Aberdeen City Health & Social Care Partnership

*A caring partnership*

# Board Assurance and Escalation Framework

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# Content

# 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 Integration Joint Board (IJB) through the Public Bodies (Joint Working) (Scotland) Act 2014. The remit of the IJB is to prepare and implement a Strategic Plan in relation to the provision of health and social care services to adults in its area in accordance with sections 29-39 of the Public Bodies Act. The arrangements for governance of the IJB itself, including rules of membership, are set out in the 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[1] [2] [3] 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

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

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

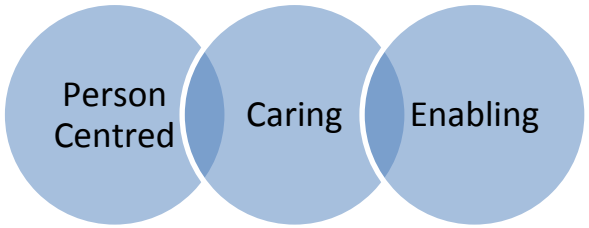
[3] Chartered Institute of Public Finance and Accountancy (CIPFA) and the International Federation of Accountants® (IFAC®). *International Framework: Good Governance in the Public Sector*, (2014) - http://www.cipfa.org/policy-and-guidance/standards/international-framework-good-governance-in-the-public-sector

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

The structures and systems described are those in place from 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 [4] also underpin decision-making within the IJB.

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

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

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

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

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

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

*Table 1: Assurance and Compliance Framework*

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

# Part 2: The Framework

## 2.1 Strategic priorities

From the nine strategic outcomes identified nationally as desired outcomes form integration, the ACHSP has, in its Strategic Plan[6], 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
- Strategic risk register
- Risk registers across all departments and areas of operation
- Individual performance and appraisals
- Evaluation of achievement against objectives

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[6] Aberdeen City Health and Social Care Partnership Strategic Plan 2016-19.

## 2.2 Risk Management

### 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 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 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.[7] The IJB will review and agree the risk appetite statement on an annual basis.

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. The IJB regularly debates its appetite for risks and opportunities in the pursuit of its objectives and will ensure that the statement on risk appetite reflects these discussions
The full risk appetite statement is outlined below:

*Aberdeen City Health and Social Care Integration Joint Board (the IJB) recognises that it is both operating in, and directly shaping, a collaborative health and social care economy where safety, quality and sustainability of services are of mutual benefit to local citizens, to stakeholders and to organisational stakeholders. It also recognises, as a newly-established organisation, that its appetite for risk will change over time, reflecting a longer-term aspiration to develop innovation in local service provision based on*

[7] Aberdeen City Health and Social Care Partnership Risk Appetite Statement – contained within ACHSP Strategic Plan 2016-19.

*evidence of benefits and on a culture of continuing, planned engagement with the public and other stakeholders, including those involved in service delivery. As a result the IJB is working towards a mature risk appetite over time.*

*It recognises that achievement of its priorities will involve balancing different types of risk and that there will be a complex relationship between different risks and opportunities. The risk appetite approach is intended to be helpful to the board in decision-making and to enable members to consider the risks to organisational goals of not taking decisions as well as of taking them. The board has identified several broad dimensions of risk which will affect the achievement of its strategic priorities. These are: financial risk; regulatory compliance risks; risks to quality and innovation outcomes; risk of harm to clients and staff; reputational risk.*

*The IJB will set a level of appetite ranging from "none" up to "significant" for these different dimensions. It will have zero tolerance of instances of fraud. It will accept no or minimal risk in relation to breaches of regulatory and statutory compliance. Similarly, it will accept no or minimal risks of harm to service users or to staff. It will accept low to moderate risk in relation to financial loss and to quality and innovation outcomes which predict clearly identifiable benefits and can be managed within statutory safeguards. It will accept moderate to high risks to reputation where the decision being proposed has significant benefits for the organisation's strategic priorities. Higher levels of all risk types may be accepted if specific and effective controls are demonstrably in place and there are clear advantages for integration objectives.*

*The IJB has an appetite from its inception to take decisions which may expose the organisation to additional scrutiny and interest where there is evidence of confidence by key stakeholders, especially the public that difficult decisions are being made for the right reasons. This is most likely to be evident in relation to innovation where there is a perceived need to challenge relationships, standards and working practices and/or where the IJB considers there are identifiable, longer-term benefits of greater integration of systems and technology.*

*This risk appetite statement will be reviewed annually.*

## c) Risk Management policy and system

The Risk Appetite statement, risk management policy, strategic and corporate risk registers form the risk management 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 [8], it describes how risk is contextualised, identified, analysed for likelihood and impact, prioritised, and managed. This process is framed by the requirement for consultation and communication, and for monitoring and review.

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

## d) Risk Assessment methodology

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

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

The ***likelihood*** of this occurring will be affected by the strength of fire safety precautions (prevention). The ***consequence*** or ***severity*** of the incident if it does occur will be affected by contingency management (containment, firefighting, evacuation procedures, emergency help, communications etc. by fire safety response).

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

The IJB's risk measurement table is shown below:

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

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

Risk Matrix

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

The outputs from risk assessment are as follows:

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

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

The IJB's SRR format is shown here with a real example of the kind of issue included in the document (Appendix 1). While many of the issues may be termed strategic, the key thing to remember is that these are issues which may affect the ability to deliver on strategy. It is quite possible that significant operational issues will also be incorporated, therefore. The Senior Operational Management team reviews the Operational Risk Register (ORR) (see next section), and escalates risks classified as 'very high' to

the Executive Team, for consideration of inclusion in the SRR (see Appendix 7 – risk escalation process). The Executive Team reviews the SRR in light of their experiences and insight into key issues, including commissioning risk, and recommends the updated version to the Audit & Performance Systems Committee (APSC) for approval and review by the IJB.

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

The risks are identified by:

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

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

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

### *Corporate Level: Operational Risk Register*

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

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

Risks from service risk registers and locality risk registers and (once developed) are escalated to the ORR according to their risk assessment scores.

The IJB has a standardised risk register format which is used for the ORR and all other risk registers. It is shown below with a real risk included as an example.

The Operational 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: Risk Recording Format*

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

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

- Review of Performance Management Office (PMO) dashboards
- Operational department risk registers
- Service and locality risk registers and review of reports from service governance groups
- Review of reports from IJB sub committees
- 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 Senior Operational Management Team reviews the Operational 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.

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

Service and locality risk registers 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. It is critical to emphasise that the risk management system cannot rely on escalation through the risk register process alone. Senior management, 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.

Arrangements have developed over the first year of operations across services, taking into account existing 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 7 shows the basis for this process.

## 2.3 Roles and Responsibilities for governance

### a) Committee structure

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

The board has established two 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 (APSC)** 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 regulatory 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.

## b) Individual responsibilities

### *1. Board and corporate level:*

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

The Board and all its members must as a corporate body ensure good governance through the structures and systems described in this document. To 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.

### 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 (internal & external)

The framework shown in Table 1 in section 1.4 can be populated as shown in Table 3 below. 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. In addressing the nature of assurance, it is important to note that the IJB, the APSC, and the CCGC operate assurance mechanisms to review *process* as well as *performance*, and in this regard the work of the APSC is the key governance mechanism for auditing *process*. The Committee-level Good Governance Matrices and effectiveness' audits also inform assurance around process.

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

| FOCUS | Assurance of compliance, performance, improvement and transformation | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | | Reporting and feedback processes | | | |
| | **Individuals** | **Plans / activities** | **Groups / Partners** | **Compliance with standards** | **Risk escalation and review** | **Performance monitoring** | **Improvement and Transformation reporting** |
| **Board level** | Chair<br>Chief Officer<br>Board members<br>Chairs / CEOs of the Partners | Strategic plan<br>RM strategy<br>Strategic Risk Assurance Register<br>Corporate Risk register<br>Performance framework<br>Audit plan<br>Standing Orders<br>Integration Scheme | Board<br>Executive group<br>Audit and Performance Systems Committee<br>Clinical and Care Governance Committee<br>Other IJBs<br>Scrutiny / governance arms of Parties | Review of BAEF<br>Review of risk scoring<br>Review of Performance dashboard<br>PMO report<br>Audit reports to Board<br>Exception and action plan review<br>Bi-annual review of integration scheme<br>Bi-annual review of strategic plan | | | |
| **Corporate level** | Directors<br>Senior Managers<br>PMO | Strategic and Operational risk registers<br>Performance dashboard<br>Business planning<br>Budget monitoring<br>Joint Complaints Procedure | Executive Group<br>Senior Management Teams<br>Cluster Management Group<br>Strategic Planning Group<br>Clinical and Care Governance Group | Financial monitoring<br>Corporate risk register review<br>Risk moderation and review | | | |

| | | | | |
|---|---|---|---|---|
| **Service level** | Clinical leads and Social work leads<br>Professional leads<br>Locality managers<br>Service managers<br>Service users | Communication and Engagement plan<br>Clinical and care governance policies<br>Risk registers and assessments | Community partners<br>Service governance forums<br>'Deep Dive' activity | Risk register system<br>Governance reports<br>Real time feedback<br>Response to complaints<br>Service level dashboards |
| **Individual level** | Staff members<br>Service users<br>Carers | Communication and Engagement plan<br>Raising concerns policy<br>Safeguarding alerts<br>Risk assessment<br>Incident reporting | Staff forums<br>IJB engagement activity | Objective setting and review<br>Supervision and line management<br>Staff surveys<br>Feedback mechanisms (see assurance source section) |

*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<br>ACHSCP Chief Officer | Regular Report | NHS Board<br>Executive Group | Oversight of IJB activity & minutes | | | |
| **ACC Full Council** | ACC Chief Executive | Regular Report | ACC Full Council<br>ACC Chief Executive<br>Executive Group | Oversight of IJB activity & minutes<br>Information on financial governance, risk management, clinical & care governance etc | | | |
| **Pan-Grampian IJBs** | Chief Officer, Aberdeen City<br>Chief Officer, Aberdeenshire<br>Chief Officer Moray<br>Chair Aberdeen City,<br>Chair Aberdeenshire IJB<br>Chair Moray IJB | Regular meetings | North East Partnership Steering Group | In the process of being established regionally | | | |
| **ACC & NHSG CEs** | CE NHSG<br>CE ACC<br>CO ACHSCP | Quarterly Performance Meetings | ACC<br>NHSG<br>ACHSCP | Performance<br>Finance<br>Risk<br>Governance<br>Directions<br>Transformation Programme | | | |

## 2.5 Sources of assurance

### a) Quality of services

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

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

### b) Engagement

The IJB regards the engagement of its partners and stakeholders in the planning and delivery of services as essential to achieving the goals of integration. The nature and level of engagement varies from group to group and the range of 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 | Groups |
|---|---|
| • Health Village newsletter<br>• NHSG Team Brief<br>• Scottish Care newsletter/ e-bulletin<br>• SHMU community newsletters<br>• Aberdeen Partnership Newsletter<br>• ACVO e-bulletin<br>• VSA Carers News | • Care at Home Providers Group Forum<br>• Individual Independent providers<br>• Care and Support Providers Aberdeen<br>• Individual Third sector providers<br>• Housing providers / associations<br>• NHS Grampian Public Forum<br>• City Voice<br>• Civic Forum<br>• Sheltered Housing Network<br>• Joint Strategy groups<br>• GP Cluster Management Groups<br>• Cluster Operational Groups (COGs)<br>• Implementation Group (CIGs)<br>• Public Health Co-ordinators Network<br>• Local Community councils<br>• Mental Health and Learning Disability forums<br>• Joint Staff Forum<br>• Learning Partnerships |

## c) Other internal and external sources of assurance

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

- Internal Audit
- External Audit
- External inspection agencies (Care Inspectorate and Healthcare Improvement Scotland)
- Health and Safety Executive
- Mental Welfare Commission
- Externally commissioned independent investigations e.g. Ombudsman and homicide investigations
- Clinical Audit
- 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 Transformation Programme Structure and Senior Management Structure

4 Role of the Committees

5 Clinical and care governance diagram

6 Risk assessment tables

7 Risk escalation process

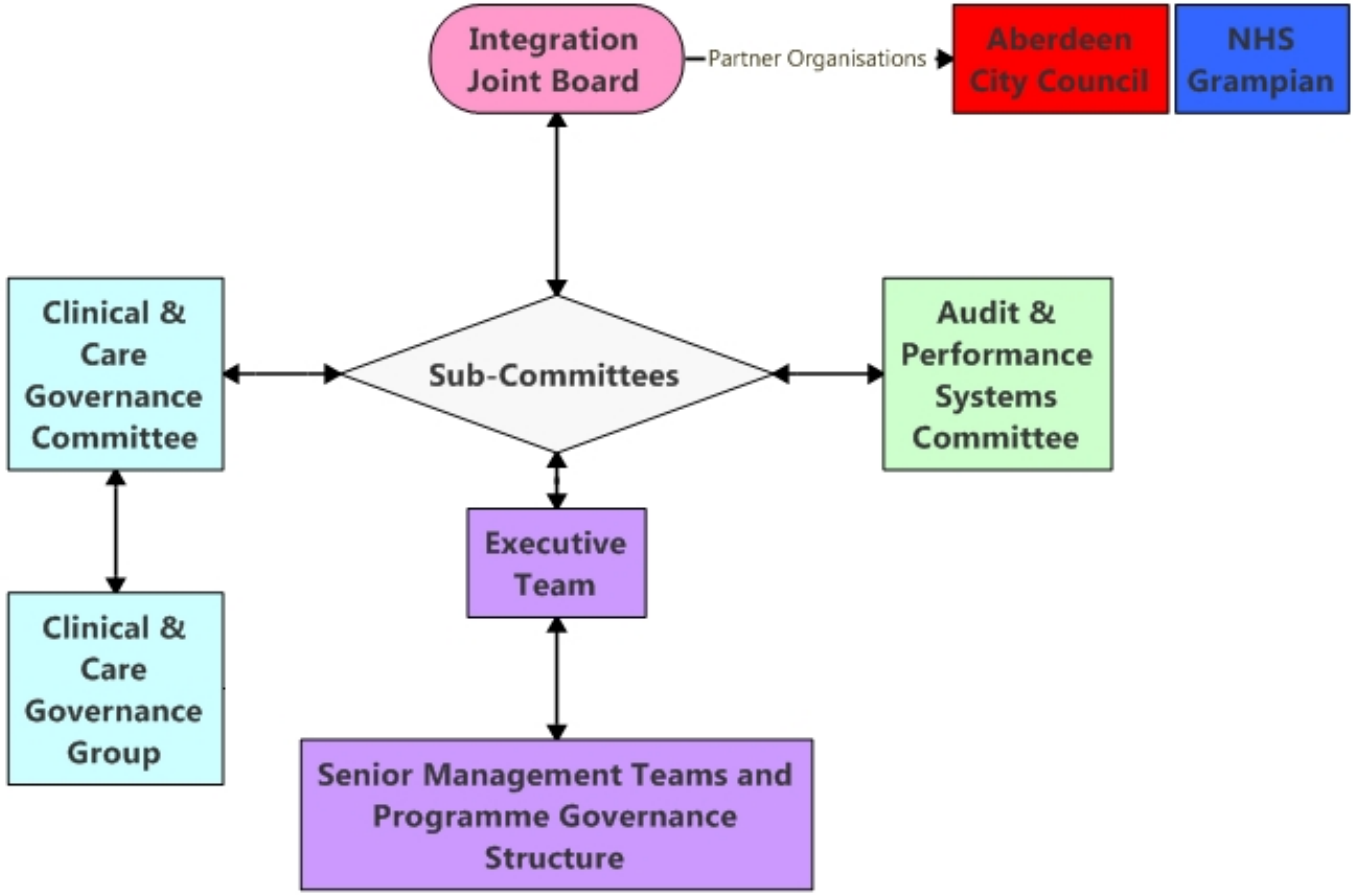
8 Cycle of business (continually developed)

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

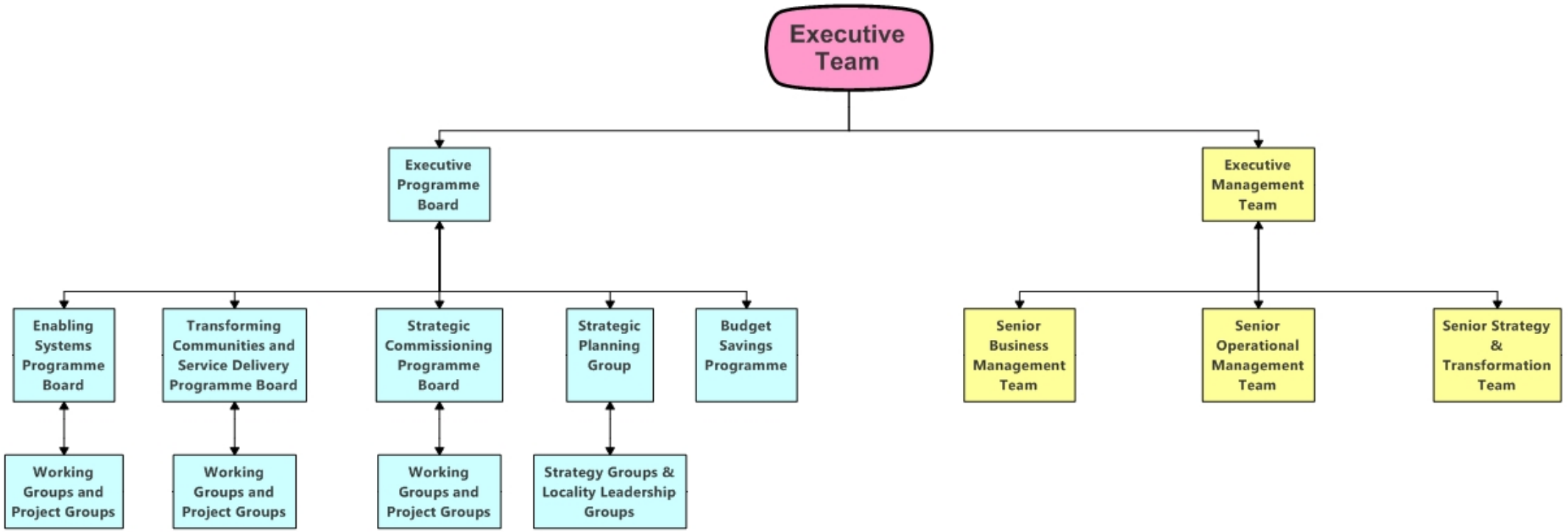
## Appendix 1 – Strategic risk register format

<table>
<tr><th colspan="3">- 1 -</th></tr>
<tr><td colspan="3">Description of Risk:</td></tr>
<tr><td colspan="2">Strategic Priority:</td><td>Lead Director:</td></tr>
<tr><td>Risk Rating: low/medium/high/very high<br><br>Medium</td><td rowspan="2" colspan="2">Rationale for Risk Rating:<br><br>Rationale for Risk Appetite:</td></tr>
<tr><td>Risk Movement: increase/decrease/no change<br><br>NO CHANGE</td></tr>
<tr><td colspan="2">Controls:</td><td>Mitigating Actions:</td></tr>
<tr><td colspan="2">Assurances:</td><td>Gaps in assurance:</td></tr>
<tr><td colspan="2">Current performance:</td><td>Comments:</td></tr>
<tr><td colspan="2"></td><td></td></tr>
</table>

## Appendix 2 - Board committee diagram



## Appendix 3 – Transformation Programme Structure and Senior Management Structure




## Appendix 4 – Roles of the Committees

| Principal function/s | Membership | Reports to | Reports received / reviewed |
|---|---|---|---|
| **Executive Team** | | | |
| Robust and effective management processes are required to ensure management oversight of:<br>• Care and Clinical Governance<br>• Risk Management and oversight of Service and Corporate Risk Registers<br>• Financial governance and performance oversight<br>• Service performance<br>• Staff governance<br>• Health and Safety<br>• Executive oversight of change programmes<br>• Ensuring IJB's strategic plans are operationalised<br>• Good decision making and development of business cases | The core membership is as follows:<br>• Chief Officer – chair<br>• Executive Assistant – co-ordinates papers, provides analysis and follows up actions, minutes meeting<br>• Chief Finance Officer – financial reporting<br>• Clinical Lead – Clinical Governance reporting<br>• Head of Operations – Operational performance<br>• Head of Strategy and Transformation - performance | IJB | The following will report as required to the Executive Group:<br>• Lead Service Managers - Social Work<br>• Lead Service Managers – Nursing, AHPs, Public Health, Primary Care Development and Intermediate Care and Rehab<br>• Integration Programme Manager<br>• Chief Officers – Moray and Aberdeenshire in relation to performance of 'hosted services'<br>• General Manager Mental Health and Learning Disabilities (NHS)<br>• Designated service health and safety leads<br>• Partnership representatives / trade union representatives<br>• Service Improvement and Quality<br>• Chief Social Work Officer<br>• Health Intelligence<br>• Business Managers |
| **Strategic Planning Group** | | | |

| Principal function/s | Membership | Reports to | Reports received / reviewed |
|---|---|---|---|
| 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. The strategic commissioning plan should be revised as necessary (and at least every three years), with the involvement of the Strategic Planning Group. | Prescribed groups of persons to be represented in strategic planning group:<br>• health professionals;<br>• users of health care;<br>• carers of users of health care;<br>• commercial providers of health care;<br>• non-commercial providers of health care;<br>• social care professionals;<br>• users of social care;<br>• carers of users of social care;<br>• commercial providers of social care;<br>• non-commercial providers of social care;<br>• non-commercial providers of social housing; and third sector bodies carrying out activities related to health care or social care. | Executive Group | Locality Leadership Group |
| **Audit & Performance Systems Committee** | | | |
| To review and report on the relevance and rigour of the governance structures in place and the assurances the Board receives.<br><br>These will include a risk management system and a performance management system underpinned by an Assurance Framework. | The Committee will be chaired by a non-office bearing voting member of the IJB and will rotate between NHS and ACC. The Committee will consist of not less than 4 members of the IJB, excluding Professional Advisors. The Committee will include at least two voting members, one from Health and one from the Council.<br><br>The Board Chair, Chief Officer, Chief Finance Officer, Chief Internal Auditor and other Professional Advisors and senior officers as required as a matter of course, external audit or other persons shall attend meetings at the invitation of the Committee. The Chief Internal Auditor should normally attend meetings and the external auditor will attend at least one meeting per annum. | IJB | Annual audit plan |

| Principal function/s | Membership | Reports to | Reports received / reviewed |
|---|---|---|---|
| **Clinical & Care Governance Committee** | | | |
| To provide assurance to the IJB on the systems for delivery of safe, effective, person-centred care in line with the IJB's statutory duty for the quality of health and care services. | The Committee shall be established by the IJB and will be chaired by a voting member of the IJB. The Committee shall comprise of:<br>• 4 voting members of the IJB<br>• Chief Officer<br>• Chief Social Work Officer<br>• Chair of the Clinical and Care Governance Group/ Clinical Lead (GP)<br>• Chair of the Joint Staff Forum<br>• Professional Lead – Nurse/AHP<br>• Public Representative<br>• Third sector Sector representatives | IJB | CCG Group report<br>Feedback/Incidents Reporting<br>Escalations from CCG Group |
| **Clinical & Care Governance Group** | | | |
| To oversee and provide a coordinated approach to clinical and care governance issues within the Aberdeen City Health and Social Care Partnership. | • Clinical Lead (Chair)<br>• Clinical and Care Governance Lead<br>• Head of Operations<br>• Lead Social Work Manager<br>• Lead Nurse<br>• Public Health Lead<br>• Clinical Governance Coordinator/Facilitator<br>• Patient/Public Representative<br>• Lead Allied Health Professional<br>• GP Representative<br>• Dental Clinical Lead or Dental Service Representative<br>• Lead Optometrist<br>• Representative from Sexual Health Service<br>• General Practice Patient Safety Lead | Clinical and Care Governance Committee | Reports from services:<br>AHP<br>Dentistry<br>Optometry<br>Pharmacy<br>Nursing<br>General Practice<br>Social Work/Care<br>Woodend Hospital and Links @ Woodend<br>Biannual Reports<br>Falls<br>Pharmacy/medication<br>Patient Safety in Primary Care |

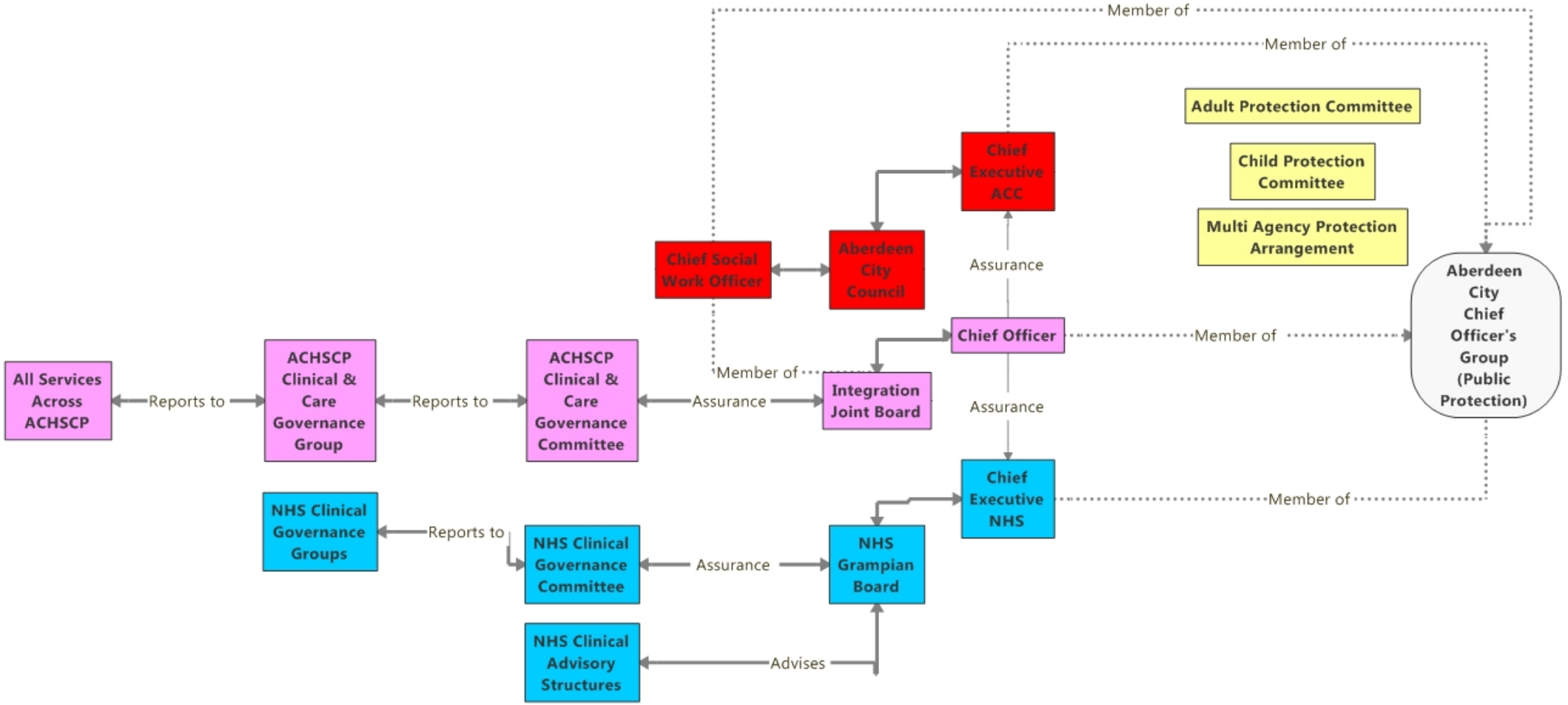
| Principal function/s | Membership | Reports to | Reports received / reviewed |
|---|---|---|---|
| | • Woodend Hospital and Link@ Woodend Representative<br>• Representative from Commissioned Service<br>• Partnership Representative<br>• Representative from Community Mental Health and Learning Disability Services<br>• Representative from Acute Sector<br>• Public Partner | | |
| **Locality Leadership Group** | | | |
| 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.<br><br>The Locality Leadership Group will 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.<br><br>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.<br><br>The locality leadership group will influence, and be influenced by, the city's Strategic | Chair and Vice Chair to be agreed by Group and appointed for a fixed 2-year period.<br><br>▪ Health and Social Care Partnership Locality Manager<br>▪ GP Locality Lead<br>▪ Other GPs (TBC)<br>▪ Representative of Acute Sector (Unit Operational Manager)<br>▪ AHP Representative<br>▪ Nursing Representative<br>▪ Community Mental Health/ LD/ Rehab representation<br>▪ Unscheduled care representative (Out of hours/ A&E)<br>▪ Geriatric Medicine representative<br>▪ Social Care Representative (Bon Accord Care & Adult Social Care)<br>▪ Housing sector representative<br>▪ Third sector representative<br>▪ Independent Sector Representative<br>▪ Carer representative<br>▪ Patient representative<br>▪ Community representatives<br>▪ People managing services in the locality area | Strategic Planning Group | Reports from Heads of Locality & Services (see box above) |

| Principal function/s | Membership | Reports to | Reports received / reviewed |
|---|---|---|---|
| Planning Group and ultimately the Integration Joint Board.<br><br>The locality leadership group will also influence and be influenced by Community Planning Partnership processes. | Other locality stakeholders as determined by the group<br>Further to the above membership, the group may arrange reports/ attendance at meetings from non-members as required, such as;<br>▪ Primary Care Dentistry Locality Representative<br>▪ Primary Care Optometry Locality Representative<br>▪ Primary Care Pharmacy Locality Representative | | |
| **Executive Programme Board** | | | |
| ♦ Provide direction to programme board and working groups<br>♦ Identify prioritised projects<br>♦ Approve Business Cases<br>♦ Ensure programme progress including ensuring that progress is supported to continue at pace<br>♦ Approve significant changes to programmes | ♦ Executive Team<br>♦ Lead Transformation Manager | Seek IJB approval to incur expenditure for projects where required under standing orders (full life costs)<br><br>Report on progress and performance to IJB | Papers from Enabling Systems/Strategic Commissioning/Transforming Communities and Service Delivery Programme Boards |
| **Programme Boards (Enabling Systems; Strategic Commissioning; and Transforming Communities)** | | | |
| ♦ Support and enable progress at pace across transformation portfolio<br>♦ Review and approve Project Proposal Documents<br>♦ Consider “deep dives” into working group programmes to be assured of progress | ♦ Chair (ET Member)<br>♦ Lead Transformation Manager (lead officer & vice chair)<br>♦ Operational Managers<br>♦ Lead Professional Managers<br>♦ Independent Sector<br>♦ Third Sector | Executive Programme Board | Workstreams and project groups |

| Principal function/s | Membership | Reports to | Reports received / reviewed |
|---|---|---|---|
| Ensure delivery of anticipated benefits and where these are no longer deliverable, redirect projects/ programmes accordingly | • ACC Communities and Housing<br>• Acute Sector<br>Finance | | |

## Appendix 5 – Clinical and care governance diagram

The diagram on the following page provides an overview of the clinical & care governance processes within ACHSCP. The processes draw upon the existing clinical & care governance within Aberdeen City Council and the NHS. Clinical & care governance matters relating to the ACHSCP are considered by it's Clinical & Care Governance Group. The Clinical & Care Governance group has representation from all services across ACHSCP and report to the ACHSCP Clinical & Care Governance Committee.


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

# Appendix 6 – Risk assessment tables

## NHS Scotland Core Risk Assessment Matrices

### Table 1 - Impact/Consequence Definitions

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

### Table 2 - Likelihood Definitions

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

Version March 2013

### Table 3 - Risk Matrix

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

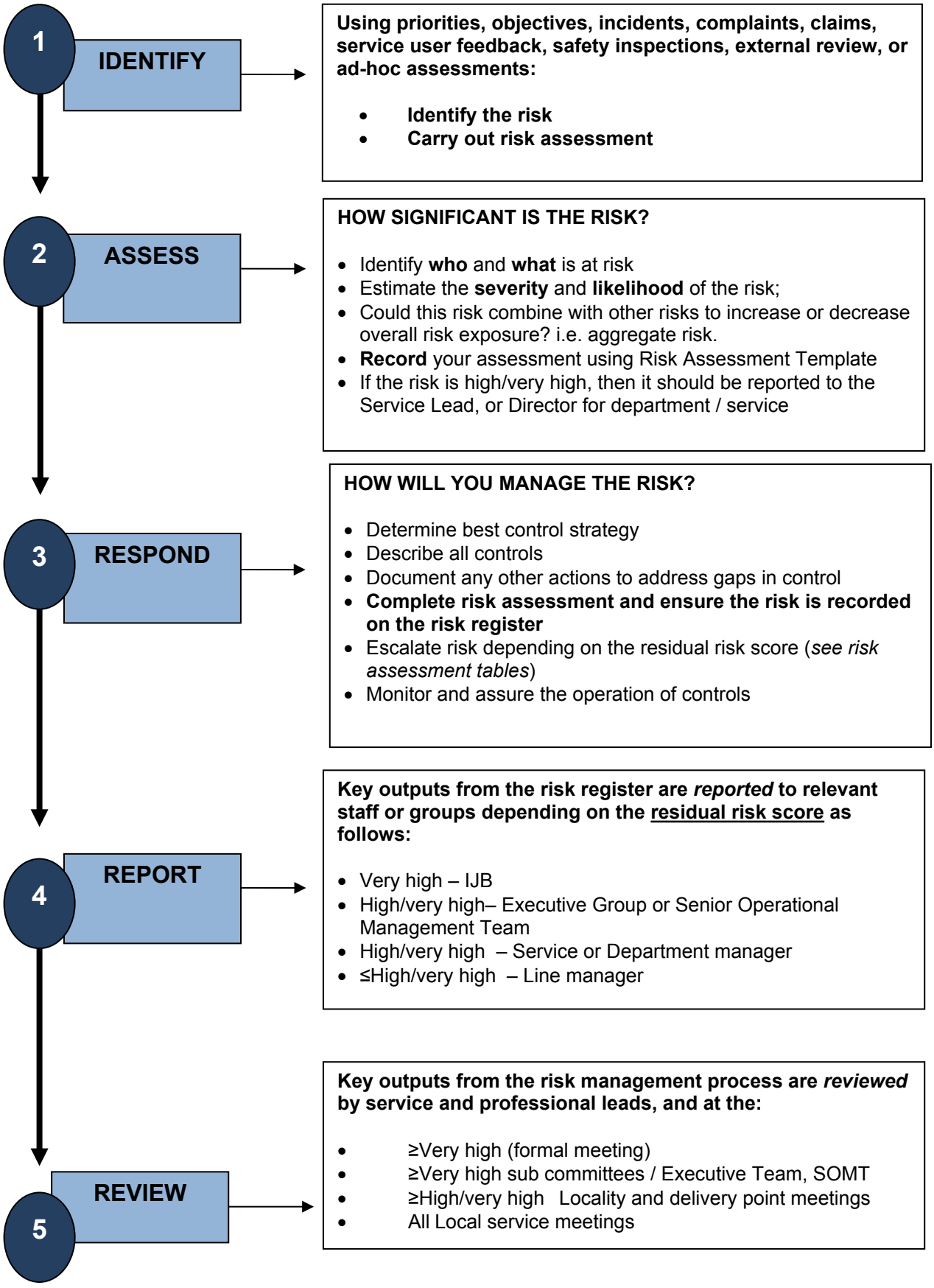
References: AS/NZS 4360:2004 'Making It Work' (2004)

### Table 4 - NHSG Response to Risk

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

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

## Appendix 7 – Risk escalation process



## Appendix 8 – Cycles of business

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

| | | | | | | |
|---|---|---|---|---|---|---|
| **Finance** | Annual Budget | A. Stephen | IJB | Annual | Mar-17 | Mar-18 |
| **Finance** | Review of Financial Regulations | A. Stephen | APS | Annual | Sep-17 | Sep-18 |
| **Governance** | Chief Social Worker Annual Update | B. Oxley | IJB | Annual | Dec-17 | Dec-18 |
| **Governance** | Board Assurance Framework Review | A. Stephen | APS | Annual | Jan-18 | Jan-19 |
| **Governance** | Governance Statement | A. Stephen | APS | Annual | Apr-17 | Apr-18 |
| **Governance** | Review of Committee Members | J. Proctor | IJB | Annual | Jun-17 | May-18 |
| **Governance** | Report on Directions | J. Proctor | IJB | Annual | NA | Mar-18 |
| **Governance** | Review of Scheme of Delegations | J. Anderson | IJB | Annual | NA | TBC - expected March |
| **Governance** | Review of Standing Orders | J. Anderson | IJB | Annual | Dec-17 | Dec-18 |
| **Performance** | Annual Performance Report | J. Proctor | IJB | Annual | Jun-17 | Jun-18 |
| **Performance** | Review of Performance Management Framework | S. Shaw | APS | Annual | NA | TBC |

| | | | | | | |
|---|---|---|---|---|---|---|
| **Performance** | Performance Management Framework | S. Shaw | IJB & APS | Quarterly | Oct-17 (IJB) | Feb-18 (APS), May-18 (IJB), Sep-18 (APS), Dec-18 (IJB) |
| **Risk** | Strategic Risk Register | J. Proctor | IJB & APS | Quarterly | Nov-17 (APS) | Mar 18 (IJB), Aug 18 (APS), Oct 18 (IJB), Jan 18 (APS) |
| **Risk** | Operational risk register | Tom Cowan | CCG | Bi-monthly | Feb-17 | Every meeting |
| **Strategic** | Strategic Plan - Review and Update | S. Shaw | IJB | Every 3 years | NA | Mar-19 |
| **Transformation** | Transformation Programme Monitoring | G. Woodcock | APS | Quarterly | Nov-17 (APS) | Feb-18 (APS), Apr-18 (APS), Aug-18 (APS), Nov-18 (APS) |
| **Transformation** | Review of Transformation Process | G. Woodcock | APS | Annually | NA | TBC |
| **Transformation** | IJB Annual Update | G. Woodcock | IJB | Annual | NA | Jan-18 |
| **Performance** | Delayed Discharge | Kenny O'Brien | IJB | Bi-Annual | Jun-17 | Jan-18, Aug-18 |
| **Performance** | Delayed Discharge | Kenny O'Brien | CCG | Quarterly | Oct-17 | Mar-18 |
| **Performance** | Ethical Care Charter Update | C. Duncan | IJB | 6 Monthly | Aug-17 | Feb-18 |
| **Authorisation** | Interim Bed Funding | K' O'Brien | IJB | Every 2 Years | Aug-17 | Aug-19 |

| | | | | | | |
|---|---|---|---|---|---|---|
| **Performance** | Annual Review of Themes from GP Contract Review Visits | S. Lynch | CCG | Annual | Jun-17 | Jun-18 |
| **Governance** | Annual Clinical and Care Governance Action Plan | T. Cowan | CCG | Annual | NA | TBC |
| **Governance** | Review of Integration Scheme | J. Proctor | IJB | Every 2 years | TBC | Apr-18 |
| **Governance** | Review of the risk appetite statement | A. Stephen | IJB | Annual | NA | Apr-18 |
| **Strategic** | Update report on progress with Carers Strategy | A. Macleod | CCG | TBC | TBC | TBC |
| **Governance** | Refresh of Member's Register of Interest | I. Robertson | IJB | Annual | Jun-17 | Jun-18 |

# Appendix 9: Ownership & Version Control

Ownership:

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

Version Control

| 1. Version Control/Document Revision History (begun 24.11.2017) | | | |
|---|---|---|---|
| Version | Reason | By | Date |
| **1.** | **Revisions to the BAEF requested by the Audit & Performance Committee at its meeting on the 21st of November 2017** | **Sarah Gibbon, Executive Assistant** | **24.11.2017** |
| **2.** | **Additional revisions to BAEF pending submission to IJB** | **Sarah Gibbon, Executive Assistant** | **22.01.2018** |
| | | | |