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

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

ACHSCP has established an Integration Joint Board (IJB) through the Public Bodies (Joint Working) (Scotland) Act 2014. The remit of the IJB is to prepare and implement a Strategic Plan in relation to the provision of health and social care services to adults in its area in accordance with sections 29-39 of the Public Bodies Act. The arrangements for governance of the IJB itself, including rules of membership, are set out in the 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 - governments advice to supplement the @Public Bodies (Joint Working) (Integration Joint Board) (Scotland) Order 2014. The principles of and codes of conduct for corporate governance in Scotland are set out in @ *"On Board: A Guide for Members of Public Bodies in Scotland"*, published by the Scottish Government in July 2006. Detailed arrangements for the board's operation are set out in @ "Roles, Responsibilities and Membership of the Integration Joint Board" Guidance and advice to supplement the Public Bodies (Joint Working) (Integration Joint Board) (Scotland) Order 2014. The IJB also has its own @ standing orders .

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

1.3 Purpose of the framework

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

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

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

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

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

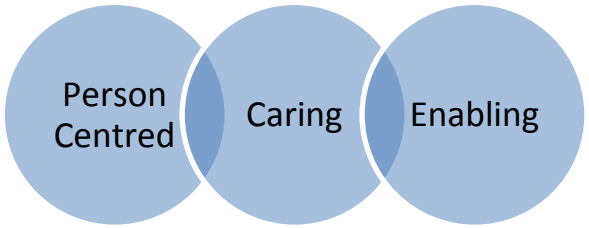
[3] Chartered Institute of Public Finance and Accountancy (CIPFA) and the International Federation of Accountants® (IFAC®). *International Framework: Good Governance in the Public Sector*, (2014) - http://www.cipfa.org/policy-and-guidance/standards/international-framework-good-governance-in-the-public-sector

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

The structures and systems described are those in place from January 2019. 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 ACHSCP 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
Challenging work patterns, innovation, redesign and transformation</td></tr>
<tr><td>KEY COMPONENTS</td><td colspan="2">People and Groups: partners; roles; committee structures
Plans and Activities: engagement plan; risk management policy and system; audit system
Feedback and Reporting processes: concerns and escalation process</td></tr>
<tr><td rowspan="4"></td><td colspan="2">Board Level</td></tr>
<tr><td colspan="2">Corporate Level</td></tr>
<tr><td colspan="2">Service Level</td></tr>
<tr><td colspan="2">Individual Level</td></tr>
<tr><td>OUTCOMES</td><td>IJB measures of success for stakeholders and assurances from internal and external sources</td><td>IJB measures of success for stakeholders and assurances from internal and external sources</td></tr>
</table>

Part 2: The Framework

2.1 Strategic priorities

From the nine strategic outcomes identified nationally as desired outcomes form integration, the ACHSCP has, in its revised Strategic Plan[6] (due to be approved at the IJB in March 2019), articulated five broad strategic aims, which form the basis of its governance framework.

Prevention	• We will work with our partners to achieve positive individual outcomes and lessen the need for formal support.
Resilience	• Supporting people and organisations so they can cope with, and where possible, overcome, the health and wellbeing challenges they might face.
Enabling	• Ensuring that the right care is provided in the right place and at the right time when people are in need.
Communities	• Working with our communities, recognising the valuable role that people have in supporting themselves to stay well and supporting each other when care is needed.
Connections	• Develop meaningful community connections and relationships with people to promote better inclusion, health and wellbeing, and to combat social Isolation.

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

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

B) Risk Appetite Statement

The IJB has consequently agreed a statement of its risk appetite.The IJB will review and agree the risk appetite statement on an annual basis.

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 ACHSCP'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 that its appetite for risk will change over time,

reflecting a longer-term aspiration to develop innovation in local service provision based on 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. The IJB will set a level of appetite ranging from "none" up to "significant" for these different dimensions. 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 dimensions of risk and corresponding risk appetite are:

Dimension of Risk	**Corresponding Risk Appetite**
Financial risk	Low to moderate. It will have zero tolerance of instances of fraud.
Regulatory compliance risk	It will accept no or minimal risk in relation to breaches of regulatory and statutory compliance.
Risks to quality and innovation outcomes	Low to moderate (quality and innovation outcomes which predict clearly identifiable benefits and can be managed within statutory safeguards)
Risk of harm to clients and staff	Similarly, it will accept no or minimal risks of harm to service users or to staff. By minimal risks, the IJB means it will only accept minimal risk to services users or staff when the comparative risk of doing nothing is higher than the risk of intervention
Reputational risk	It will accept moderate to high risks to reputation where the decision being proposed has significant benefits for the organisation's strategic priorities
Risks relating to commissioned and hosted services	The IJB recognises the complexity of planning and delivery of commissioned and hosted services. The IJB has no or minimal tolerance for risks relating to patient safety and service quality. It has low to moderate tolerance for risks relating to service redesign or improvement.

The IJB has an appetite 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 regularly, at least as often as the IJB's strategic plan is reviewed and more often when required.

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 [7], it describes how risk is contextualised, identified, analysed for likelihood and impact, prioritised, and managed. This process is framed by the requirement for consultation and communication, and for monitoring and review.

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

d) Risk Assessment methodology

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

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

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

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 the IJB need to be aware of them.

The IJB's risk measurement table is shown below:

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

Risk Matrix

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

The outputs from risk assessment are as follows:

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

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

The IJB's SRR format is 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 Leadership Team consider risks classified as 'very high' for inclusion in the SRR (see Appendix 7 – risk escalation process). The Leadership Team reviews the SRR in light of their experiences and insight into key issues, including commissioning risk, and recommends the updated version to the 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 Leadership 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 Leadership 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 (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 Leadership 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 years 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 Leadership Team. The Clinical and Care Governance Group (see Appendix 3) has a key role in identifying risk across services which may affect the safety and quality of services to users. The 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 **Leadership 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 Director (GP)

3. Locality level:

The Board Assurance and Escalation Framework is aligned with the locality structure. This will require that there is a direct line of sight to the appropriate clinical and professional lead roles and must take into account the location of services: some are locality based and others not. 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**						
	Individuals	**Plans / activities**	**Groups / Partners**	**Reporting and feedback processes**			
				Compliance with standards	**Risk escalation and review**	**Performance monitoring**	**Improvement and Transformation reporting**
Board level	Chair Chief Officer Board members	Strategic plan Strategic Risk Assurance Register	Board Leadership Team Audit and	Review of BAEF Review of risk scoring Review of Performance dashboard			

	Chairs / CEOs of the Partners	Operational Risk register Performance framework Audit plan Standing Orders Integration Scheme	Performance Systems Committee Clinical and Care Governance Committee Other IJBs Scrutiny / governance arms of Parties	PMO report Audit reports to Board Exception and action plan review Bi-annual review of integration scheme Bi-annual review of strategic plan
Corporate level	Directors Senior Managers PMO	Strategic and Operational risk registers Performance dashboard Business planning Budget monitoring Joint Complaints Procedure	Leadership Team Senior Management Teams Cluster Management Group Strategic Planning Group Clinical and Care Governance Group	Financial monitoring Corporate risk register review Risk moderation and review
Service level	Clinical leads and Social work leads Professional leads 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
Individual level	Staff members Service users Carers	Communication and Engagement plan	Staff forums IJB engagement activity	Objective setting and review Supervision and line management Staff surveys

		Raising concerns policy Safeguarding alerts Risk assessment Incident reporting		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 ACHSCP Chief Officer	Regular Report	NHS Board Leadership Team	Oversight of IJB activity & minutes			
ACC Full Council	ACC Chief Executive	Regular Report	ACC Full Council ACC Chief Executive Leadership Team	Oversight of IJB activity & minutes Information on financial governance, risk management, clinical & care governance etc			
Pan-Grampian IJBs	Chief Officer, Aberdeen City Chief Officer, Aberdeenshire Chief Officer Moray Chair Aberdeen City,	Regular meetings	North East Partnership Steering Group	Established regionally			

	Chair Aberdeenshire IJB Chair Moray IJB			
ACC & NHSG CEs	CE NHSG CE ACC CO ACHSCP	Quarterly Performance Review Meetings Bi-monthly 2-1 meetings	ACC NHSG ACHSCP	Performance Finance Risk Governance Directions Transformation Programme

2.5 Sources of assurance

a) Quality of services

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

- Quality Strategies
- Policies on raising concerns
- HR Policies
- 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
- 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.

ACHSCP endorsed and adopted the Community Planning Aberdeen 'Engagement, Participation and Empowerment Strategy' 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.

Newsletters	Groups		Other
• Partnership Matters Newsletter • Health Village newsletter • NHSG Team Brief • Scottish Care newsletter/ e-bulletin • SHMU community newsletters	• Care at Home Providers Group Forum • Individual Independent providers • Care and Support Providers Aberdeen • Individual Third sector providers	• Sheltered Housing Network • Joint Strategy groups • GP Cluster Management Groups • Cluster Operational Groups (COGs) • Implementation Group (CIGs) • Public Health Co-ordinators	• The 'Our Ideas' Partnership suggestions website and system • 'Connect' – ACHSCP intranet • ACHSCP Website: https://www.aberdeencityhscp.scot/

• • ACVO e-bulletin • VSA Carers News	• Housing providers / associations • NHS Grampian Public Forum • City Voice • Civic Forum	Network • Local Community councils • Mental Health and Learning Disability forums • Joint Staff Forum • 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

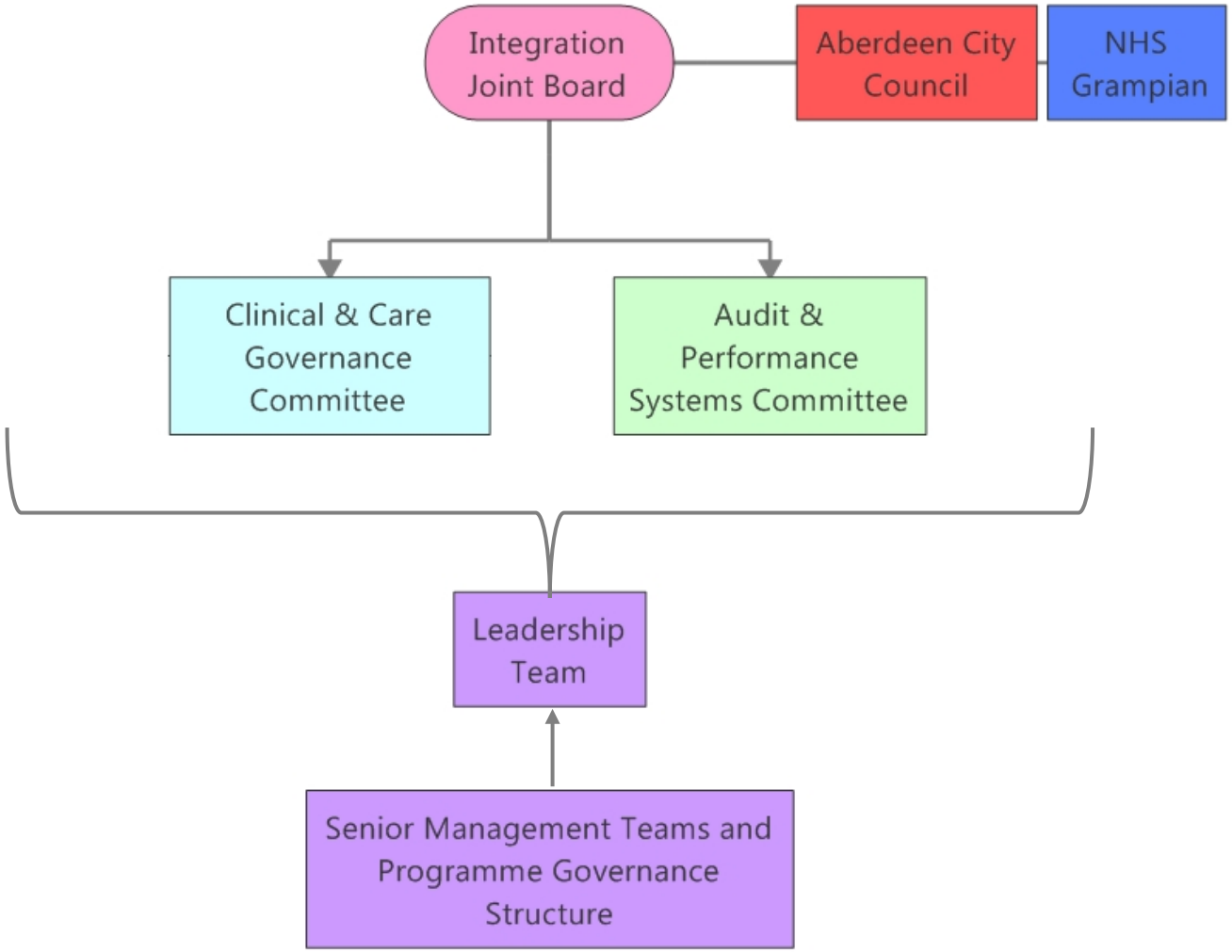
<table>
<tr><th colspan="3">- 1 -</th></tr>
<tr><td colspan="3">Description of Risk:</td></tr>
<tr><td colspan="2">Strategic Priority:</td><td>Lead Director:</td></tr>
<tr><td>Risk Rating: low/medium/high/very high

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

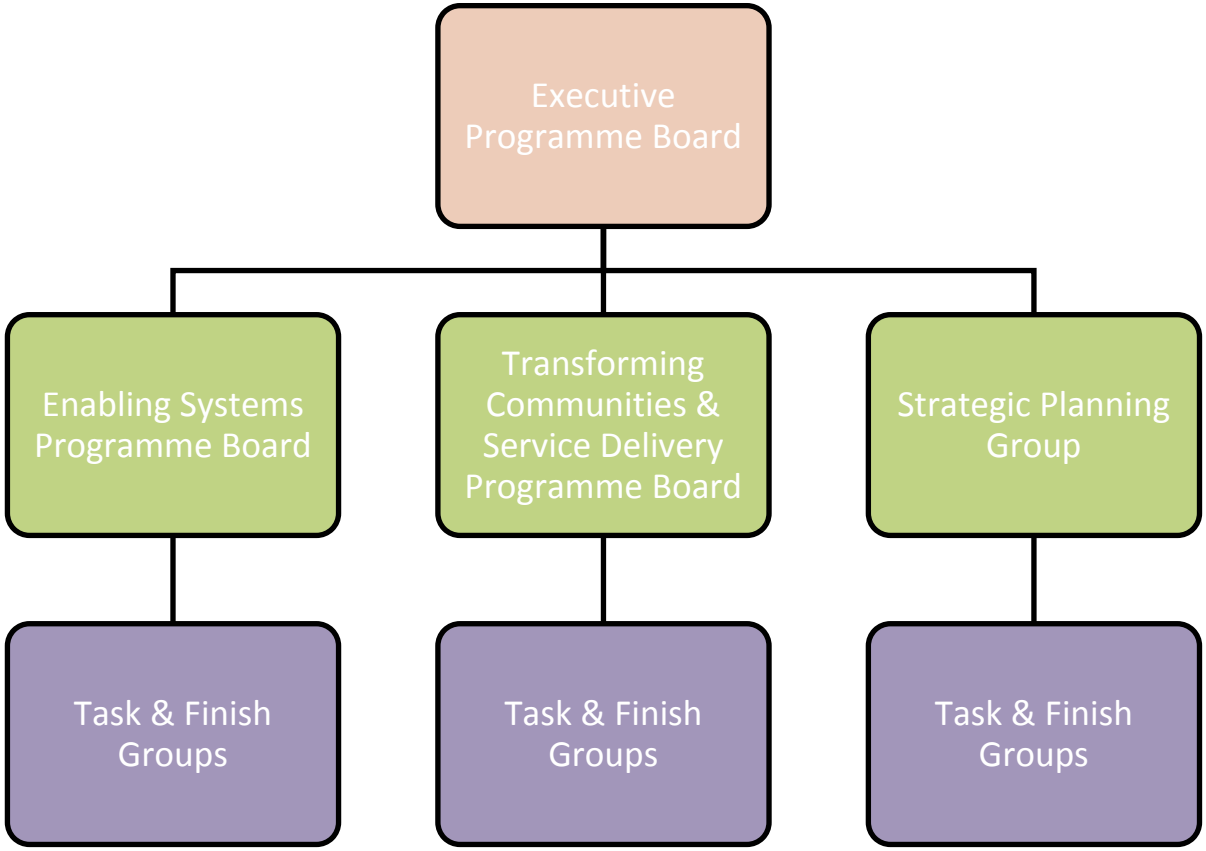
Rationale for Risk Appetite:</td></tr>
<tr><td>Risk Movement: increase/decrease/no change

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

Appendix 2 - Board committee diagram



Appendix 3 – Transformation Programme Structure



Appendix 4 – Roles of the Committees

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

Principal function/s	Membership	Reports to	Reports received / reviewed
			Quality • Chief Social Work Officer • Health Intelligence • Business Managers
Strategic Planning Group			
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: • health professionals; • users of health care; • carers of users of health care; • commercial providers of health care; • non-commercial providers of health care; • social care professionals; • users of social care; • carers of users of social care; • commercial providers of social care; • non-commercial providers of social care; • non-commercial providers of social housing; and third sector bodies carrying out activities related to health care or social care.	Leadership Team	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. These will include a risk management system and a performance management system underpinned by an Assurance Framework.	The Committee will be chaired by a non-office bearing voting member of the IJB and will rotate between NHS and ACC. The Committee will consist of not less than 4 members of the IJB, excluding Professional Advisors. The Committee will include at least two voting members, one from Health and one from the Council. The Board Chair, Chief Officer, Chief Finance Officer, Chief Internal Auditor and other Professional Advisors and senior	IJB	Annual audit plan

Principal function/s	Membership	Reports to	Reports received / reviewed
	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.		
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: • 4 voting members of the IJB • Chief Officer • Chief Social Work Officer • Chair of the Clinical and Care Governance Group/ ClinicalDirector (GP) • Chair of the Joint Staff Forum • Professional Lead – Nurse/AHP • Public Representative • Third sector Sector representatives	IJB	CCG Group report Feedback/Incidents Reporting 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 Director (GP) (Chair) • Clinical and Care Governance Lead • Head of Operations • Lead Social Work Manager • Lead Nurse • Public Health Lead • Clinical Governance Coordinator/Facilitator • Patient/Public Representative • Lead Allied Health Professional	Clinical and Care Governance Committee	Reports from services: AHP Dentistry Optometry Pharmacy Nursing General Practice Social Work/Care Woodend Hospital and Links @ Woodend Biannual Reports Falls

Principal function/s	Membership	Reports to	Reports received / reviewed
	• GP Representative • Dental Clinical Lead or Dental Service Representative • Lead Optometrist • Representative from Sexual Health Service • General Practice Patient Safety Lead • Woodend Hospital and Link@ Woodend Representative • Representative from Commissioned Service • Partnership Representative • Representative from Community Mental Health and Learning Disability Services • Representative from Acute Sector • Public Partner		Pharmacy/medication Patient Safety in Primary Care
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. 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. The role of the Locality Leadership Group will include developing and ensuring appropriate connections and partnerships across the Locality to improve the health	Chair and Vice Chair to be agreed by Group and appointed for a fixed 2-year period. ▪ Health and Social Care Partnership Locality Manager ▪ GP Locality Lead ▪ Other GPs (TBC) ▪ Representative of Acute Sector (Unit Operational Manager) ▪ AHP Representative ▪ Nursing Representative ▪ Community Mental Health/ LD/ Rehab representation ▪ Unscheduled care representative (Out of hours/ A&E) ▪ Geriatric Medicine representative ▪ Social Care Representative (Bon Accord Care & Adult Social Care) ▪ Housing sector representative	Strategic Planning Group	Reports from Heads of Locality & Services (see box above)

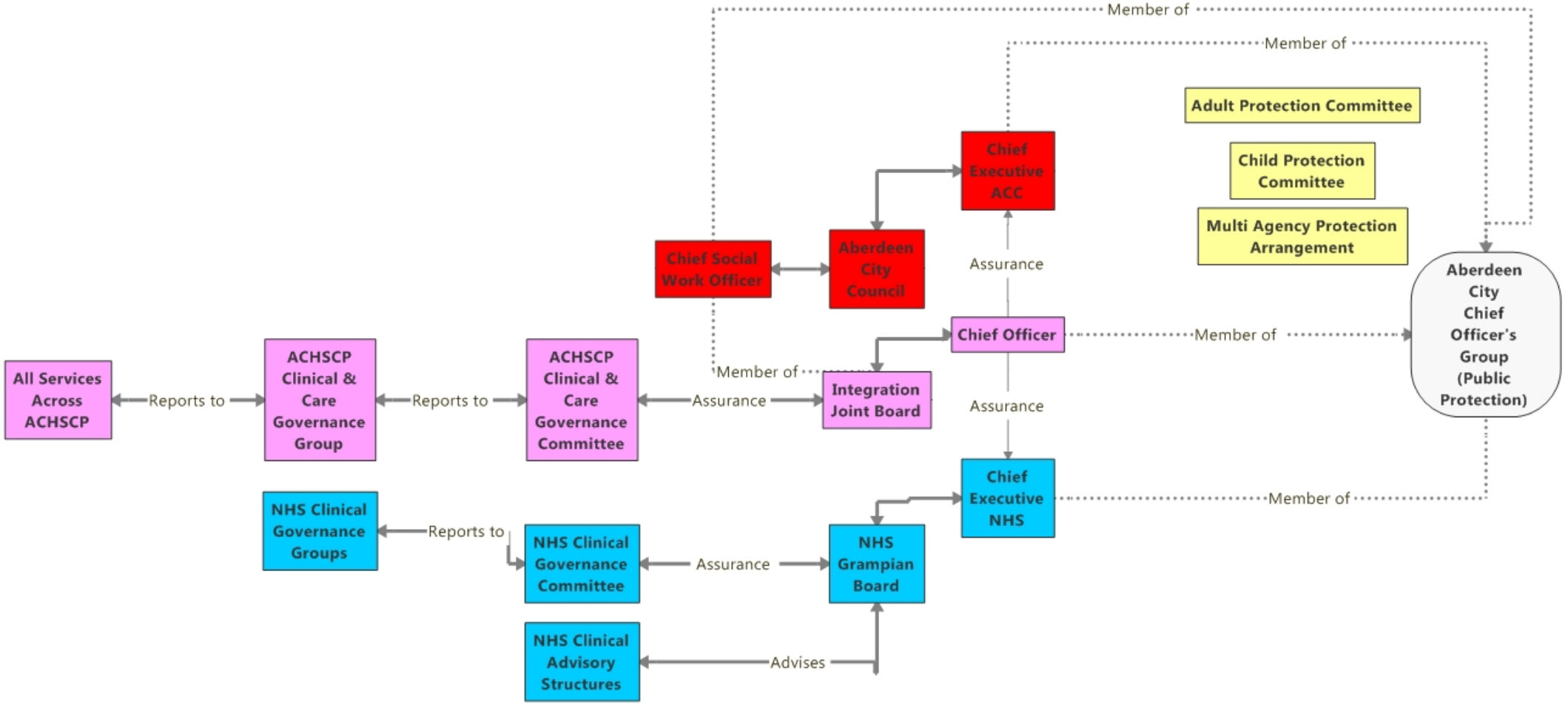
Principal function/s	Membership	Reports to	Reports received / reviewed
and wellbeing of the locality population and reduce the health inequalities that we know impact poorly on people's lives. The locality leadership group will influence, and be influenced by, the city's Strategic Planning Group and ultimately the Integration Joint Board. The locality leadership group will also influence and be influenced by Community Planning Partnership processes.	▪ Third sector representative ▪ Independent Sector Representative ▪ Carer representative ▪ Patient representative ▪ Community representatives ▪ People managing services in the locality area Other locality stakeholders as determined by the group Further to the above membership, the group may arrange reports/ attendance at meetings from non-members as required, such as; ▪ Primary Care Dentistry Locality Representative ▪ Primary Care Optometry Locality Representative ▪ Primary Care Pharmacy Locality Representative		
Executive Programme Board			
♦ Provide direction to programme board and working groups ♦ Identify prioritised projects ♦ Approve Business Cases ♦ Ensure programme progress including ensuring that progress is supported to continue at pace ♦ Approve significant changes to programmes	♦ Leadership Team ♦ Lead Transformation Manager	Seek IJB approval to incur expenditure for projects where required under standing orders (full life costs) Report on progress and performance to IJB	Papers from Enabling Systems/Strategic Commissioning/Transforming Communities and Service Delivery Programme Boards
Programme Boards (Enabling Systemsand Transforming Communities)			
♦ Support and enable progress at pace		Executive	Workstreams and project groups

Principal function/s	Membership	Reports to	Reports received / reviewed
across transformation portfolio • Review and approve Project Proposal Documents • Consider "deep dives" into working group programmes to be assured of progress Ensure delivery of anticipated benefits and where these are no longer deliverable, redirect projects/ programmes accordingly	• Chair (ET Member) • Lead Transformation Manager (lead officer & vice chair) • Operational Managers • Lead Professional Managers • Independent Sector • Third Sector • ACC Communities and Housing • Acute Sector Finance	Programme Board	

Appendix 5 – Clinical and care governance diagram

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

Please note that this diagram will be revised following the review of Clinical & Care Governance.


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). Short term low staffin level (>1 day), where there is no disruption to patient care.	Ongoing low staffin level reduces service quality **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 level s	Uncertain delivery of key objective /service due to lack of staff. **Major error** due to ineffective training/implementation of training.	Non-delivery of key objective/ service due to lack of staff. Loss of key staff. **Critical error** due to ineffective training / implementation of training.
Financial (including damage/loss/ fraud)	Negligible organisational/ personal financial loss (£<1k).	Minor organisational/ personal financial loss (£1-10k).	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. 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. Significnt effect on staff morale and public perception of the organisation.	National media/adverse publicity, less than 3 days. Public confidnce in the organisation undermined. Use of services affected.	National/International media/ adverse publicity, more than 3 days. MSP/MP concern (Questions in Parliament). Court Enforcement. Public Enquiry/FAI.

Table 2 - Likelihood Definitions

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

Table 3 - Risk Matrix

Likelihood	
	Ne
Almost Certain	M
Likely	M
Possible	
Unlikely	
Rare	

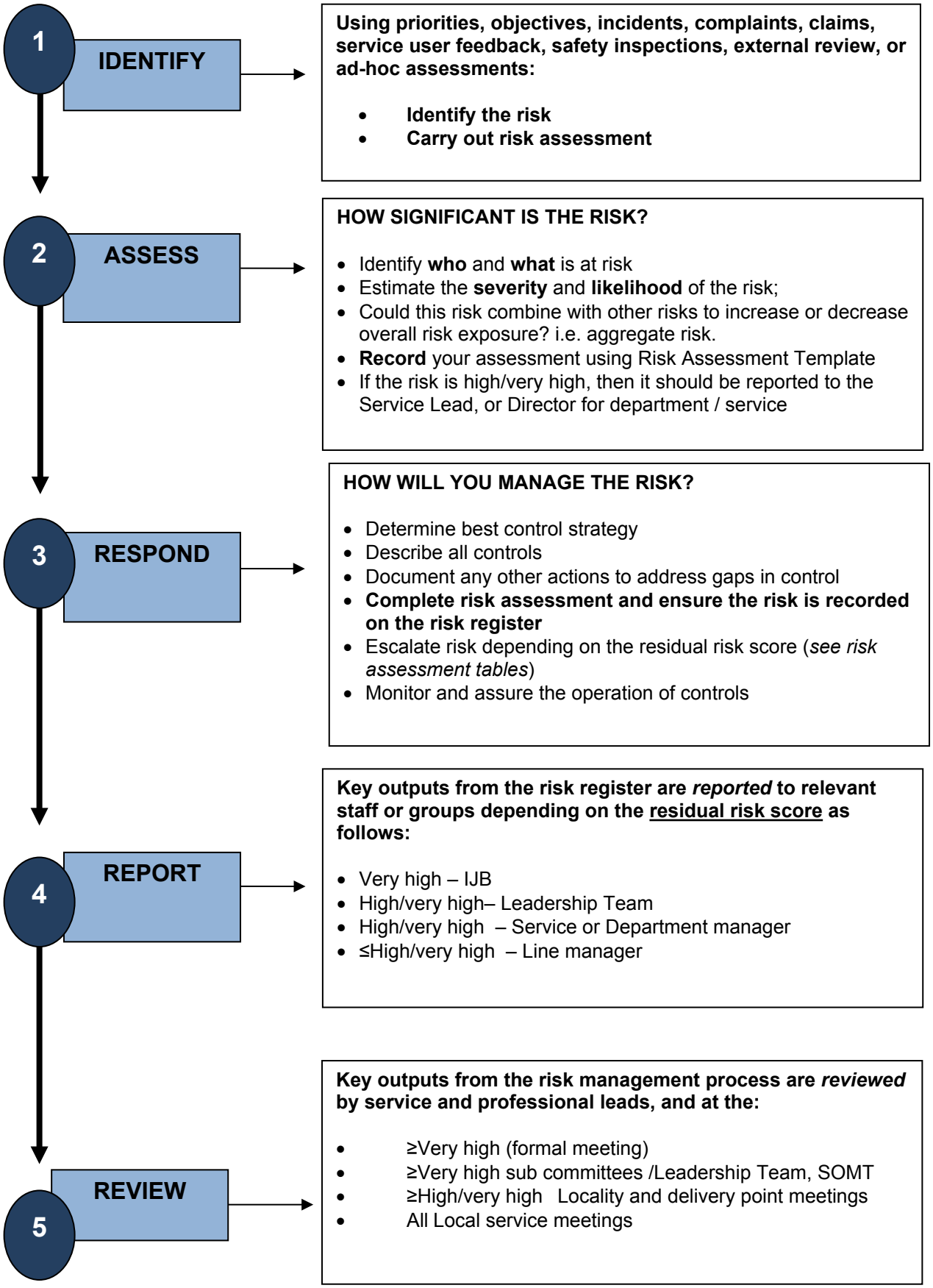
References: AS/NZS 4360:2

Table 4 - NHSG Resp

Describes what NHSG co response expected for ea

Level of Risk	
Low	Acceptable lev or contingency Managers/Risk the risk registe
Medium	Acceptable le Managers/Risk but the cost o that the risk co Managers/Risk the risk registe Relevant Mana these continue
High	Further action possibly requir risk controls or risks applying t whether these Relevant Mana assurance that to do more. The managed. However NHS loss or exposu incidents(s) of
Very High	Unacceptable corrective acti Committees sh Managers/Risk the risk registe The Board will However NHS that may resu information sy compliance, po

Appendix 7 – Risk escalation process



Appendix 8 – Cycles of business (2019-20) – To be reviewed

Business Type	Report Title	Lead Officer	Committee	Frequency	Last Reported	Reporting Date (s) for 2019/20
Audit	Annual Internal Audit Plan	Internal Audit	APS	Annual	Apr-18	Apr-19
	Internal Financial Control Statement	Internal Audit	APS	Annual	Jun-18	Jun-19
	Internal Audit Annual Report	Internal Audit	APS	Annual	Apr-18	April019
	External Auditor Plan	External Audit	APS	Annual	Feb-19	Feb-20
	External Auditor Report	External Audit	APS	Annual	Jun-18 Sept-18	TBC (once plan received)
	Internal and External Auditors Private Meeting	NA	APS	Annual	Feb-19	Aug-19
Finance	Financial Monitoring Report	Chief Finance Officer	IJB & APS	Quarterly	Feb-19	Jun-19(IJB), Aug-19 (APS), Nov-19 (IJB), 25 Feb (APS)
	Unaudited Annual Accounts	Chief Finance Officer	IJB	Annual	May-18	May-19 (APS)
	Audited Annual Accounts	Chief Finance Officer	APS	Annual	Jun-18	June-19 (IJB)

Finance ctd.	Annual Budget	Chief Finance Officer	IJB	Annual	Mar-18	Mar-19
	Review of Financial Regulations	Chief Finance Officer	APS	Annual	Nov-18	Oct-19
	Annual Report on ADP (including Investment Plan)	ADP	IJB	Annual	Dec-18	Dec-19
	Reserves Policy	Chief Finance Officer	IJB	Annual	Apr-17	
Governance	Governance Review inc. TORs, SO, Committee Members Review, Roles & Responsibilities	Legal & Clerk	IJB	Annual	May-18	Jun-19
	Contact Register Annual Review	Commissioning Lead	APS	Annual	Sep-18	Aug-19
	Board Assurance Framework Review	Chief Finance Officer	APS	Annual	Feb-19	Sep-19
	Governance Statement	Chief Finance Officer	APS	Annual	Apr-18	Apr-19
	Review of APS TOR	Chief Finance Officer	APS	Annual	May-18	May-19
	Review of Financial Governance Arrangements	Chief Finance Officer	APS	Annual	Nov-18	Nov-19
	Local Code of Governance	Chief Finance Officer	APS	Annual	Apr-17	

Governance continued	Review of the risk appetite statement	Chief Finance Officer	APS	Annual	Feb-19	Feb-20
	Chief Social Worker Annual Report	Chief Social Work Officer	IJB	Annual	Dec-18	Dec-19
	Review of CCG TOR	Clinical Director (GP)	CCG	Annual	Feb-19	Feb-20
	Annual Clinical and Care Governance Action Plan	Clinical Director (GP)	CCG	Annual	TBC	TBC
	Review of Committee Members	Chair	IJB	Annual	May-18	June-19
	Report on Directions	Chief Officer	IJB	Annual	TBC	TBC
	Review of Integration Scheme	Chief Officer	IJB	Every 2 years	Mar-18	Mar-20
	Refresh of Member's Register of Interest	Clerk	IJB	Annual	Jun-18	Jun-19
	Duty of Candor Annual Report	Business Manager	IJB	Annual	NA	Mar-19
	APS Duties Annual Review	Clerk	APS	Annual	Sep-18	May-19
Performance	Annual Performance Report (National & MSG Indicators)	Strategy Lead	IJB	Annual	NA	Aug-19

Performance continued	Annual Review of Performance Framework	Strategy Lead	APS	Annual	Jan-19	Jan-20
	Ethical Care Charter Update	Lead Social Work	IJB	6 Monthly	Feb-19	Feb-20
	Staff Absence Action Plan	Lead Social Work	CCG	Bi-Annual	NA	Jun-19, Nov-19
	Performance Management Framework	Strategy Lead	CCG & APS	Quarterly	Feb-19	As per below
	Prevention	Strategy Lead	CCG	Annually	NA	Aug-19
	Resilience	Strategy Lead	CCG	Annually	NA	Nov-19
	Enabling	Strategy Lead	APS	Annually	NA	Oct-19
	Connections	Strategy Lead	CCG	Annually	NA	Feb-20
	Communities	Strategy Lead	APS	Annually	NA	Feb-20
	Annual HIF Report	Public Health Lead	IJB	Annual	NA	Mar-20
	Annual Report	Chief Officer	IJB	Annual	Aug-18	Aug-19

Risk	Operational risk register	Head of Ops	CCG	Bi-monthly	Feb-17	May-19
	Strategic Risk Register	Chief Officer	IJB & APS	Quarterly	Feb-19	TBC
Strategic	Strategic Plan - Review and Update	Strategy Lead	IJB	Annual	Mar-19	Mar-20
	Strategic Commissioning Implementation Plan Update	Commissioning Lead	IJB	Annual	Feb-19	Feb-20 (APS), Mar-20 (IJB)
	Update report on progress with Carers Strategy	Strategy Lead	CCG	TBC	NA	Jun-19
	Annual Update on Carers Waiving of Charges & Replacement Care	Strategy Lead	APS	Annual	NA	Jun-19
	Annual Progress Reports on Autism Strategy	Strategy Lead	IJB	Annual	NA	Dec-19
	Annual Progress Reports on LD Strategy	Strategy Lead	IJB	Annual	NA	Dec-19
	Interim Progress Reports on LD Strategy	Strategy Lead	CCG	Annual	NA	Aug-19
	Interim Progress Reports on Autism Strategy	Strategy Lead	CCG	Annual	NA	Aug-19

Transformation	Transformation Programme Monitoring	Transformation Lead	APS	Quarterly	Feb-19	May-19, Aug-19, Feb-20, Apr-20
	Review of Transformation Process	Transformation Lead	APS	Annually	NA	TBC
	IJB Annual Update	Transformation Lead	IJB	Annual	NA	TBC
	Decisions Required	Transformation Lead	IJB	As required	Jan-19	As required

Appendix 9: Ownership & Version Control

Ownership:

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

Version Control

1. Version Control/Document Revision History (begun 24.11.2017)			
Version	Reason	By	Date
1.	Revisions to the BAEF requested by the Audit & Performance Committee at its meeting on the 21st of November 2017	Sarah Gibbon, Executive Assistant	24.11.2017
2.	Additional revisions to BAEF pending submission to IJB	Sarah Gibbon, Executive Assistant	22.01.2018
3.	Acceptance of changes	Sarah Gibbon, Executive Assistant	31.01.2018
4.	Annual Review	Sarah Gibbon Executive Assistant	18.01.2019