Aberdeen City Health & Social Care Partnership
A caring partnership

Strategic Risk Register

Revision	Date
1.	March 2018
2.	September 2018
3.	October 2018 (IJB & APS)
4	February 2019 (APS)
5.	March 2019 (IJB)
6.	August 2019 (APS)
7.	October 2019 (LT)
8.	November 2019 (IJB workshop)
9.	January 2020 (ahead of IJB)

Introduction & Background

This document is made publicly available on our website, in order to help stakeholders (including members of the public) understand the challenges currently facing health and social care in Aberdeen.

This is the strategic risk register for the Aberdeen City Integration Joint Board, which lays the foundation for the development of work to prevent, mitigate, respond to and recover from the recorded risks against the delivery of its strategic plan.

Just because a risk is included in the Strategic Risk Register does not mean that it will happen, or that the impact would necessarily be as serious as the description provided.

More information can be found in the Board Assurance and Escalation Framework and the Risk Appetite Statement.

Appendices

- Risk Tolerances
- Risk Assessment Tables

Colour – Key

Risk Rating	Low	Medium	High	Very High

Risk Movement		Decrease	No Change	Increase

Risk Summary:

1	There is a risk that there is insufficient capacity in the market (or appropriate infrastructure in-house) to fulfil the IJB's duties as outlined in the integration scheme. This includes commissioned services and general medical services.	**High**
2	There is a risk of financial failure, that demand outstrips budget and IJB cannot deliver on priorities, statutory work, and projects an overspend.	**High**
3	There is a risk that the outcomes expected from hosted services are not delivered and that the IJB does not identify non-performance in through its systems. This risk relates to services that Aberdeen IJB hosts on behalf of Moray and Aberdeenshire, and those hosted by those IJBs and delivered on behalf of Aberdeen City.	**High**
4	There is a risk that relationship arrangements between the IJB and its partner organisations (Aberdeen City Council & NHS Grampian) are not managed to maximise the full potentials of integrated & collaborative working. This risk covers the arrangements between partner organisations in areas such as governance; corporate service; and performance.	**Low**
5	There is a risk that the IJB, and the services that it directs and has operational oversight of, fail to meet both performance standards/outcomes as set by regulatory bodies and those locally-determined performance standards as set by the board itself. This may result in harm or risk of harm to people.	**Medium**
6	There is a risk of reputational damage to the IJB and its partner organisations resulting from complexity of function, delegation and delivery of services across health and social care	**Medium**
7	Failure to deliver transformation at a pace or scale required by the demographic and financial pressures in the system	**High**

8	There is a risk that the IJB does not maximise the opportunities offered by locality working	**High**
9	There is a risk that if the System does not redesign services from traditional models in line with the current workforce marketplace in the City this will have an impact on the delivery of the IJB Strategic Plan.	**Very High**
10	There is a risk that ACHSCP is not sufficiently prepared to deal with the impacts of Brexit on areas of our business, including affecting the available workforce and supply chain.	**High**

- 1 -

Description of Risk: There is a risk that there is insufficient capacity in the market (or appropriate infrastructure in-house) to fulfil the IJB's duties as outlined in the integration scheme. Commissioned services in this context include third and independent providers of care and supported living and independent providers of general medical services. Additional pressures from other parts of the system also add to market instability. For example, recruitment of care staff within a competing market, reduction of available beds and the requirement to care for more complex people at home.

Strategic Priority: Prevention and Communities	**Leadership Team Owner:** Lead Commissioner

Risk Rating: low/medium/high/very high	**Rationale for Risk Rating:**
HIGH	• There have been several experiences of provider failure in the past and this has provided valuable experience and an opportunity for learning. There is unmet need in the care sector evidenced by out of area placements and use of agency staff which would indicate that there are insufficient staff to fill roles etc.
Risk Movement: increase/decrease/no change	• Discussion with current providers and understanding of market conditions across the UK and in Aberdeen locally.
NO CHANGE 17.12.2019	• Impact of Living Wage on profitability depending on some provider models (employment rates in Aberdeen are high, care providers have to compete within this market)
	Rationale for Risk Appetite:
	• As 3ʳᵈ and independent sectors are key strategic partners in delivering

	transformation and improved care experience, we have a low tolerance of this risk. It is suggested that this risk tolerance should be shared right throughout the organisation, which may encourage staff and providers to escalate valid concerns at an earlier opportunity.
Controls: • Robust market and relationship management with the 3rd and independent sector and their representative groups, building a sense of shared risk, in an environment where people operate in a respectful and responsible fashion. In particular, with a sense of etiquette in the way in which businesses conduct themselves • Market facilitation programme and robust contract monitoring process. working in partnership to advise, design and stimulate a vibrant care market, including the development of a provider network, a market position statement and a training passport. • GP Contracts and Contractual Review and GP Sustainability Risk Review - workforce and role review in primary care.	**Mitigating Actions:** • The IJB's commissioning model has an influence on creating capacity and capability to manage and facilitate the market • Development of provider forum and peer mentorship to support relationship and market management. This includes a workshop on business continuity. • Risk fund set aside with transformation funding • Approved Reimaging Primary Care Vision and currently implementing the Primary Care Improvement Plan • Implementation of the new GMS Contract. • Provider of last resort – Bon Accord Care • Provider Forum business continuity plan workshop

• Funding arrangements which take into account the annual increase to support payment of the Scottish Living wage • Contact monitoring arrangements – regular exchange of information between contracts and providers • Clinical and care governance processes – and the opportunity to provide assurance, including assurance that all appropriate leadership team members and staff have undertaken Adult Protection training. • Leadership team monthly discussion of operational and strategic risk – to ensure shared sense of responsibility and approach to potential challenging situations. • Lessons learned during a recent experience of managing a residential home; GP practice closure and care provider should market failure occur, and the transition of a significant number of care packages, and continued strengthening relationships and partnership working	• The development of risk predictor tools in association with the care inspectorate, and individual team escalation plans
Assurances: • Market management and facilitation • Inspection reports from the Care Inspectorate • Contract monitoring process, including GP contract review visit outputs.	**Gaps in assurance:** • Market or provider failure can happen quickly despite good assurances being in place. For example, even with the best monitoring system, the closure of a practice can happen very

	quickly, with (in some cases) one partner retiring or becoming ill being the catalyst. • We are currently undertaking service mapping which will help to identify any potential gaps in market provision
Current performance: • We received notification on Monday 11th February 2019 from Four Seasons Health Care (the private provider of care at the Banks O' Dee Care Home) of their intention to withdraw service following a contractual notice period. If no provider is found a thirteen-week notice period of closure will commence thereafter. It is envisaged that formal notice will be given on 20th March, with closure date of 21st June 2019. • Sleepovers – the uplift to accommodate the living wage for sleepover staff was implemented in October 2018. • A 'Lessons Learnt' exercise was undertaken in February 2019 with the contracts team relating to the recent situation with Allied Healthcare – this will provide useful information should other providers fail. • Several GP practices have required support from ACHSCP over the past 2 years, most recently Torry Medical Practice and Rosemount Medical Group.	**Comments:** • National Care Home Contract uplift for 2016/17 was 6.4% and 2.8% 2017/18. Negotiations with individual providers are currently taking place for uplifts specific to their needs of up to 3.8%. • IJB agreed payment of living wage to Care at Home providers for 2016/17, 2017/18 and 2018/19

-2-

Description of Risk:
There is a risk of IJB financial failure and projecting an overspend, due to demand outstripping available budget, which would impact on the IJB's ability to deliver on its strategic plan (including statutory work).

Strategic Priority: Prevention and Communities	**Leadership Team Owner:** Chief Finance Officer

Risk Rating: low/medium/high/very high	**Rationale for Risk Rating:**
<table><tr><td>**HIGH**</td></tr></table>	• If the partnership fails financially then decisions will be required to stop services. In a health and social care environment this is difficult to do given the reliance service users place on these services. It could also impact on the delivery of the strategy plan as officer's time would be diverted from

Risk Movement: increase/decrease/no change:	transformational activities to balance the budget.
NO CHANGE 17.12.2019	• If the levels of funding identified in the Medium Term Financial Framework are not made available to the IJB in future years, then tough choices would need to be made about what the IJB wants to deliver. It will be extremely difficult for the IJB to continue to generate the level of savings year on year to balance its budget. **Rationale for Risk Appetite:** The IJB has a low-moderate risk appetite to financial loss and understands its requirement to achieve a balanced budget. The IJB recognises the impacts of failing to achieve a balanced budget on Aberdeen City Council & its bond – an unmanaged overspend may have an impact on funding levels. However the IJB also recognises the significant range of statutory services it is required to meet within that finite budget and has a lower appetite for risk of harm to people (low or minimal).
Controls: Budgets delegated to cost centre level and being managed by budget holders.	**Mitigating Actions:** • Financial information is reported regularly to the Audit & Performance Systems Committee, the Integration Joint Board and the Leadership Team. • Approved reserves strategy, including risk fund. • Robust financial monitoring and budget setting procedures including regular budget monitoring & budget meeting with budget holders. • Medium-Term Financial Strategy was reviewed and approved at the IJB on 12th March 2019. This includes a predicted outlook for 10 years • Audit & Performance Systems receives regular updates on transformation programme & spend.

	• The Leadership Team are committed to driving out efficiencies, encouraging self management and moving forward the prevention agenda to help manage future demand for services. Lean Six Sigma methodology is being applied to carry out process improvements.
Assurances: • Audit and Performance Systems Committee oversight and scrutiny of budget under the Chief Finance Officer. • Board Assurance and Escalation Framework. • Quarterly budget monitoring reports. • Regular budget monitoring meetings between finance and budget holders.	**Gaps in assurance:** • The financial environment is challenging and requires regular monitoring. The scale of the challenge to make the IJB financially sustainable should not be underestimated. • Financial failure of hosted services may impact on ability to deliver strategic ambitions.
Current performance: • Year-end position for 2017/18 • Forecasted year end position 2018/19 overspend on mainstream position • Projected overspend on mainstream budgets can be accommodated from within the total resources available to the IJB.	**Comments:** • Regular and ongoing budget reporting and management scrutiny in place. • Budget monitoring procedure now well established. • Budget holders understand their responsibility in relation to financial management. • Scottish Government Medium Term H&SC Financial Framework – released and considered by APS Committee. • The recent Audit Scotland report 'Progress with Integration' recommended that HSCPs should aspire to develop a long-term financial strategy.

- 3 –
Description of Risk: There is a risk that hosted services do not deliver the expected outcomes, fail to deliver transformation of services, or face service failure and that the IJB fails to identify such non-performance through its own systems and pan-Grampian governance arrangements. This risk relates to services that Aberdeen IJB hosts on behalf of Moray and Aberdeenshire, and those hosted by those IJBs and delivered on behalf of Aberdeen City.

Strategic Priority: Prevention and Connections.	**Leadership Team Owner:** Chief Officer

Risk Rating: low/medium/high/very high **HIGH**	**Rationale for Risk Rating:** • Considered high risk due to the projected overspend in hosted services • Hosted services are a risk of the set-up of Integration Joint Boards. **Rationale for Risk Appetite:**

Risk Movement: (increase/decrease/no change):	• The IJB has some tolerance of risk in relation to testing change.
NO CHANGE 17.12.2019	

Controls:	Mitigating Actions:
• Integration scheme agreement on cross-reporting • North East Strategic Partnership Group • Operational risk register	• This is discussed regularly by the three North East Chief Officers • Regular discussion regarding budget with relevant finance colleagues. • Chief Officers should begin to consider the disaggregation of hosted services.
Assurances:	**Gaps in assurance:**
• These largely come from the systems, process and procedures put in place by NHS Grampian, which are still being operated, along with any new processes which are put in place by the lead IJB. • At an April 2019 seminar, convened to consider the future of the North East Partnership, the four Chief Executives (NHS Grampian, Aberdeen City Council, Aberdeenshire Council and Moray Council) agreed to develop a North East Group (Officers only) which they would lead. The aim of the group is to develop real top-level leadership to drive forward the change agenda, especially relating to the delegated hospital-based services. • The Chief Officers have taken a paper about hosted and hospital based delegated services to each of the three IJBs during June. Amongst other issues, the paper sought permission to develop a new role and remit for the Chairs and Vice Chairs of the three IJBs to come together. This is under development.	• There is a need to develop comprehensive governance framework for hosted services, including the roles of the IJB's sub-committees.

• Both the CEO group and the Chairs & Vice Chairs group will meet quarterly. The meetings will be evenly staggered between groups, giving some six weeks between them, allowing progressive work / iterative work to be timely between the forums. The dates are currently being arranged	
Current performance: • The projected overspend on hosted services is a factor in the IJB's overspend position. This may in future impact on the outcomes expected by the hosted services.	**Comments:** • It is noted that NHS Grampian are currently undertaking an internal audit on the governance of hosted services.

- 4 –
Description of Risk: There is a risk that relationship arrangements between the IJB and its partner organisations (Aberdeen City Council & NHS Grampian) are not managed in order to maximise the full potential of integrated & collaborative working to deliver the strategic plan. This risk covers the arrangements between partner organisations in areas such as governance arrangements, human resources; and performance.

Strategic Priority: Prevention, Resilience and Communities.	Leadership Team Owner: Chief Officer

Risk Rating: low/medium/high/very high	Rationale for Risk Rating:
Low	• Considered medium given the experience of nearly three years' operations since 'go-live' in April 2016. • However, given the wide range and variety of services that support the IJB from NHS Grampian and Aberdeen City Council there is a possibility of services not performing to the required level.
Risk Movement: (*increase/decrease/no change*)	
Decreased 17.12.2019	Rationale for Risk Appetite: There is a zero tolerance in relation to not meeting legal and statutory requirements.

Controls:	Mitigating Actions:
• IJB Strategic Plan-linked to NHS Grampian's Clinical Strategy and the Local Outcome Improvement Plan (LOIP) • IJB Integration Scheme • IJB Governance Scheme including 'Scheme of Governance: Roles & Responsibilities'. • Agreed risk appetite statement • Role and remit of the North East Strategic Partnership Group in relation to shared services • Current governance committees within IJB & NHS. • Alignment of Leadership Team objectives to Strategic Plan	• Regular consultation & engagement between bodies. • Regular and ongoing Chief Officer membership of Aberdeen City Council's Corporate Management Team and NHS Grampian's Senior Leadership Team • Regular performance meetings between ACHSCP Chief Officer, Aberdeen City Council and NHS Grampian Chief Executives. • Additional mitigating actions which could be undertaken include the audit programme and bench-marking activity with other IJBs. • In relation to capital projects, Joint Programme Boards established to co-produce business cases, strategic case approved by IJB and economic, financial, commercial, management case approved by NHSG Board and ACC Committees

Assurances:	Gaps in assurance:
• Regular review of governance documents by IJB and where necessary Aberdeen City Council & NHS Grampian. A review of the Scheme of Governance commenced in June 2019 and will be reported to the IJB in November 2019.	• None currently significant though note consideration relating to possible future Service Level Agreements.
Current performance:	Comments:
• Most of the major processes and arrangements between the partner organisations have been tested for over two years of operation and no major issues have been identified. • A review of the Integration Scheme has been undertaken and the revised scheme has been approved by NHSG, Aberdeen City Council & Scottish Government. • However this does not remove the risk as processes within the IJB and partner organisations will continue to evolve and improve.	• Nothing to update on the narrative for the risk.

- 5 –

Description of Risk: There is a risk that the IJB, and the services that it directs and has operational oversight of, fail to meet both performance standards/outcomes as set by national and regulatory bodies and those locally-determined performance standards as set by the board itself. This may result in harm or risk of harm to people.

Strategic Priority: Prevention, Resilience, Personalisation, Connections and Communities.	Leadership Team Owner: Lead Strategy & Performance Manager

Risk Rating: low/medium/high/very high	Rationale for Risk Rating: Service delivery is broad ranging and undertaken by both in-house and external providers. There are a variety of performance standards set both by national and regulatory bodies as well as those determined locally and there are a range of factors which may impact on service performance against these. Poor performance will in turn impact both on the outcomes for service users and on the reputation of the IJB/partnership.
MEDIUM	
Risk Movement: (*increase/decrease/no change*)	
NO CHANGE 17.12.2019	**Rationale for Risk Appetite:** The IJB has no to minimal tolerance of harm happening to people as a result of its actions, recognising that in some cases there may be a balance between the risk of doing nothing and the risk of action or intervention.

Controls:	Mitigating Actions:
- Clinical and Care Governance Committee and Group - Audit and Performance Systems Committee - Performance and Risk Management Group - Performance Framework - Risk-assessed plans with actions, responsible owners, timescales and performance measures monitored by dedicated teams - Linkage with ACC and NHSG performance reporting - Annual Report	- Fundamental review of key performance indicators reported - Review of systems used to record, extract and report data - Review of and where and how often performance information is reported on and how learning is fed back into processes and procedures. - On-going work developing a culture of performance management and evaluation throughout the partnership

• Chief Social Work Officer's Report • Ministerial Steering Group (MSG) Scrutiny • Internal Audit Reports • Links to outcomes of Inspections, Complaints etc. • Contract Management Framework	• Production of Performance Dashboard, presented to a number of groups, raising profile of performance and encouraging discussion leading to further review and development • Recruitment of additional temporary resource to drive performance and risk management process development • Performance now a standing agenda item on Leadership Team meetings
Assurances: • Joint meeting of IJB Chief Officer with two Partner Body Chief Executives. • Agreement that full Dashboard with be reported to both Clinical and Care Governance Committee and Audit & Performance Committee. Lead Strategy and Performance Manager will ensure both committees are updated in relation to the interest and activity of each. • Annual report on IJB activity developed and reported to ACC and NHSG • Care Inspectorate Inspection reports • Capture of outcomes from contract review meetings. • External reviews of performance. • Benchmarking with other IJBs.	**Gaps in assurance:** • Formal performance reporting process is continually evolving. • Work on understanding extent to operational performance reporting is at an early stage but will progress more quickly now the IJB Dashboard is nearing completion. • Further work required on linkage to ACC, NHSG and CPA reporting.

Current performance:	Comments:
- Performance reports submitted to IJB, Audit and Performance Systems and Clinical and Care Governance Committees. - Performance and Risk Management Group terms of reference and membership revised and regular meetings are now scheduled and taking place. - Various Steering Groups for strategy implementation established and reviewing performance regularly. - Performance data discussed at team meetings. - Close links with social care commissioning, procurement and contracts team have been established - IJB Dashboard nearing completion. Dashboard has been shared widely.	The Partnership has completed the Ministerial Steering Group Self Evaluation in relation to progress against integration and that although the result was very positive (45% Exemplary, 41% Established, 14% Part Established and no area not yet established),the Partnership have identified areas for improvement and these have been compiled into an Action Plan with Lead Officers and Timescales assigned. Delivery of the plan will be monitored by the Leadership Team and an annual progress report submitted to the IJB in preparation for the anticipated repeat of the self-evaluation exercise next year.

- 6 –	
Description of Risk: There is a risk of reputational damage to the IJB and its partner organisations resulting from complexity of function, decision making, delegation and delivery of services across health and social care.	
Strategic Priority: All	**Leadership Team Owner:** Communications Lead

Aberdeen City Health & Social Care Partnership
A caring partnership

Risk Rating: low/medium/high/very high **Medium** **Risk Movement:** (*increase/decrease/no change*) **No Change 17.12.2019**	**Rationale for Risk Rating:** • Governance processes are in place and have been tested since go live in April 2017. • Budget processes tested during approval of 3rd budget, which was approved. **Rationale for Risk Appetite:** Willing to risk certain reputational damage if rationale for decision is sound.
Controls: • Leadership Team • IJB and its Committees • Operational management processes and reporting • Board escalation process • Standards Officer role	**Mitigating Actions:** • Clarity of roles • Staff and customer engagement – recent results from iMatter survey alongside a well-establish Joint Staff Forum indicate high levels of staff engagement. • Effective performance and risk management • To ensure that ACHSCP have a clear communication & engagement strategy, and a clear policy for social media use, in order to mitigate the risk of reputational damage. • Communications lead's membership of Leadership Team facilities smooth flow of information from all sections of the organisation • Robust relationships with all local media are maintained to ensure media coverage is well-informed and accurate, and is challenged when inaccurate/imbalanced.
Assurances:	**Gaps in assurance:**

• Role of the Chief Officer and Leadership Team • Role of the Chief Finance Officer • Performance relationship with NHS and ACC Chief Executives • Communications plan / communications manager	None known at this time
Current performance: • Communications officer in place to lead reputation management	**Comments:** • Communications strategy and action plan in place and being led by the HSCP's Communications Manager • Communication and Engagement Group being strengthened by selection of 'Communications' Champions' across ACHSCP comprising of staff across the partnership to support us in ensuring key messages/internal news items are timely, appropriate and wide-reaching • External and internal websites are regularly updated with fresh news/information; both sites continue to be developed and refined • Locality leadership groups being established to build our relationship with communities and stakeholders • Regular Chief Officer (CO) and Chief Executives (Ces) meeting supports good communication flow across partners as does CO's membership of the Corporate Management Teams of both ACC and NHSG

Description of Risk:
Failure of the transformation to delivery sustainable systems change, which helps the IJB deliver its strategic priorities, in the face of demographic & financial pressures.

Strategic Priority: All	Leadership Team Owner: Transformation Lead

Risk Rating: low/medium/high/very high

HIGH

Risk Movement: (*increase/decrease/no change*)

NO CHANGE 17.12.2019

Rationale for Risk Rating:
- Recognition of the known demographic curve & financial challenges, which mean existing capacity may struggle
- This is the overall risk – each of our transformation programme work streams are also risk assessed with some programmes being a higher risk than others.

Rationale for Risk Appetite:
- The IJB has some appetite for risk relating to testing change and being innovative.
- The IJB has no to minimal appetite for harm happening to people – however this is balanced with a recognition of the risk of harm happening to people in the future if no action or transformation is taken.

Controls:

- Transformation Governance Structure and Process
- Audit and Performance Systems Committee – quarterly reports to provide assurance of progress
- Programme Board structure: Executive Programme board and portfolio programme boards are in place.

Mitigating Actions:

- Programme management approach being taken across whole of the transformation programme
- Transformation team in place and all trained in Managing Successful Programmes methodology
- Regular reporting to Executive Programme Board and Portfolio Programme Boards

	• Regular reporting to Audit and Performance Systems Committee and Integration Joint Board • Six Sigma methodology being used to support delivery of strategic plan, medium term financial plan and to ensure sustainability. Evaluation process in place to track delivery of change and efficiencies. Prioritisation process in place to prioritise allocation of transformation resource. • A number of plans and frameworks have been developed to underpin our transformation activity across our wider system including: Reimagining Primary and Community Care Vision, Transformation Plan, Primary Care Improvement Plan, Action 15 Plan. • Transformation team amalgamated with public health and wellbeing to give greater focus to localities.
Assurances: • Executive Management and Committee Reporting • Robust Programme Management approach supporting by an evaluation framework • IJB oversight • Board escalation process • Internal Audit has undertaken a detailed audit of our transformation programme. All recommendations from this audit have now been actioned.	**Gaps in assurance:** • There is a gap in terms of the impact of transformation on our budgets. Many of the benefits of our project relate to early intervention and reducing hospital admissions, neither of which provide earlier cashable savings. • A prioritisation process has been developed to prioritise transformation support to areas of the business that could deliver cashable savings.
Current performance: • Demographic financial pressure is starting to materialise in some of the IJB budgets. • Many projects are now in Delivery phase with a couple of projects achieving Close stage.	**Comments:** • The transformation team and organisational development team have been brought together (November 2018) and with the Public Health and Wellbeing teams (June 2019) to maximise the potential for successful and sustainable system change.

• A number of evaluation reports are now available including West Visiting Service and INCA and the learning from these projects is in planning stages to be embedded across the wider organisation as appropriate. • Learning from the INCA project has informed the development of our leadership team and is informing future organisational development.	• The wider transformation team is being supported to utilise Lean Six Sigma to drive out efficiencies and improve processes across the organisation, this will be supported via a wider cultural change process across the whole organisation. Outputs from initial tranche of projects using this methodology were shared at a showcase event at the end of August 2019. • Improvements in process across the organisation will provide opportunities for implementing digital solutions. A digital strategy to support this will be developed.

Description of Risk
There is a risk that the IJB does not maximise the opportunities offered by locality working

Strategic Priority: All	**Leadership Owner:** Chief Officer

Risk Rating: low/medium/high/very high

HIGH

Risk Movement: (*increase/decrease/no change*)

NO CHANGE 17.12.2019

Rationale for Risk Rating:
- Localities are in an early, developmental stage and currently require strategic oversight so are included in this risk register. Once they are operational, they will be removed from the strategic risk register as a stand-alone item and will be included in the wider risk relating to transformation (risk 7).

Rationale for Risk Appetite:
The IJB has some appetite to risk in relation to testing innovation and change. There is zero risk of financial failure or working out with statutory requirements of a public body.

Controls:
- IJB/Audit and Performance Systems Committee
- Action plans as derived from the locality plans.
- Locality Leadership Groups
- Strategic Planning Group

Mitigating Actions:
- Continued broad engagement on locality working and requested development of comprehensive communication plan
- Position Statement issued in August 2019

Assurances:	Gaps in assurance
• Strategic Planning Group • Locality plans performance monitoring and review.	• Progress of delivering locality plans.
Current performance: • The Integration Joint Board (IJB) agreed to move from four to three localities to help the Health & Social Care Partnership provide services tailored to the needs of local communities. The rationale for the change is outlined below: • Opportunities for greater efficiencies in terms of data-sharing and delivery planning etc. • Opportunities for collaboration and realising benefits for people in communities as a result of better collaborative working. • Opportunities for better alignment between wider locality plans and smaller area plans. • Opportunities to empower multi-agency teams to look at what's important to people in our communities as part of their journey through life. • Opportunities to support a cross-system response to complex issues like obesity and population-wide public health priorities. • Opportunities for teams to be based together, guiding what is planned and progressing initiatives by involving a range of staff teams and partner organisations.	**Comments:** • The LLGs will ensure locality plans align to the broader Aberdeen Community Planning plans and will use existing networks to maximise the potential of community and front line staff engagement. They will work alongside operational locality delivery teams • A further report on the implementation of the Localities was submitted to the IJB in November 2019.

- 9 –

Description of Risk:
There is a risk that if the System does not redesign services from traditional models in line with the current workforce marketplace in the City this will have an impact on the delivery of the IJB Strategic Plan.

Strategic Priority: All	Leadership Team Owner: People & Organisation

Risk Rating: low/medium/high/very high	Rationale for Risk Rating:
VERY HIGH	• The current staffing complement profile changes on an incremental basis over time. • However the number of over 50s employed within the partnership (by NHSG and ACC) is increasing (i.e. 1 in 3 nurses are over 50). • Current high vacancy levels and long delays in recruitment across ACHSCP services. • Inability to fill vacancies
Risk Movement: (*increase/decrease/no change*)	
INCREASE 08.01.2020	Rationale for Risk Appetite: • Risk should be able to be managed with the adoption of agile and innovative

	workforce planning structures and processes
Controls: • Clinical & Care Governance committee reviews operational risk around staffing numbers • Revised contract monitoring arrangements with providers to determine recruitment / retention trends in the wider care sector • Establishment of Organisational Development (OD) and Culture Working Group (meets quarterly) • Establishment of Performance Dashboard (considered by the Risk, Audit and Performance and Clinical and Care Governance Committees as well as the Leadership Team)	**Mitigating Actions**: • ACHSCP Workforce Plan • Active engagement with schools to raise ACHSCP profile (eg Developing the Young Workforce, Career Ready) • Active work with training providers and employers to encourage careers in Health and Social Care (eg Foundation Apprenticeships/Modern Apprenticeships through NESCOL, working with Department for Work and Pensions) • Greater use of commissioning model to encourage training of staff • Increased emphasis on health/wellbeing of staff • Increased emphasis on communication with staff • Greater promotion of flexible working • Increased collaboration and integration between professional disciplines, third sector, independent sector and communities through Localities. • Increased monitoring of staff statistics (sickness, turnover, CPD, complaints etc) through Performance Dashboard, identifying trends. • Developing greater digitisation opportunities, e.g. using Text Messaging to shift emphasis from GPs to increased use of Texts for pharmacology
Assurances: • ACHSCP Workforce Plan	**Gaps in assurance**

	• Need more information on social care staffing for Performance Dashboard • Information on social care providers would be useful to determine trends in wider sector-For Performance Dashboard
Current performance: • Workforce planned developed for health and social care staff. Information expected from Scottish Government during over the next few months which should help improve workforce planning across all partnerships. • High levels of locum use and nursing vacancies in the psychiatry service, • 6 secondary schools have been visited by members of the Leadership Team between November 2019 and February 2020 • ACHSCP sickness absence rates to be updated and reported through the Performance Dashboard.	**Comments:** • Consultation responses provided to the Scottish Government relating to the Health & Care (Staffing) (Scotland) Bill. This Bill potentially offers opportunities and risks to the Partnership and a better understanding of the detail of the Bill is required ahead of revising this strategic risk.

- **10 -**

Description of Risk: There is a risk that ACHSCP is not sufficiently prepared to deal with the impacts of Brexit on areas of our business, including affecting the available workforce and supply chain.

Whilst the impact on health and social care services of leaving the EU is impossible to forecast, it is clear that a number of issues will need to be resolved. Key areas for health and social care organisations to consider include: staffing; medical supplies; accessing treatment; regulation (such as working time directive and procurement/competition law, for example); and cross border issues.

Strategic Priority: Resilience and Communities.	**Executive Team Owner:** Business Manager
Risk Rating: low/medium/high/very high	**Rationale for Risk Rating:**
HIGH	• There is still a high level of uncertainty around 'Brexit' as impacts are difficult to forecast.

Risk Movement: (*increase/decrease/no change*)

<div style="background-color:gold">

NO CHANGE 08.01.2020

</div>

Controls:	Mitigating Actions:
• NHSG have held a voluntary survey of EU nationals. ACC currently undertaking a survey of all staff to gather similar information. • NHSG - An initial operational assessment has been undertaken. A BREXIT co-ordinating group established with executive leadership. Engagement with staff who may be impacted by withdrawal of UK from the EU. Co-ordination with professional leads across Scotland and at SG - procurement, medicines, staff and resilience • ACC- A Brexit Steering Group has been established. The Partnership is a member of this Group. • National Procurement of NHS National Services Scotland has been working for over 6 months with Scottish Government, NHS Scotland Health Boards, DHSC and suppliers to try to minimise the impact of EU Exit on the supply of Medical Devices & Clinical Consumables. Activities range from increased stock holding in items supplied from our own National Distribution Centre to UK wide participation in centralised stock building and supplier preparedness. • The Partnership has established an Incident Management Team (IMT) ahead of daily reporting being re-established. The IMT will report through both the ACC and NHSG routes, as required.	• Mitigating actions have been developed on a national and local level through Scottish Government guidance and the ACC and NHSG EU exit steering groups respectively. These actions are linked to the Scottish Planning Assumptions (based on the reasonable worst case scenario-no deal). The assumptions are: • Travel, Freight and Borders • Disruption of Services • Information and Data Sharing • Demonstrations and Disorder • Remote and Rural Scotland • Scottish Workforce • As the Partnership does not directly employ staff, The Chief Officer will work closely with partners to ensure that as implications become clear the Partnership are able to best represent and meet the needs of all staff. • The Partnership's Business Continuity Planning process is established which will identify key services to prioritise in any contingency event.

	•Review ALEO contingency plans. Request evidence of risk assessment and mitigation from ALEOS for assurance of ability to deliver against contract. This is being considered and scrutinised through the ALEO Hub governance arrangements. •Survey of providers asking key questions on preparedness. • A joint City and Shire Care Home providers workshop was held in May 2019 to discuss with providers their preparedness for any EU exit. • Partnership took part in Exercise Pisces run by NHSG on the 19th of March. This exercise tested the preparedness and reporting processes ahead of any EU exit situation. • The Partnership have taken part in reporting any EU exit implications through both the NHSG and ACC routes. The reporting timescales were roughly the same (around the previous 3 political deadlines in March, April and October 2019). No EU exit implications were reported by the Partnership at these times. The reporting activity has been suspended meantime, however could be re-introduced at any time once national reporting is re-established (see current performance update).
Assurances: • Understanding that current legislation will remain in effect immediate post Brexit	**Gaps in assurance:** • Uncertainty of final trade agreement with EU.
Current performance: Aberdeen City Council have provided the following update as at 8th January 2020: The decision has been made for the EU Exit Group to "stand down" based upon the following developments:	**Comments:** • ACHSCP colleagues will need to ensure continued engagement with ACC and NHSG working groups.

- The UK Government stood down planning for the consequences of a "no deal" EU Exit and the Scottish Government will do the same on 31st January, 2020. - When the UK leaves the EU on 31st January, 2020, there will be <u>no requirement</u> for daily reporting that was previously required in 2019. - Local Resilience Partnerships are maintaining a watching brief on EU Exit consequences and stand ready to re-activate process and governance structures if required. The risk of a "no deal" EU Exit is still possible if a trade agreement is not in place by 31st December, 2020. If this is the case or if other circumstances create the requirement, the EU Exit Group will be re-established.	

Appendix 1 – Risk Tolerance

Level of Risk	Risk Tolerance
Low	Acceptable level of risk. No additional controls are required but any existing risk controls or contingency plans should be documented.
	Chief Officers/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.
	Chief Officers/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 Chief Officers/Managers/Directors/Assurance Committees will periodically seek assurance that these continue to be effective.

High	Further action should be taken to mitigate/reduce/control the risk, possibly urgently and possibly requiring significant resources. Chief Officers/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 Chief Officers/Managers/Directors/Executive and Assurance Committees will periodically seek assurance that these continue to be effective and confirm that it is not reasonably practicable to do more. The IJB's may wish to seek assurance that risks of this level are being effectively managed. However the IJB's may wish to accept high risks that may result in reputation damage, financial loss or exposure, major breakdown in information system or information integrity, significant incidents(s) of regulatory non-compliance, potential risk of injury to staff and public
Very High	Unacceptable level of risk exposure that requires urgent and potentially immediate corrective action to be taken. Relevant Chief Officer/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 IJB's will seek assurance that risks of this level are being effectively managed. However the IJB's 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, significant incidents(s) of regulatory non-compliance, potential risk of injury to staff and public

Appendix 2 – Risk Assessment Matrices (from Board Assurance & Escalation Framework)

Table 1 - Impact/Consequence Defintions

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 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 significnt "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 levels	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 finncial loss (£<1k).	Minor organisational/ personal finncial loss (£1-10k).	Significnt organisational / personal finncial loss (£10-100k).	Major organisational/personal finncial loss (£100k-1m).	Severe organisational/ personal finncial 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 Defintions

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 definte potential exists • Unlikely to occur.	• May occur occasionally • Has happened before on occasions • Reasonable chance of occurring.	• Strong possibility that this could occur • Likely to occur.	This is expected to occur frequently/in most circumstances more likely to occur than not.

Table 3 - Risk Matrix

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

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

Table 4 - NHSG Response to Risk

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

Level of Risk	Response to Risk
Low	Acceptable level of risk. No additional controls are required but any existing risk controls or contingency plans should be documented. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective.
Medium	Acceptable level of risk exposure subject to regular active monitoring measures by Managers/Risk Owners. Where appropriate further action shall be taken to reduce the risk but the cost of control will probably be modest. Managers/Risk Owners shall document that the risk controls or contingency plans are effective. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective. Relevant Managers/Directors/Assurance Committees will periodically seek assurance that these continue to be effective.
High	Further action should be taken to mitigate/reduce/control the risk, possibly urgently and possibly requiring 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, finncial 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, finncial 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.