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)
10	March 2020
11	July 2020
12	October 2020
13	November 2020

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.	**Very 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	**High**
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	**Medium**
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**

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, community optometry and general dental 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. Most recently, sustainability for providers of both care at home and care homes has been compromised by the impact of COVID-19, including access to the necessary PPE and associated costs incurred, staff availability due to blanket testing and the occupancy levels within some of our care homes.

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

Risk Rating: low/medium/high/very high

HIGH

IMPACT

LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Almost Certain					
Likely					
Possible			✓		
Unlikely					
Rare					

Risk Movement: increase/decrease/no change

NO CHANGE 19.11.20

Rationale for Risk Rating:
- 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 skills and capacity to meet the needs of the population
- There are difficulties in recruiting to vacant GP positions within the city which has led to GP practices closing
- Discussion with current providers and understanding of market conditions across the UK and in Aberdeen locally.
- 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)
- The impact of Covid-19 on providers is not yet fully quantifiable. Bed occupancy has reduced and costs have increased potentially through maintaining existing staffing levels and procuring PPE.
- The impact of Covid-19 on independent GP practices, community optometrists and general dental practitioners is not yet fully quantifiable. Should supply of these contracted services reduce due to financial constraints and businesses fail, there may be insufficient capacity to provide services to patients. The responsibility to ensure patients have access to these services rests with the Partnership.

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 all providers of primary health and care services 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
- GP Contracts and Contractual Review and GP Sustainability Risk Review - workforce and role review in primary care.
- 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 and progressing new contracts

Mitigating Actions: The IJB's commissioning model has an influence on creating capacity and capability to manage and facilitate the market :-
- The development of virtual provider huddles
- The development of the local PPE hub
- Consortium of providers purchasing PPE
- Risk fund set aside with transformation funding
- Implementation of GMS contract
- Remodelling of 2C practices
- Interim financial support from Scottish Government for community optometrists and general dental practitioners.

- 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. - Close working between partnership (social work, medical and nursing practitioners), care inspectorate, and public health directorate - Clinical and Health Protection Scotland Guidance for social care settings. - GP Sub Committee of Local Medical Council	- Provider of last resort – Bon Accord Care - The development of risk predictor tools in association with the care inspectorate, and individual team escalation plans - Reconciliation process – working on a pan Grampian approach - Worked with care providers to develop key business contacts that providers can use over winter to help with their overall business continuity planning eg links to Flu vaccine details/NHS Inform/SEPA/Met office/Council Roads/Travel Providers. - Develop and implement the Residential Care Providers Early Warning System (once returned to new normal) with monthly returns from providers using MS Forms to gather intelligence and report to all relevant parties. - Intervention by Scottish Ministers and Public Bodies where financial failure evident - Grampian PH Team to provide advice on all aspects of prevention, testing and management of Covid incidences All care home staff offered weekly Covid testing
Assurances: - Market management and facilitation - Inspection reports from the Care Inspectorate - Contract monitoring process, including GP contract review visit outputs. - Daily report monitoring - Clinical oversight group – daily meetings - Good relationships with GP practices - Links to Dental Practice Advisor who works with independent dentists - Links to the Eye Health Network and Clinical Leads for Optometry in Shire & Moray and the overall Grampian Clinical Lead - Roles of Clinical Director and Clinical Leads	**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. - Market forces and individual business decisions regarding community optometry and general dental practitioners cannot be influenced by the Partnership. - We are currently undertaking service mapping which will help to identify any potential gaps in market provision
Current performance: - Most social care services are commissioned from care providers. Commissioning is the largest part of our budget and accounts for over £100 million of our available budget. - Additional costs incurred by residential providers to be supported by initial mobilisation funding provided by SG. Where care homes cannot occupy beds due to Covid-19 infection levels or other reasons, sustainability payments will be made to ensure the market is supported. - GPs and their practice teams are open as usual during the pandemic but are operating a triage system using telephone and video appointments. Remote consulting initiatives such as **Attend Anywhere** and the use of **GMEDs**, and the **OOH's** base were activated to encourage cross sector working. All non-urgent home visits have been suspended and all remaining visits are conducted either by the practice themselves or by the City Visiting or Hospital at Home services in order to deliver a safe and contained service. Most visits are undertaken by the practice. City Visiting are focusing their work on Covid patients although they are now undertaking a small number of visits from 17 practices. Hospital at Home continue to take referrals. . Any further remobilisation of paused services may be halted due to rising numbers of COVID cases.	**Comments:** - National Care Home Contract uplift for 2016/17 was 6.4% and 2.8% 2017/18.. NCHC uplift has been awarded for 2019/20. For other services (CAH, SL, Adult Res) a national agreement for a 3.3% uplift has exceptionally been agreed this year. - IJB agreed payment of living wage to Care at Home providers for 2016/17, 2017/18 and 2018/19 - During the Covid-19 outbreak, the Care Inspectorate have scaled back inspection and complaints handling activity. This will allow providers to focus on support for commissioning bodies during the pandemic but may increase the risk that market failure is difficult to predict. - Relationships between partnership and providers and between different providers have advanced over the past few months and there are good examples of providers working innovatively to support clients. - Collaborative working between providers including consortium for PPE purchase - Positive feedback from providers over the level of support offered to them. - Continuing to progress the tender for Care at Home and Supported Living

• Community optometrists and general dental practitioners were closed during lockdown but provided an emergency triage service for their own patients who have emergency or urgent need. Reopening is on a phased basis and community optometrists and general dental practitioners can now see routine patients, however they are prioritising those in most need. Due to Infection Prevention Control measures required, dental practitioners can provide Aerosol Generating Procedures for urgent care only and where any practice is unable to provide this, the Public Dental Service will do so on an emergency or urgent basis.	

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

VERY HIGH

Rationale for Risk Rating:
- If the partnership does not have sufficient funding to cover all expenditure, then in order to achieve a sustainable balanced financial position, decisions will be required to be taken which may include reducing/stopping services
- 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.
- The major risk in terms of funding to the Integration Joint Board is the level of funding delegated from the Council and NHS and whether this is sufficient to sustain future service delivery. There is also a risk of additional funding being ring-fenced for specific priorities and policies, which means introducing new projects and initiatives at a time when financial pressure is being faced on mainstream budgets.
- The cost of the IJB's (Covid-19) mobilisation plan is still to be fully determined. An initial payment of £2.7 million was received from the SG in May to support additional costs with a significant part of this now allocated to support sustainability of the commissioned providers. Until the funding and costs for COVID-19 is confirmed the risk of a financial shortfall in relation to the IJB finances is increased.

IMPACT					
Almost Certain				✓	
Likely					
Possible					
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme

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).

Risk Movement: increase/decrease/no change:
No Change 19/11/2020

Controls:
- Financial information is reported regularly to the Risk, Audit and Performance Committee, the Integration Joint Board and the Leadership Team
- Risk, Audit & Performance receives regular updates on transformation programme & spend.
- Approved reserves strategy, including risk fund
- Robust financial monitoring and budget setting procedures including regular budget monitoring & budget meeting with budget holders.
- Budgets delegated to cost centre level and being managed by budget holders.
- Medium-Term Financial Strategy reviewed and approved at the IJB in March 2020.

Mitigating Actions:
- 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.
- An early review has been undertaken of the financial position and was reported in June to the IJB. These figures will be firmed up and the chief officer and chief finance officer have been asked to report back to the IJB in August and October with further information.

Assurances: • Risk, Audit and Performance 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 2019/20 • The impact of the coronavirus on the finances of the IJB are largely unknown. Some of these financial consequences will receive additional funding from the Scottish Government, and an initial payment in support of mobilisation was received in May 2020. However, at this time although some additional costs are known, many are yet to be determined. The level and timing of any further funding is currently unknown.	**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 Risk, Audit and Performance Committee.

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

IMPACT

	Negligible	Minor	Moderate	Major	Extreme
Almost Certain					
Likely				✔	
Possible					
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme

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:
- The IJB has some tolerance of risk in relation to testing change.

Risk Movement: (increase/decrease/no change):
NO CHANGE 19.11.2020

Controls:
- Integration scheme agreement on cross-reporting
- North East Strategic Partnership Group
- Operational risk register

Mitigating Actions:
- 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:
- 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.
- North East Group (Officers only) led by the 4 pan-Grampian chief executives. 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.
- A new role and remit for the Chairs and Vice Chairs of the three IJBs to come together. This is under development.
- Both the CEO group and the Chairs & Vice Chairs group meet quarterly. The meetings are 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

Gaps in assurance:
- There is a need to develop comprehensive governance framework for hosted services, including the roles of the IJB's sub-committees.

• Operation Homefirst-Closer joint working across the 3 Health and Social Care Partnerships and the Acute Sector.	
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. • Hosted services includes SOARS, Sexual Health and from 1/4/20, Mental Health and Learning Disability Services. All three have been impacted by the Coronavirus pandemic with covid positive patients at Woodend now transferred to ARI, Sexual Health Services temporarily relocated to Foresterhill Campus and a reduction of beds for LD patients at Cornhil with more reliance on community approaches.	**Comments:** • It is noted that NHS Grampian are currently undertaking an internal audit on the governance of hosted services.

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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

Low

IMPACT

LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Almost Certain					
Likely					
Possible					
Unlikely					
Rare			✔		

Rationale for Risk Rating:
- Considered Low 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.

Rationale for Risk Appetite:
There is a zero tolerance in relation to not meeting legal and statutory requirements.

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

No Change 19.11.2020

Controls:
- 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
  RESILIENCE:
- The Grampian Local Resilience Partnership is part of the NSRRP. It is chaired by the Chief Executive of NHS Grampian and is the local forum for the Category 1 and 2 Responders including Aberdeen City Council; Aberdeenshire Council; The Moray Council; NHS Grampian; Police Scotland; Scottish Fire & Rescue Service; Scottish Ambulance Service; HM Coastguard; SEPA; MOD; and SSEN
- Strategic Response Team
- Tactical Response Team
- Operational Response Team

Mitigating Actions:
- 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: • 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.	**Gaps in assurance:** • None currently significant though note consideration relating to possible future Service Level Agreements.
Current performance: • 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. • The Grampian LRP set up the Grampian Coronavirus Assistance Hub, a new website and phoneline providing information to people all across Grampian on how to access social, practical and emotional support COVID-19.	**Comments:** • Nothing to update on the narrative for the risk.

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

MEDIUM

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.

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.

IMPACT

LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Almost Certain					
Likely					
Possible					
Unlikely				✔	
Rare					

Risk Movement: (*increase/decrease/no change***)**
NO CHANGE 19.11.2020

Controls:
- Clinical and Care Governance Committee and Group
- Risk, Audit and Performance Committee
- Data and Evaluation 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
- Chief Social Work Officer's Report
- Ministerial Steering Group (MSG) Scrutiny
- Internal Audit Reports
- Links to outcomes of Inspections, Complaints etc.
- Contract Management Framework

Mitigating Actions:
- 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
- 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 resource to drive performance 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.

Gaps in assurance:

- 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 NB: unable to do this yet in 2020	- Formal performance reporting has not been as well developed as we had hoped. Focus/priorities have changed. Operation Home First is now driving a whole new suite of performance indicators although there are challenges in getting access to the data held by NHSG. Our key indicators will change and a refreshed performance and Risk Management Group will lead the development of these. - Work on understanding extent of operational performance reporting has stalled due to Covid 19 however will be picked up again as part of the Operation Home First reporting referred to above. - Further work required on linkage to ACC, NHSG and CPA reporting.
Current performance: - Performance reports submitted to IJB, Risk, Audit and Performance and Clinical and Care Governance Committees. - Data and Evaluation 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 has been shared widely. **Covid-19 Interim Arrangements** - The Terms of Reference-Interim Clinical and Care Governance Group CCGG)/Clinical Care Risk Management Group (CCRM)-were approved by the Leadership Team and the Clinical Care and Governance Committee. - Remit of Group-The interim Group will consider: CCRM dashboard and real-time risk management/ Social care equivalent dashboard/risks, with each sector continuing to manage their own dashboard ahead of the fortnightly meeting. Representatives from the sectors will present/provide assurance to this Group - Covid/ Non-Covid related clinical and care risks and assurance - this will include taking cognisance of any new related guidance, impact of deployment/ interim ways of working, oversight of the disease modelling and impact of this, recovery/renewal phase (services that have been stopped/services to start first) etc - Confirmation will be made at August IJB that we are now reverting to normal Standing Orders. - Additional NHSG support from Medical, Nursing Director and Public Health re care homes via Grampian oversight group.	**Comments:** - During the Covid-19 outbreak, Healthcare Improvement Scotland has reduced the reporting requirements placed on partnerships so that resources are freed up to support frontline critical functions. It will be important to maintain scrutiny of performance data however so that the risk can continue to be mitigated. **Annual Performance Report** - In relation to performance for 2019/20, the ACHSCP Annual Performance Report was published as usual although due to the unavailability of full year data due to ISD and Health Intelligence colleagues being diverted onto Covid-19 specific work the appendices relating to national and MSG performance indicators have not yet been published.

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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

Risk Rating: low/medium/high/very high

HIGH

IMPACT

	Negligible	Minor	Moderate	Major	Extreme
Almost Certain					
Likely					
Possible			✔		
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme

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

NO CHANGE 19.11.2020

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.
- *Risk rating has increased to acknowledge the complexity of operating in a Covid environment*.

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
- Locality Governance Structure

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.
- Locality Empowerment Groups established in each of the three localities, ensuring effective two-way communication between the partnership, partner organisations and a wide range of community representatives in North, South and Central. Consultation and engagement exercises are also

	carried out with service users, staff and partners throughout service change processes to gain detailed feedback and act upon it.
	• Through the Locality Empowerment Groups help inform plans which will identify priorities to improve health and wellbeing for local communities, seeking the views and input of the public on these Groups.
Assurances: • 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	**Gaps in assurance:** None known at this time
Current performance: • Communications Officer in place to lead reputation management • Regular and effective liaison by Communications Lead with local and national media during pandemic to: 1) mitigate potentially harmful media coverage of Partnership and care providers during the emergency; and 2) secure significant positive media coverage of effective activity by the Partnership and its partners during the Covid crisis, highlighting necessary changes to working practices and the work of frontline staff • Partnership comms presence on the NHSG Comms Cell • Close liaison with ACC and NHSG comms teams to ensure consistency of messaging and clarity of roles	**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 Empowerment Groups 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

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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:** Lead for Strategy and Performance

Risk Rating: low/medium/high/very high

HIGH

IMPACT

	Negligible	Minor	Moderate	Major	Extreme
Almost Certain					
Likely					
Possible				✔	
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme

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

NO CHANGE 19.11.2020

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.
- Although some transformation activity has speeded up due to necessity during the covid period, other planned activity such as plans to increase staff attendance has not been possible as a direct result of Covid implications.

Controls:

- Transformation Governance Structure and Process
- Risk, Audit & Performance 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 Risk, Audit & Performance Committee and Integration Joint Board
- Increased frequency of governance processes during Covid period – weekly Executive Programme Boards and engagement and involvement of wider LT through daily LT huddles

- A number of plans and frameworks have been developed to underpin our transformation activity across our wider system including: Programme for Transformation, Primary Care Improvement Plan, Action 15 Plan and Immunisation Blueprint.
- Transformation team amalgamated with public health and wellbeing to give greater focus to localities, early intervention and prevention.

Assurances:
- Risk, Audit and Performance Committee Reporting
- Robust Programme Management approach supported by an evaluation framework

Gaps in assurance:

- 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. - The Medium Term Financial Framework prioritises transformation activity that could deliver cashable savings - The Medium Term Financial Framework, Operation Home First aims and principles, and Programme of Transformation have been mapped to demonstrate overall alignment to strategic plan.	- There is a gap in terms of the impact of transformation on our budgets. Many of the benefits of our projects relate to early intervention and reducing hospital admissions, neither of which provide earlier cashable savings. - Impact on our ability to evidence the impact of our transformation: documenting results from evaluations and reviewing results from evaluations conducted elsewhere allows us to determine what works when seeking to embed new models.
Current performance: - Demographic financial pressure is starting to materialise in some of the IJB budgets. **Covid-19 Developments** Some transformation has taken place at an accelerated pace out of necessity to meet immediate demands of the Covid-19 situation. Examples of this include the rapid introduction and scale up of Near Me; the use of Microsoft Teams for remote meetings; roll out of additional technology to enable remote working; changes to the Immunisation Service, moving services such as nursing into locality operational teams etc. Some transformation activity that has been paused includes work to reduce sickness absence and use of locum staff. While some of the planned mitigations have been put in place to support staff, clearly with the levels of absence as a result of the pandemic and the pace at which it has been moving, it is difficult to undertake and measure impacts of any change in this area. The pace of other pieces of work such Action 15, PCIP and remodelling of 2C practices has slowed at the current time, although some aspects of these pieces of work have progressed - Home First - a number of projects aligned with Operation Home First and our strategic plan is placing a renewed focus on how we structure our resources. - Accelerated delivery of Vaccination program.	**Comments:**

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

MEDIUM

IMPACT

	Negligible	Minor	Moderate	Major	Extreme
Almost Certain					
Likely					
Possible			✔		
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme

Risk Movement: (*increase/decrease/no change*)
DECREASE 19.11.2020

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/Risk, Audit and Performance Committee
- Locality Empowerment Groups
- Strategic Planning Group

Mitigating Actions:
- Continued broad engagement on locality working.

Assurances:
- Strategic Planning Group

Gaps in assurance
- Progress of developing and delivering locality plans.

Current performance:
- Locality Empowerment Groups commenced in March 2020. Engagement and involvement has been challenging as a result of physical distancing requirements due to Covid
- The groups have continued to meet virtually during this time.
- The response to Covid has enabled improved connections across our communities including volunteers, third sector and public sector agencies
- Work is ongoing jointly with Aberdeen City Council as part of Aberdeen Together to reduce complexity and duplication across the community and locality planning system.

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. As we move into the next phase of our community response in **Covid-19 Update**
- partnership with the City Council and linked to the Care for People group, locality development and locality working has been identified as one of 5 priority working groups.
- All staff have now been aligned to a locality. This locality alignment is being built on through a number of projects including:
    - Operation Homefirst USC priority workstream is testing and developing a locality-based MDT model of delivery – hospital at home and enhanced community support.

	• Multi-Disciplinary Teams – through Aberdeen Together a test of change is being developed which will see conditions put in place for Aberdeen City Council and ACHSCP staff who support staff in a community in Aberdeen to work in a more joined up manner in order to improve outcomes in a number of areas including health and wellbeing • The Neighbourhood lead model that was implemented as part of the initial Covid Response is being developed with a view to it being embedded within our business as usual structures • Nursing services have been more fully aligned around people in localities.

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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 Lead

Risk Rating: low/medium/high/very high
VERY HIGH

IMPACT					
Almost Certain					
Likely					✔
Possible					
Unlikely					
Rare					
LIKELIHOOD -	Negligible	Minor	Moderate	Major	Extreme

Risk Movement: (*increase/decrease/no change*)
NO CHANGE 19.11.2020

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 Working Group
- Establishment of Performance Dashboard (considered by the Risk, Audit and Performance and Clinical and Care Governance Committees as well as the Leadership Team)

Rationale for Risk Rating:

- 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

Rationale for Risk Appetite:

- Risk should be able to be managed with the adoption of agile and innovative workforce planning structures and processes

Assurances:
ACHSCP Workforce Plan

Mitigating Actions:
- ACHSCP Workforce Plan
- Rapid service redesign ongoing to deliver Operation Home First priorities
- 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
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.	**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
•	**Comments:** • Health & Care (Staffing) (Scotland) Act This Act offers opportunities and risks to the Partnership. Development of guidance at both national and local level has been paused during Covid. Once work resumes, this strategic risk will need further review • **Covid-19 Update** The emergency has resulted in a requirement for employees to embrace new methods of carrying out their duties, whether this has involved 7-day rostering, remote working or increased flexibility and mobility. Some employees have been redeployed to pressured services during the pandemic. As we move into the next phase of our community response in partnership with the City Council and linked to the Care for People group, locality development and locality working has been identified as one of 5 priority working groups. There is uncertainty regarding the challenges coming in the winter period specifically around managing any local increase in Covid cases, flu outbreak, and increase in health issues caused by lockdown health debt. These could all have an impact on how staff are utilised in the coming months.

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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 **HIGH**	**Rationale for Risk Rating:**

Rationale for Risk Rating:

• There is still a high level of uncertainty around 'Brexit' as impacts are difficult to forecast.

IMPACT					
Almost Certain					
Likely				✔	
Possible					
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme

Risk Movement: (*increase/decrease/no change*)
NO CHANGE 19.11.2020

Controls:

- 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 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 established an Incident Management Team (IMT) ahead of daily reporting being re-established in 2019. The IMT will report through both the ACC and NHSG routes, as required.

Mitigating Actions:

• Mitigating actions have been developed on a national and local level through UK Government and Scottish Government guidance and the ACC and NHSG EU exit steering groups respectively. These actions are linked to the revised UK national Planning Assumptions (based on the reasonable worst case scenario-no deal).

The assumptions include:

• Travel, Freight and Borders disruption
• Continuity of medical supply and medical products
• Adult Social Care staffing
• NHS staffing
• Demonstrations and Disorder
• Scottish Workforce
• Energy supply disruption
• Food supply disruption
• Access to benefits

	• 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. These Plans have been exercised over the last 7 months through the Partnership's response/recovery to Covid-19. •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. •Worked with care providers to develop key business contacts that providers can use over winter to help with their overall business continuity planning eg links to Flu vaccine details/NHS Inform/SEPA/Met office/Council Roads/Travel Providers • 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.
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 restarted their EU Exit Working Group. The purpose of the Group is detailed below: The EU-Exit Group will support the Senior Responsible Owner (SRO) to identify, plan and manage the impacts of the EU-Exit affecting the Council (ACC) and its Partner Organisations. The Group will provide CMT Stewardship and the SRO with assurance that risks are identified, assessed and that plans are in place to mitigate the impacts as far as is practical. The Group will review and manage EU Exit risks contained within the Risk Register and recommend when risks should be escalated and/or de-escalated in accordance with Risk Management Policy and Guidance. The Group will also identify opportunities arising from an EU Exit and share these with the relevant Functions, Clusters and/or Partner Organisations. The Group met on the 27th of October, 2020. At the meeting the Group participants populated a local risk and mitigation document for the Grampian Local Resilience Partnership, based on the UK National Planning Assumptions as mentioned in the mitigating actions. The Group is meeting on the 23rd of November. The Group will consider and update the risk and mitigation document. In terms of NHSG, the Partnership is working closely with the Head of Procurement. A national Short Life Working Group has been established to oversee Brexit related activity and Heads of Procurement from each Health authority will receive fortnightly updates commencing from the end of October 2020.	**Comments:** • ACHSCP colleagues will need to ensure continued engagement with ACC and NHSG working groups.

There is a high level of interrelated and concurrent joint national and local activity addressing contingency requirements for Living with Covid-19, ongoing PPE needs, and all round winter pressures etc.

Updates from the national procurement group, includes:
- U.K. Supply Chain contingency planning arrangements that were set up in 2019 are being re-mobilised. This includes a European hub and supply chain that will facilitate NHS Supplies bypassing English Channel Port bottlenecks and subsequent containerised deliveries into NHS Supply Chain Distribution centres.
- National stockholdings of items stocked by the National Distribution Centre are in the process of being re-built to a level of 6-8 weeks stock availability to cushion any potential delays in supply as a result of possible border controls.

The Scottish Government has recently outlined action that NHS Boards will be required to take, which includes:

☐ Supporting Health Board Procurement teams in working closely with National Procurement on stock resilience and supplier engagement.
☐ Health Board Chief Executives are expected to liaise closely with their local authority counterparts who are directly responsible for the delivery and provision of all social care.

In terms of resilience arrangements, the letter explains that the Scottish Government has established a Winter Planning and Response Group to work with Health Boards, Health and Social Care Partnerships (HSCPs) and other delivery partners to ensure a coordinated and effective response to all disruptions including those that may arise from the end of the EU Transition period. As part of the winter planning programme support has been provided to both boards and partnerships through a number of live online events to help them rigorously test their winter plans.

The Head of Procurement in NHSG and his Team will be reporting on progress to the NHSG's System Leadership Team as well as providing updates and information to the Partnership.

The letter has been shared with the ACC EU Exit Group for situational awareness.

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

Aberdeen City Health & Social Care Partnership
A caring partnership

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 s minor injury not requiring firt aid	Minor injury or illness, firt 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 finnci al loss (£<1k).	Minor organisational/ personal finnci al loss (£1-10k).	Significnt organi sati onal / personal finnci al loss (£10-100k).	Major organisational/personal finnci al loss (£100k-1m).	Severe organisational/ personal finnci al 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, finnci al 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, finnci al 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.