



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
14.	January 2021
15.	May 2021

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
11	Risk of non-compliance with Aberdeen City IJB’s responsibilities as a Category 1 Responder under the Civil Contingencies Act, 2004.	High



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

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. Scottish Government via Chief Dental Officer has highlighted an increased risk of reduction in General Dental Practitioners capacity as a result of patient deregistration activity seen in some regions

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.

Risk Movement: increase/decrease/no change
NO CHANGE 14.05.21

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 :-

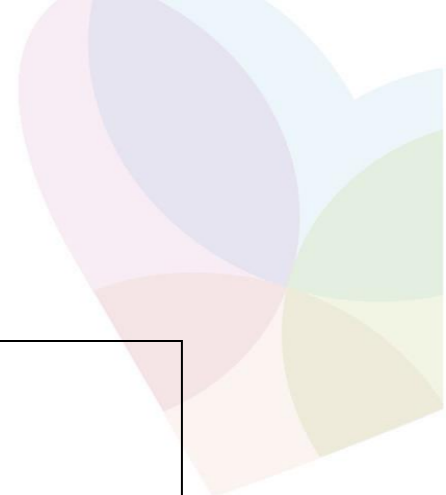
- The development of virtual provider huddles
- The development of the local PPE hub
- Consortium of providers purchasing PPE
- Risk fund set aside with transformation funding
- Implementation of GMS contract
- Remodelling of 2C practices
- Interim financial support from Scottish Government for community optometrists and general dental practitioners.



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<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 e.g. 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
<p>Assurances:</p> <ul style="list-style-type: none"> • 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 • Director of Dentistry co-ordinating Grampian contingency planning to <ul style="list-style-type: none"> • horizon scan for regional deregistration activity • proactively work with practices that wish to deregister patients • plan suitable contingency arrangements in the event patients are deregister • 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 	<p>Gaps in assurance:</p> <ul style="list-style-type: none"> • 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 • Public Dental Services staffing capacity to increase service provision in short term
<p>Current performance:</p> <ul style="list-style-type: none"> • 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 	<p>Comments:</p> <ul style="list-style-type: none"> • 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.



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.

- 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.
- Public Dental Service (PDS) plan to maintain unscheduled care support for unregistered dental patients (usually undertaken by GDP contractors)
- PDS developing plan to expand the above capacity should the number of unregistered / de-registered patients increase, including costings and need to recruit additional clinical staff
- PDS working with DoD and PCCT to identify potential 'early-warning' signs and trigger events for patient deregistration

- Continuing to progress the tender for Care at Home and Supported Living



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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					
IMPACT					
Almost Certain				✓	
Likely					
Possible					
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Risk Movement: increase/decrease/no change: No Change 14/05/2021					
Controls: <ul style="list-style-type: none"> 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 2021. 			Mitigating Actions: <ul style="list-style-type: none"> 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. The Chief Finance Officer reported the financial implications of COVID regularly to the IJB in 2020/21 and will continue to do so in 2021/22.. 		



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Assurances: <ul style="list-style-type: none">• 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: <ul style="list-style-type: none">• 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: <ul style="list-style-type: none">• Year-end position for 2020/21 - £15.4 million in reserve	Comments: <ul style="list-style-type: none">• 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.



- 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.

IMPACT

Rationale for Risk Appetite:

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

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

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

NO CHANGE 14.05.2021

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.



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<ul style="list-style-type: none">• Operation Homefirst-Closer joint working across the 3 Health and Social Care Partnerships and the Acute Sector.	
<p>Current performance:</p> <ul style="list-style-type: none">• 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 include 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.	<p>Comments:</p> <ul style="list-style-type: none">• 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

Low

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.

IMPACT

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

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 14.05.2021

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 benchmarking 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



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Assurances: <ul style="list-style-type: none">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: <ul style="list-style-type: none">None currently significant though note consideration relating to possible future Service Level Agreements.
Current performance: <ul style="list-style-type: none">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 phonenumber providing information to people all across Grampian on how to access social, practical and emotional support COVID-19.	Comments: <ul style="list-style-type: none">Nothing to update on the narrative for the risk.



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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					
IMPACT					
Almost Certain					
Likely					
Possible					
Unlikely			✓		
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Risk Movement: (increase/decrease/no change) NO CHANGE 14.05.2021					
Controls: <ul style="list-style-type: none"> 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 Performance 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Joint meeting of IJB Chief Officer with two Partner Body Chief Executives. 			Gaps in assurance:		



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<ul style="list-style-type: none"> • Agreement that full Dashboard will 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 	<ul style="list-style-type: none"> • Formal performance reporting has not been as well developed as we had hoped. Focus/priorities have changed. Going forward the focus will be on delivering the Leadership Team objectives (agreed every year and linked to delivery of the Strategic Plan). One aspect of the objectives for 2021/22 is the development of dashboards for use as a tool to drive improvement performance. • Both the LOIP and the Strategic Plan are due to be refreshed during 2021. It is likely the current set of key indicators will change. Performance indicators will be considered at the same time as we set new aims and objectives based on the learning over the last couple of years. • Further work required on linkage to ACC, NHSG and CPA reporting.
<p>Current performance:</p> <ul style="list-style-type: none"> • 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 weekly meetings are now scheduled and taking place. • Various Steering Groups for strategy implementation established, although meetings were paused during the response to Covid we are beginning to pick this work back up again. • Close links with social care commissioning, procurement and contracts team have been established • IJB Dashboard has been shared widely. 	<p>Comments:</p> <ul style="list-style-type: none"> • 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					
Almost Certain					
Likely					
Possible			✓		
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Risk Movement: (increase/decrease/no change) NO CHANGE 14.05.2021					
Controls: <ul style="list-style-type: none"> Leadership Team IJB and its Committees Operational management processes and reporting Board escalation process Standards Officer role Locality Governance Structure 			Mitigating Actions: <ul style="list-style-type: none"> Clarity of roles Staff and customer engagement – recent results from iMatter survey alongside a well-established 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 facilitates 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 		



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	<p>carried out with service users, staff and partners throughout service change processes to gain detailed feedback and act upon it.</p> <ul style="list-style-type: none"> • 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.
<p>Assurances:</p> <ul style="list-style-type: none"> • 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 	<p>Gaps in assurance: None known at this time</p>
<p>Current performance:</p> <ul style="list-style-type: none"> • 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 	<p>Comments:</p> <ul style="list-style-type: none"> • 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					
Almost Certain					
Likely					
Possible			✓		
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Risk Movement: (increase/decrease/no change) NO CHANGE 14.05.2021					
Controls: <ul style="list-style-type: none"> 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 although the latter are not currently all meeting due to Covid-19. 			Mitigating Actions: <ul style="list-style-type: none"> Programme management approach being taken across whole of the transformation programme Transformation team 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 creation of huddle delivery models. Huddle delivery models will continue beyond Covid. 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, all of these are being revised in light of Covid and future priorities. Transformation team amalgamated with public health and wellbeing to give greater focus to localities, early intervention and prevention. 		
Assurances: <ul style="list-style-type: none"> Risk, Audit and Performance Committee Reporting Robust Programme Management approach supported by an evaluation framework 			Gaps in assurance:		



<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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 early cashable savings. • 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.
<p>Current performance:</p> <ul style="list-style-type: none"> • 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 as Action 15 and PCIP has slowed at the current time, although some aspects of these pieces of work have progressed • The agreed Leadership Team objectives are placing a renewed focus on how we structure our resources • Accelerated delivery of Vaccination program. 	<p>Comments: Further re-prioritisation has taken place due to staff changes. Transformation Team have temporarily merged with Strategy and Performance Team due to secondment of Lead Transformation Manager. Work on a merged structure is almost finalised. The new structure provides additional capacity and recruitment to these posts is due to begin imminently.</p>



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					
Almost Certain					
Likely					
Possible			✓		
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Risk Movement: (increase/decrease/no change) DECREASE 14.05.2021					
Controls:			Mitigating Actions:		
<ul style="list-style-type: none"> Locality Empowerment Groups Leadership Team Huddle Community Planning Aberdeen Aberdeen Together CPP Community Engagement Group 			<ul style="list-style-type: none"> In December 2020 both the IJB and the CPA approved the implementation of a more integrated approach to locality planning which combines the focus of ACHSCP and Community Planning. The approach is intended to reduce duplication of effort and simplify the landscape for community engagement, offering a clear, streamlined route which makes it easier, simpler and more appealing for people to engage. It is hoped this will enable stronger representation of community views in service and strategic planning which will in turn lead to person led delivery and improved outcomes. 		
Assurances:			Gaps in assurance		
<ul style="list-style-type: none"> Strategic Planning Group (LEGs have representation on this group) Executive Programme Board IJB/Risk, Audit and Performance Committee CPA Board 			<ul style="list-style-type: none"> Progress of developing and delivering locality plans. These will be developed by the Locality Empowerment Groups utilising the new integrated arrangements. The LOIP is due to be refreshed by June 2021 and the Strategic Plan by March 2022. Identifying the priorities for each locality will inform the Locality Plans and ultimately the LOIP and the Strategic Plan. 		
Current performance:			Comments:		
<ul style="list-style-type: none"> Locality Empowerment Groups commenced in March 2020. Engagement and involvement have been challenging as a result of physical distancing requirements due to Covid but has nonetheless been successful despite these circumstances with almost 180 people expressing an interest to be involved. 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 			<p>All three Locality Plans and now well developed and will be submitted to the CPA Board at the end of June and the IJB in July.</p> <p>A number of projects continue to be developed to enhanced operational locality working. These include: the development of multi-disciplinary teams (e.g. hospital at home and enhanced community support); further development of the Neighbourhood Lead model; and the Operationalisation of Localities.</p>		



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 14.05.2021					
Controls: <ul style="list-style-type: none"> 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) 					
Assurances: ACHSCP Workforce Plan					
Rationale for Risk Rating: <ul style="list-style-type: none"> 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 Some expectations that 'system' will revert to 'normal' post covid . Exhausted work force with little appetite for further change . 					
Rationale for Risk Appetite: <ul style="list-style-type: none"> Risk should be able to be managed with the adoption of agile and innovative workforce planning structures and processes 					
Mitigating Actions: <ul style="list-style-type: none"> ACHSCP Workforce Plan Rapid service redesign ongoing to deliver Operation Home First priorities Active engagement with schools to raise ACHSCP profile (e.g. Developing the Young Workforce, Career Ready) Active work with training providers and employers to encourage careers in Health and Social Care (e.g. 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. 					



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	<ul style="list-style-type: none"> • 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
<p>Current performance:</p> <ul style="list-style-type: none"> • 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. 	<p>Gaps in assurance</p> <ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • 	<p>Comments:</p> <ul style="list-style-type: none"> • 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:					
<p>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.</p> <p>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.</p>					
Strategic Priority: Resilience and Communities.			Executive Team Owner: Business Manager		
Risk Rating: low/medium/high/very high					
HIGH					
IMPACT					
Almost Certain					
Likely			✓		
Possible					
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Risk Movement: (increase/decrease/no change)					
NO CHANGE 14.05.2021					
Controls:			Mitigating Actions:		
<ul style="list-style-type: none"> 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. 			<ul style="list-style-type: none"> 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). <p>The assumptions include:</p> <ul style="list-style-type: none"> 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 		



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	<ul style="list-style-type: none"> • 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 e.g. 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.
<p>Assurances:</p> <ul style="list-style-type: none"> • Understanding that current legislation will remain in effect immediate post Brexit 	<p>Gaps in assurance:</p>
<p>Current performance:</p> <p>The end of the Transition Period for the UK leaving the EU expired on the 31st of December 2020, with the UK and the EU reaching a "deal" to allow the UK to leave. Since the end of the Transition Period, the National Coordination Centre (set up across the UK in December 2020 to monitor issues arising from the exit from the EU across structures throughout the country) has been stood down as of 27 March 2021.</p> <p>The governance in place within both Aberdeen City Council and NHS Grampian, although stood down, is effectively on "standby" if there was a requirement to escalate matters. It was also noted that any workforce risks resulting from the EU exit would be captured within strategic risk 9 (Workforce).</p>	<p>Comments:</p>



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Description of Risk: Risk of non-compliance with Aberdeen City IJB's responsibilities as a Category 1 Responder under the Civil Contingencies Act, 2004.					
Strategic Priority: Resilience and Connections.			Leadership Team Owner: Chief Officer		
Risk Rating: low/medium/high/very high HIGH					
Rationale for Risk Rating:					
<ul style="list-style-type: none"> Considered high risk due to the potential major impact to citizens if the IJB does not manage its responsibilities under the Act. 					
IMPACT					
Rationale for Risk Appetite:					
<ul style="list-style-type: none"> There is a zero tolerance in relation to not meeting legal and statutory requirements. 					
Almost Certain					
Likely					
Possible			✓		
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Risk Movement: (increase/decrease/no change): NEW RISK 14.05.2021					
Controls:			Mitigating Actions:		
<ul style="list-style-type: none"> Grampian Local Resilience Partnership Membership Aberdeen City Care For People Plan Aberdeen City Council's Organisational Resilience Group Membership NHS Grampian's Civil Contingencies Group Membership Aberdeen City Health and Social Care Partnership's Civil Contingencies Group (integrated Group to monitor Action Plan of Duties under the Act). Aberdeen City Care For People Group Integration scheme agreement on cross-reporting Partnership's overarching Business Continuity Plan Business Manager has access to Resilience Direct Senior Manager On Call Teams site 			<ul style="list-style-type: none"> The Grampian Local Resilience Partnership (GLRP) identifies risks which are likely to manifest. The Partnership require to have controls in place to manage these risks, particularly the ability to respond to these in an emergency situation. Aberdeen City Council are currently reviewing the risks in the City within its risk registers to ensure that the control actions listed are sufficient to mitigate risks. During this process, the additional risks may well be identified, based on risk assessment within operational areas, which may impact on the ability to respond. The result will be a risk register incorporating all risks relating to organisational resilience for the City. The Organisational Resilience Group will be responsible for managing these risks through its membership and liaison with other services not represented on the Group. Senior Manager On Call governance documents and arrangements within the Aberdeen City Health and Social Care Partnership (stored on Teams and hard copy), and links into the equivalent structures in ACC and NHSG. The Partnership's Civil Contingencies Group has a requirement to monitor Business Continuity Plans across the Partnership, including an overarching Partnership Business Continuity Plan (BCP). The Partnership's Communications Manager is available to issue media releases and to answer any media enquiries relating to ACHSCP services which would be or could be impacted in an emergency, in close consultation with ACHSCP Leadership Team 		



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	<p>members. Proactive dissemination of important information would be via releases emailed directly to the local and national media. The ACHSCP websites, both internal and external, would also carry that information as soon as it becomes available, along with the Partnership's social media channels, in order to inform the public and our staff in a timely manner of important developments and updates. ACHSCP would also contribute to public information being released by our partner organisations, where appropriate. ACHSCP Communications would liaise throughout the emergency with our public sector partners, including the police, fire and rescue, neighbouring local authorities, the Scottish Government and other partner organisations as appropriate. IJB members, senior elected members of Aberdeen City Council, and appropriate senior management members at the city council and NHS Grampian would be kept informed in advance of information which was due to be released by ACHSCP into the public domain. A log would be kept of all information released internally and externally in order that an audit trail is maintained of all communications activity.</p> <ul style="list-style-type: none"> Data taken off Care First system to identify vulnerable people to help emergency care for support.
<p>Assurances:</p> <ul style="list-style-type: none"> Internal Audit undertaken in 2020 on Civil Contingency arrangements in Aberdeen City Council, including Care For People Plan. The Audit recommended that the Plan, although fit for purpose, be reviewed to make it shorter and easier to refer to when activation is required. Ongoing discussions around development of Aberdeen City Vulnerable Persons Database using Geographical Information Mapping System (this will include data from Care First). 	<p>Gaps in assurance:</p> <ul style="list-style-type: none"> The review of the Care For People Plan is ongoing. The Care For People Group will sign off on the revised Plan in May 2021. Consult with Council and NHS Grampian and wider Local Resilience Partnership on the reviewed Plan. Development of National Persons at Risk Database (PARD) the Partnership is a member of various groups, including the GLRP, groups established in ACC and NHSG, and Aberdeen City Care For People. Through these Groups the Partnership and IJB can share information with other responders and enhance co-ordination. The Partnership's Civil Contingencies Group require to agree on how this information can be shared effectively and in a co-ordinated way. Training for Senior Managers On Call – Partnership's Civil Contingencies Group to address. Liaise with GLRP, Council and NHS Grampian on training and testing planned (include tabletop exercising) as well as look at running "local" training and testing in the Partnership.
<p>Current performance:</p> <ul style="list-style-type: none"> The Care For People Group met on the 20th of April 2021 to discuss the draft revised Care For People Plan. It is proposed that the Group meet in May to finalise the review of the Plan. The Partnership's Civil Contingencies Group met on the 21st of April 2021 to assist in the operationalisation of the Category 1 duties and to agree the amendments to the Group's Terms of Reference. 	<p>Comments:</p> <ul style="list-style-type: none">



Appendix 1 – Risk Tolerance

Level of Risk	Risk Tolerance
Low	<p>Acceptable level of risk. No additional controls are required but any existing risk controls or contingency plans should be documented.</p> <p>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.</p>
Medium	<p>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.</p> <p>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.</p> <p>Relevant Chief Officers/Managers/Directors/Assurance Committees will periodically seek assurance that these continue to be effective.</p>
High	<p>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.</p> <p>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.</p> <p>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</p>
Very High	<p>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.</p> <p>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.</p> <p>The IJB's will seek assurance that risks of this level are being effectively managed.</p> <p>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</p>



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

Table 1 - Impact/Consequence Definitions

Descriptor	Negligible	Minor	Moderate	Major	Extreme
Patient Experience	Reduced quality of patient experience/ clinical outcome not directly related to delivery of clinical care.	Unsatisfactory patient experience/clinical outcome directly related to care provision – readily resolvable.	Unsatisfactory patient experience/clinical outcome, short term effects – expect recovery <1wk.	Unsatisfactory patient experience/ clinical outcome; long term effects –expect recovery >1wk.	Unsatisfactory patient experience/clinical outcome, continued ongoing long term effects.
Objectives/ Project	Barely noticeable reduction in scope, quality or schedule.	Minor reduction in scope, quality or schedule.	Reduction in scope or quality of project; project objectives or schedule.	Significant 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). Significant injury requiring medical treatment and/or counselling.	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling.	Incident leading to death or major permanent incapacity.
Complaints/ Claims	Locally resolved verbal complaint	Justified written complaint peripheral to clinical care.	Below excess claim. Justified complaint involving lack of appropriate care.	Claim above excess level. Multiple justified complaints	Multiple claims or single major claim. Complex justified complaint.
Service/ Business Interruption	Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service.	Short term disruption to service with minor impact on patient care.	Some disruption in service with unacceptable impact on patient care. Temporary loss of ability to provide service.	Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked.	Permanent loss of core service or facility. Disruption to facility leading to significant "knock on" effect.
Staffin and Competence	Short term low staffin level temporarily reduces service quality (< 1 day). Short term low staffin level (>1 day), where there is no disruption to patient care.	Ongoing low staffin level reduces service quality Minor error due to ineffective training/implementation of training.	Late delivery of key objective/ service due to lack of staff. Moderate error due to ineffective training/ implementation of training. Ongoing problems with staffin 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 financial loss (£<1k).	Minor organisational/ personal financial loss (£1-10k).	Significant organisational / personal financial loss (£10-100k).	Major organisational/personal financial loss (£100k-1m).	Severe organisational/ personal financial loss (£>1m).
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. Significant effect on staff morale and public perception of the organisation.	National media/adverse publicity, less than 3 days. Public confidence in the organisation undermined. Use of services affected.	National/International media/ adverse publicity, more than 3 days. MSP/MP concern (Questions in Parliament). Court Enforcement. Public Enquiry/FAI.

Table 2 - Likelihood Definitions

Descriptor	Rare	Unlikely	Possible	Likely	Almost Certain
Probability	<ul style="list-style-type: none"> Can't believe this event would happen Will only happen in exceptional circumstances. 	<ul style="list-style-type: none"> Not expected to happen, but definite potential exists Unlikely to occur. 	<ul style="list-style-type: none"> May occur occasionally Has happened before on occasions Reasonable chance of occurring. 	<ul style="list-style-type: none"> Strong possibility that this could occur Likely to occur. 	<ul style="list-style-type: none"> 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 significant 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 confirm that it is not reasonably practicable to do more. The Board may wish to seek assurance that risks of this level are being effectively managed. However NHSG may wish to accept high risks that may result in reputation damage, financial loss or exposure, major breakdown in information system or information integrity, 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 Managers/Directors/Executive and Assurance Committees should be informed explicitly by the relevant Managers/Risk Owners. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective. The Board will seek assurance that risks of this level are being effectively managed. However NHSG may wish to accept opportunities that have an inherent very high risk that may result in reputation damage, financial loss or exposure, major breakdown in information system or information integrity, significant incidents(s) of regulatory non-compliance, potential risk of injury to staff and public.