: AS/N

**Table 4 - NH:**  
Describes what response expected

Level of Risk	
Low	Acceptable
Medium	Acceptable but monitor
High	Further risk reduction required
Very High	Unacceptable

Version March 2013

## Appendix 7 – Risk escalation process



\* TBC based on risk assessment process currently under development.

## Appendix 8 – Cycles of business

Business Type	Report Title	Lead Officer	Committee	Frequency	Last Reported	Reporting Date(s) for 2017/18
<b>Audit</b>	Annual Internal Audit Plan	D. Hughes	APS	Annual	Apr-17	Apr-18
<b>Audit</b>	Statement of Internal Financial Controls from Internal Auditors	D. Hughes	APS	Annual	Jun-17	Jun-18
<b>Audit</b>	External Auditor Plan	KPMG	APS	Annual	Feb-17	Feb-18
<b>Audit</b>	External Auditor Report	KPMG	APS	Annual	NA	Aug-17
<b>Audit</b>	Internal and External Auditors Private Meeting	NA	APS	Annual	Apr-17	Sep-17
<b>Finance</b>	Financial monitoring	A. Stephen	IJB & APS	Quarterly	Jun-17(APS)	Aug-17 (IJB), Nov-17 (APS), Feb-18 (APS), Jun-18 (IJB)
<b>Finance</b>	Unaudited Annual Accounts	A. Stephen	APS	Annual	Jun-17	Jun-18
<b>Finance</b>	Audited Annual Accounts	A. Stephen	APS	Annual	Sep-16	Aug-17
<b>Finance</b>	Annual Budget	A. Stephen	IJB	Annual	Mar-17	Mar-18



<b>Finance</b>	Review of Financial Regulations	A. Stephen	APS	Annual	Sep-17	Sep-18
<b>Governance</b>	Chief Social Worker Annual Update	B. Oxley	IJB	Annual	Jan-17	Jan-18
<b>Governance</b>	Board Assurance Framework Review	A. Stephen	APS	Annual	Jun-17	Jun-18
<b>Governance</b>	Governance Statement	A. Stephen	APS	Annual	Apr-17	Apr-18
<b>Governance</b>	Review of Committee Members	J. Proctor	IJB	Annual	Jun-17	Jun-18
<b>Governance</b>	Report on Directions	J. Proctor	IJB	Annual	NA	Mar-18
<b>Governance</b>	Review of Standing Orders and Scheme of Delegation	J. Anderson	IJB	Annual	NA	Oct17
<b>Performance</b>	Annual Performance Report	J. Proctor	IJB	Annual	Jun-17	Jun-18
<b>Performance</b>	Review of Performance Management Framework	S. Shaw	APS	Annual	NA	Sep-17
<b>Performance</b>	Performance Management Framework	S. Shaw	APS	Quarterly	NA	Aug-17 (IJB), Nov-17 (APS), Feb-18 (APS), Jun-18(IJB)
<b>Risk</b>	Strategic Risk Register	J. Proctor	IJB & APS	Quarterly	Feb-17	Aug-17 (IJB), Nov-17 (APS), Feb-18 (IJB), Jun-18 (IJB)

<b>Risk</b>	Operational risk register	Tom Cowan	CCG	Bi-monthly	Feb-17	Every meeting
<b>Strategic</b>	Strategic Plan - Review and Update	S. Shaw	IJB	Annual	NA	TBC
<b>Transformation</b>	Transformation Plan Monitoring	S Shaw	APS	Quarterly	Feb-17	Sept-17, Feb-18
<b>Transformation</b>	Review of Transformation Process	S Shaw	APS	Annually		Sept-17
<b>Transformation</b>	IJB Annual Update	S Shaw	IJB	Annual	NA	Jan-18

