



# 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 (RAPC)
11	July 2020 (IJB)
12	October 2020 (IJB Workshop)
13	November 2020 (IJB)
14	January 2021 (RAPC)
15	May 2021 (IJB)
16	June 2021 (RAPC)
17	September 2021 (RAPC)
18	November 2021 (Following IJB Workshop and ahead of IJB meeting in Dec)

## 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



Aberdeen City Health & Social Care Partnership  
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**Colour – Key**

Risk Rating	Low	Medium	High	Very High
Risk Movement		Decrease	No Change	Increase

**Risk Summary:**

<b>1</b>	<p>Cause: The strategic commissioning of services from third and independent sector providers requires both providers and ACHSCP to work collaboratively (provider with provider and provider and ACHSCP) in order to strategically commission and deliver services to meet the needs of local people. This is a new dynamic, based on mutual trust.</p> <p>Event: Limitations to the extent with which strategic commissioning of services progresses between ACHSCP and third and independent providers of health and social care.</p> <p>Consequence: There is a gap between what is required to meet the needs of local people, and services that are available; consequences to the individual include not having the right level of care delivered locally, by suitably trained staff; consequences to the sector include investments made in services that will not be fully utilised and thereby risks to sustainability; and consequences to the partnership includes an inability to meet peoples needs for health and care and the additional financial burden of seeking that care in an alternative setting</p>	<b>High</b>
<b>2</b>	<p>Cause: IJB financial failure and projection of overspend</p> <p>Event: Demand outstrips available budget</p> <p>Consequence: IJB can't deliver on its strategic plan priorities, statutory work, and projects.</p>	<b>Very High</b>
<b>3</b>	<p>Cause: Under Integration arrangements, Aberdeen IJB hosts services on behalf of Moray and Aberdeenshire, who also hosts services on behalf of Aberdeen City.</p> <p>Event: hosted services do not deliver the expected outcomes, fail to deliver transformation of services, or face service failure.</p> <p>Consequence: Failure to meet health outcomes for Aberdeen City, resources not being maximised and reputational damage.</p>	<b>High</b>
<b>4</b>	<p>Cause: Relationship arrangements between the IJB and its partner organisations (Aberdeen City Council &amp; NHS Grampian) in areas such as governance, human resources; and performance</p> <p>Event: Relationships are not managed in order to maximise the full potential of integrated &amp; collaborative working.</p> <p>Consequence: Failure to deliver the strategic plan and reputational damage</p>	<b>Low</b>
<b>5</b>	<p>Cause: Performance standards/outcomes are set by national and regulatory bodies and those locally-determined performance standards are set by the board itself.</p> <p>Event: There is a risk that the IJB, and the services that it directs and has operational oversight of, fails to meet the national, regulatory and local standards.</p> <p>Consequence: This may result in harm or risk of harm to people.</p>	<b>High</b>



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<b>6</b>	Cause: Complexity of function, decision making, and delegation within the Integration Scheme. Event: IJB fails to manage this complexity Consequence: reputational damage to the IJB and its partner organisations	<b>High</b>
<b>7</b>	Cause: Demographic & financial pressures requiring IJB to deliver transformational system change which helps to meet its strategic priorities. Event: Failure to deliver transformation and sustainable systems change. Consequence: people not receiving the best health and social care outcomes	<b>High</b>
<b>8</b>	Cause: Need to involve lived experience in service delivery and design as per Integration Principles Event: IJB fails to maximise the opportunities created for engaging with our communities Consequences: Services are not tailored to individual needs; reputational damage; and IJB does not meet strategic aims	<b>Medium</b>
<b>9</b>	Cause-Impact of Covid19 has accelerated and accentuated long-term workforce challenges Event: Insufficient staff to provide patients/clients with services required. Consequence: Potential loss of life and unmet health and social care needs, leading to severe reputational damage.	<b>Very High</b>
<b>10</b>	Cause: IJB's becoming Category 1 Responders under the Civil Contingencies Act 2004. Event: Potential major impact to the citizens of Aberdeen if IJB does not manage its responsibilities under the Act Consequence: Potential risk to life, loss of buildings, reputational damage.	<b>High</b>



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**Description of Risk: Cause:** The strategic commissioning of services from third and independent sector providers requires both providers and ACHSCP to work collaboratively (provider with provider and provider and ACHSCP) in order to strategically commission and deliver services to meet the needs of local people. This is a new dynamic, based on mutual trust.

**Event:** Limitations to the extent with which strategic commissioning of services progresses between ACHSCP and third and independent providers of health and social care.

**Consequence:** There is a gap between what is required to meet the needs of local people, and services that are available.

**Consequences to the individual include** not having the right level of care delivered locally, by suitably trained staff.

**Consequences to the sector include** investments made in services that will not be fully utilised and thereby risks to sustainability

**Consequences to the partnership includes** an inability to meet peoples needs for health and care and the additional financial burden of seeking that care in an alternative setting

**Strategic Priority:** Prevention and Communities

**Leadership Team Owner:** Lead Commissioner

**Risk Rating:** low/medium/high/very high

**HIGH**

**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

**IMPACT**

<b>Almost Certain</b>					
<b>Likely</b>					
<b>Possible</b>				✓	
<b>Unlikely</b>					
<b>Rare</b>					
<b>LIKELIHOOD</b>	<b>Negligible</b>	<b>Minor</b>	<b>Moderate</b>	<b>Major</b>	<b>Extreme</b>

**Rationale for Risk Appetite:**

As 3<sup>rd</sup> 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 30.11.21**

**Controls:**

- Conscious cultural shift to change relationships, with all strategic commissioning activity proceeding in a collaborative manner.
- Examples of collaborative commissioning models used as exemplar models within the City. Care at Home, Mental Health / Learning disability accommodation review.

**Mitigating Actions:**

- All opportunities to work in a collaborative manner to commission services are advertised on Public Contract Scotland, as well as individual invitations made to CEOs / owners of social care services.
- Additional offers are made to encourage dialogue where the provider is unavailable to attend collaborative commissioning workshops etc.
- Agreed strategic commissioning approach for ACHSCP.



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<ul style="list-style-type: none"> <li>• Strategic Commissioning Programme Board (includes representatives from third and independent sectors)</li> <li>• Local Medical Council</li> <li>• GP Sub Group</li> <li>• Clinical Director and Clinical Leads</li> <li>• Primary Care Contracts Team</li> </ul>	<ul style="list-style-type: none"> <li>• Strategic commissioning programme board (SCPB members) established to provide governance framework for commissioning activity.</li> </ul>
<p><b>Assurances:</b></p> <ul style="list-style-type: none"> <li>• Market management and facilitation</li> <li>• Inspection reports from the Care Inspectorate</li> <li>• Monitoring of Primary Care Improvement Plan</li> <li>• Daily report monitoring</li> <li>• Clinical oversight group – daily meetings</li> <li>• Good relationships with GP practices, ensuring communication through agreed governance routes</li> <li>• Links to Dental Practice Advisor who works with independent dentists</li> <li>• Director of Dentistry co-ordinating Grampian contingency planning to             <ul style="list-style-type: none"> <li>• horizon scan for regional deregistration activity</li> <li>• proactively work with practices that wish to deregister patients</li> <li>• plan suitable contingency arrangements in the event patients are deregister</li> </ul> </li> <li>• Links to the Eye Health Network and Clinical Leads for Optometry in Shire &amp; Moray and the overall Grampian Clinical Lead</li> <li>• Roles of Clinical Director and Clinical Leads</li> </ul>	<p><b>Gaps in assurance:</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Market forces and individual business decisions regarding community optometry, general practice and general dental practitioners cannot be influenced by the Partnership.</li> <li>• We are currently undertaking service mapping which will help to identify any potential gaps in market provision</li> <li>• Public Dental Services staffing capacity to increase service provision in short term</li> </ul>
<p><b>Current performance:</b></p> <ul style="list-style-type: none"> <li>•</li> </ul>	<p><b>Comments:</b></p> <ul style="list-style-type: none"> <li>•</li> </ul>





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<b>Description of Risk: Cause-IJB financial failure and projection of overspend</b> <b>Event-Demand outstrips available budget</b> <b>Consequence-IJB can't deliver on its strategic plan priorities, statutory work, and projects.</b>					
<b>Strategic Priority:</b> Prevention and Communities			<b>Leadership Team Owner:</b> Chief Finance Officer		
<b>Risk Rating:</b> low/medium/high/very high <div style="text-align: center; background-color: red; color: white; padding: 5px;"><b>VERY HIGH</b></div>					
<b>IMPACT</b>					
Almost Certain					
Likely					✓
Possible					
Unlikely					
Rare					
<b>LIKELIHOOD</b>	<b>Negligible</b>	<b>Minor</b>	<b>Moderate</b>	<b>Major</b>	<b>Extreme</b>
<b>Risk Movement:</b> increase/decrease/no change: <div style="text-align: center; background-color: orange; padding: 5px;"><b>NO CHANGE 30.11.2021</b></div>					
<b>Controls:</b> <ul style="list-style-type: none"> <li>Financial information is reported regularly to the Risk, Audit and Performance Committee, the Integration Joint Board and the Leadership Team</li> <li>Risk, Audit &amp; Performance receives regular updates on transformation programme &amp; spend.</li> <li>Approved reserves strategy, including risk fund</li> <li>Robust financial monitoring and budget setting procedures including regular budget monitoring &amp; budget meeting with budget holders.</li> <li>Budgets delegated to cost centre level and being managed by budget holders.</li> <li>Medium-Term Financial Strategy.</li> </ul>			<b>Mitigating Actions:</b> <ul style="list-style-type: none"> <li>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.</li> </ul>		

- 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.
  - IJB is currently receiving additional funding from the Scottish Government to cover the additional costs of Covid. There could be risks to the IJB as this additional funding is withdrawn.

**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).



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<ul style="list-style-type: none"><li>• Medium Term Financial Strategy review planned for 2022.</li></ul>	
<b>Assurances:</b> <ul style="list-style-type: none"><li>• Risk, Audit and Performance Committee oversight and scrutiny of budget under the Chief Finance Officer.</li><li>• Board Assurance and Escalation Framework.</li><li>• Quarterly budget monitoring reports.</li><li>• Regular budget monitoring meetings between finance and budget holders.</li></ul>	<b>Gaps in assurance:</b> <ul style="list-style-type: none"><li>• The financial environment is challenging and requires regular monitoring. The scale of the challenge to make the IJB financially sustainable should not be underestimated.</li><li>• Financial failure of hosted services may impact on ability to deliver strategic ambitions.</li><li>• 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</li></ul>
<b>Current performance:</b> <ul style="list-style-type: none"><li>• Year-end position for 2020/21</li><li>• The IJB is currently forecasting an underspend of approximately £3m</li></ul>	<b>Comments:</b> <ul style="list-style-type: none"><li>• The financial position in future years will be challenging for the IJB as a result of the long-term impacts of Covid on services.</li></ul>





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<p><b>Description of Risk: Cause:</b> Under Integration arrangements, Aberdeen IJB hosts services on behalf of Moray and Aberdeenshire, and who also hosts services on behalf of Aberdeen City.  <b>Event:</b> hosted services do not deliver the expected outcomes, fail to deliver transformation of services, or face service failure.  <b>Consequence:</b> Failure to meet health outcomes for Aberdeen City, resources not being maximised and reputational damage.</p>																																									
<p><b>Strategic Priority:</b> Prevention and Connections.</p>			<p><b>Leadership Team Owner:</b> Chief Officer</p>																																						
<p><b>Risk Rating:</b> low/medium/high/very high  <b>HIGH</b></p>																																									
<p><b>IMPACT</b></p> <table border="1"> <tr> <td>Almost Certain</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Likely</td> <td></td> <td></td> <td></td> <td>✓</td> <td></td> </tr> <tr> <td>Possible</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unlikely</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Rare</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>LIKELIHOOD</b></td> <td><b>Negligible</b></td> <td><b>Minor</b></td> <td><b>Moderate</b></td> <td><b>Major</b></td> <td><b>Extreme</b></td> </tr> </table>						Almost Certain						Likely				✓		Possible						Unlikely						Rare						<b>LIKELIHOOD</b>	<b>Negligible</b>	<b>Minor</b>	<b>Moderate</b>	<b>Major</b>	<b>Extreme</b>
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<p><b>Rationale for Risk Rating:</b></p> <ul style="list-style-type: none"> <li>Considered high risk due to the projected overspend in hosted services</li> <li>Hosted services are a risk of the set-up of Integration Joint Boards.</li> </ul> <p><b>Rationale for Risk Appetite:</b></p> <ul style="list-style-type: none"> <li>The IJB has some tolerance of risk in relation to testing change.</li> </ul>																																									
<p><b>Risk Movement:</b> (increase/decrease/no change):  <b>NO CHANGE 30.11.2021</b></p>																																									
<p><b>Controls:</b></p> <ul style="list-style-type: none"> <li>Integration scheme agreement on cross-reporting</li> <li>North East Partnership Steering Group</li> <li>Aberdeen City Strategic Planning Group (ACSPG)</li> <li>North East System Wide Transformation Group</li> </ul>			<p><b>Mitigating Actions:</b></p> <ul style="list-style-type: none"> <li>Development of Service Level Agreements (SLA) for 9 of the hosted services considered through budget setting process.</li> <li>In depth review of the other 3 hosted services.</li> <li>Quarterly reporting to ACSPG and annual reporting on budget setting to IJB.</li> </ul>																																						
<p><b>Assurances:</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>North East System Wide Transformation 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.</li> <li>Both the CEO group and the Chairs &amp; 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.</li> <li>The Portfolio approach and wider system approach demonstrates closer joint working across the 3 Health and Social Care Partnerships and the Acute Sector.</li> </ul>			<p><b>Gaps in assurance:</b></p> <ul style="list-style-type: none"> <li>Ongoing review of hosted through development of SLA's.</li> </ul>																																						



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**Current performance:**

- Once the SLA's are in place, the IJB will be informed on current performance.

**Comments:**



<b>Description of Risk:</b>					
<b>Cause:</b> Relationship arrangements between the IJB and its partner organisations (Aberdeen City Council & NHS Grampian) in areas such as governance, human resources; and performance					
<b>Event:</b> Relationships are not managed in order to maximise the full potential of integrated & collaborative working.					
<b>Consequence:</b> Failure to deliver the strategic plan and reputational damage.					
<b>Strategic Priority:</b> Prevention, Resilience and Communities.			<b>Leadership Team Owner:</b> Chief Officer		
<b>Risk Rating:</b> low/medium/high/very high					
<b>Low</b>					
<b>IMPACT</b>					
Almost Certain					
Likely					
Possible					
Unlikely					
Rare			✓		
<b>LIKELIHOOD</b>	<b>Negligible</b>	<b>Minor</b>	<b>Moderate</b>	<b>Major</b>	<b>Extreme</b>
<b>Risk Movement:</b> (increase/decrease/no change)					
<b>No Change 30.11.2021</b>					
<b>Controls:</b>			<b>Mitigating Actions:</b>		
<ul style="list-style-type: none"> <li>IJB Strategic Plan-linked to NHS Grampian's Clinical Strategy and the Local Outcome Improvement Plan (LOIP)</li> <li>IJB Integration Scheme</li> <li>IJB Governance Scheme including 'Scheme of Governance: Roles &amp; Responsibilities'</li> <li>Agreed risk appetite statement</li> <li>Role and remit of the North East Strategic Partnership Group in relation to shared services</li> <li>Current governance committees within IJB, NHS and ACC.</li> <li>Alignment of Leadership Team objectives to Strategic Plan</li> <li>Local and Regional Resilience Governance Arrangements</li> </ul>			<ul style="list-style-type: none"> <li>Regular consultation &amp; engagement between bodies.</li> <li>Regular and ongoing Chief Officer membership of Aberdeen City Council's Corporate Management Team and NHS Grampian's Senior Leadership Team</li> <li>Regular performance meetings between ACHSCP Chief Officer, Aberdeen City Council and NHS Grampian Chief Executives.</li> <li>Additional mitigating actions which could be undertaken include the audit programme and benchmarking activity with other IJBs.</li> <li>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</li> </ul>		
<b>Assurances:</b>			<b>Gaps in assurance:</b>		
<ul style="list-style-type: none"> <li>Regular review of governance documents by IJB and where necessary Aberdeen City Council &amp; NHS Grampian.</li> </ul>			<ul style="list-style-type: none"> <li>None currently significant.</li> </ul>		



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<p><b>Current performance:</b></p> <ul style="list-style-type: none"><li>• Most of the major processes and arrangements between the partner organisations have been tested and no major issues have been identified.</li></ul>	<p><b>Comments:</b></p>
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<b>Description of Risk:</b>					
<b>Cause:</b> Performance standards/outcomes are set by national and regulatory bodies and those locally-determined performance standards are set by the board itself.					
<b>Event:</b> There is a risk that the IJB, and the services that it directs and has operational oversight of, fails to meet the national, regulatory and local standards.					
<b>Consequence:</b> This may result in harm or risk of harm to people.					
<b>Strategic Priority:</b> Prevention, Resilience, Personalisation, Connections and Communities.			<b>Leadership Team Owner:</b> Lead Strategy & Performance Manager		
<b>Risk Rating:</b> low/medium/high/very high <b>HIGH</b>					
<b>IMPACT</b>					
<b>Almost Certain</b>					
<b>Likely</b>					
<b>Possible</b>			✓		
<b>Unlikely</b>					
<b>Rare</b>					
<b>LIKELIHOOD</b>	<b>Negligible</b>	<b>Minor</b>	<b>Moderate</b>	<b>Major</b>	<b>Extreme</b>
<b>Risk Movement:</b> (increase/decrease/no change) <b>INCREASE 30.11.2021</b>					
<b>Controls:</b>			<b>Mitigating Actions:</b>		
<ul style="list-style-type: none"> <li>Clinical and Care Governance Committee and Group</li> <li>Risk, Audit and Performance Committee</li> <li>Data and Evaluation Group</li> <li>Performance Framework</li> <li>Linkage with ACC and NHSG performance reporting</li> <li>Annual Performance Report</li> <li>Chief Social Work Officer's Report</li> <li>Ministerial Steering Group (MSG) Scrutiny</li> <li>External and Internal Audit Reports</li> <li>Links to outcomes of Inspections, Complaints etc.</li> <li>Contract Management Framework</li> <li>Daily Leadership Team Huddles</li> </ul>			<ul style="list-style-type: none"> <li>Continual review of key performance indicators</li> <li>Review of and where and how often performance information is reported and how learning is fed back into processes and procedures.</li> <li>On-going work developing a culture of performance management and evaluation throughout the partnership</li> <li>Refinement of Performance Dashboard, presented to a number of groups, raising profile of performance and encouraging discussion leading to further review and development</li> <li>Recruitment of additional resource to drive performance management process development</li> <li>Risk-assessed plans with actions, responsible owners, timescales and performance measures monitored by dedicated teams</li> </ul>		
<b>Assurances:</b>			<b>Gaps in assurance:</b>		



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<ul style="list-style-type: none"> <li>• Joint meeting of IJB Chief Officer with two Partner Body Chief Executives.</li> <li>• Agreement that full Dashboard will be reported to both Clinical and Care Governance Committee and Risk, Audit &amp; Performance Committee. Lead Strategy and Performance Manager will ensure both committees are updated in relation to the interest and activity of each.</li> <li>• Annual report on IJB activity developed and reported to ACC and NHSG</li> <li>• Care Inspectorate Inspection reports</li> <li>• Capture of outcomes from contract review meetings.</li> <li>• External reviews of performance.</li> <li>• Benchmarking with other IJBs</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• The LOIP has been refreshed and the Strategic Plan is 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.</li> <li>• Further work required on linkage to Community Planning Aberdeen reporting.</li> </ul>
<p><b>Current performance:</b></p> <ul style="list-style-type: none"> <li>• Performance reports submitted to IJB, Risk, Audit and Performance and Clinical and Care Governance Committees.</li> <li>• Data and Evaluation Group terms of reference and membership revised, and regular meetings are now scheduled and taking place.</li> <li>• 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.</li> <li>• Close links with social care commissioning, procurement and contracts team have been established</li> <li>• IJB Dashboard has been shared widely.</li> <li>• Weekly production of surge and flow dashboard</li> <li>• Development of Grampian Operational Pressure Escalation System (G-OPES)</li> </ul>	<p><b>Comments:</b></p> <ul style="list-style-type: none"> <li>• <b>Annual Performance Report</b> - the ACHSCP Annual Performance Report for 2020/21 was approved for publication at the IJB meeting on 24<sup>th</sup> August 2021.</li> </ul>





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<b>Description of Risk:</b> <b>Cause:</b> Complexity of function, decision making, and delegation within the Integration Scheme. <b>Event:</b> IJB fails to manage this complexity <b>Consequence:</b> reputational damage to the IJB and its partner organisations.					
<b>Strategic Priority:</b> All			<b>Leadership Team Owner:</b> Communications Lead		
<b>Risk Rating:</b> low/medium/high/very high <b>HIGH</b>					
<b>IMPACT</b>					
Almost Certain					
Likely					
Possible			✓		
Unlikely					
Rare					
<b>LIKELIHOOD</b>	Negligible	Minor	Moderate	Major	Extreme
<b>Risk Movement:</b> (increase/decrease/no change) <b>NO CHANGE 30.11.2021</b>					
<b>Controls:</b> <ul style="list-style-type: none"> <li>Leadership Team Daily Huddles</li> <li>IJB and its Committees</li> <li>Board Assurance and Escalation Framework process</li> <li>Standards Officer role</li> <li>Locality Governance Structures</li> </ul>			<b>Mitigating Actions:</b> <ul style="list-style-type: none"> <li>Staff and customer engagement – recent results from iMatter survey alongside a well-established Joint Staff Forum indicate high levels of staff engagement.</li> <li>Effective performance and risk management</li> <li>Clear communication &amp; engagement strategy, and a clear policy for social media use, in order to mitigate the risk of reputational damage.</li> <li>Communications lead's membership of Leadership Team facilitates smooth flow of information from all sections of the organisation</li> <li>Robust relationships with all local media are maintained to ensure media coverage is well-informed and accurate and is challenged when inaccurate/imbalanced.</li> <li>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</li> </ul>		



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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"> <li>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.</li> </ul>
<p><b>Assurances:</b></p> <ul style="list-style-type: none"> <li>Role of the Chief Officer, Deputy Chief Officer/Chief Finance Officer and Leadership Team Daily Huddles</li> <li>Performance relationship with NHS and ACC Chief Executives</li> <li>Communications plan / communications manager</li> </ul>	<p><b>Gaps in assurance:</b> None known at this time</p>
<p><b>Current performance:</b></p> <ul style="list-style-type: none"> <li>Communications Officer in place to lead reputation management</li> <li>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</li> <li>Partnership comms presence on the NHSG Comms Cell</li> <li>Close liaison with ACC and NHSG comms teams to ensure consistency of messaging and clarity of roles</li> </ul>	<p><b>Comments:</b></p> <ul style="list-style-type: none"> <li>Communications strategy and action plan in place and being led by the HSCP's Communications Manager</li> <li>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</li> <li>External and internal websites are regularly updated with fresh news/information; both sites continue to be developed and refined</li> <li>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</li> </ul>



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<b>Description of Risk:</b> Cause: Demographic & financial pressures requiring IJB to deliver transformational system change which helps to meet its strategic priorities. Event: Failure to deliver transformation and sustainable systems change. Consequence: people not receiving the best health and social care outcomes					
<b>Strategic Priority:</b> All			<b>Leadership Team Owner:</b> Lead for Strategy and Performance		
<b>Risk Rating:</b> low/medium/high/very high <b>HIGH</b>					
<b>IMPACT</b>					
<b>Almost Certain</b>					
<b>Likely</b>			✓		
<b>Possible</b>					
<b>Unlikely</b>					
<b>Rare</b>					
<b>LIKELIHOOD</b>	<b>Negligible</b>	<b>Minor</b>	<b>Moderate</b>	<b>Major</b>	<b>Extreme</b>
<b>Risk Movement:</b> (increase/decrease/no change) <b>NO CHANGE 30.11.2021</b>					
<b>Controls:</b> <ul style="list-style-type: none"> <li>Governance Structure and Process (Leadership Team Daily Huddles/Executive Programme Board and IJB and its Committees)</li> <li>Quarterly Reporting of Leadership Team Objectives to Risk, Audit &amp; Performance Committee</li> <li>Annual Performance Report</li> <li>External and Internal Audit</li> </ul>			<b>Mitigating Actions:</b> <ul style="list-style-type: none"> <li>Programme management approach being taken across whole of the Partnership</li> <li>Transformation team all trained in Managing Successful Programmes methodology</li> <li>Regular reporting of progress on programmes and projects to Executive Programme Board</li> <li>Increased frequency of governance processes Executive Programme Board now meeting fortnightly and creation of huddle delivery models.</li> <li>A number of plans and frameworks have been developed to underpin our transformation activity across our wider system including: Primary Care Improvement Plan, Action 15 Plan and Immunisation Blueprint, all of these are being revised in light of Covid and future priorities.</li> </ul>		
<b>Assurances:</b> <ul style="list-style-type: none"> <li>Risk, Audit and Performance Committee Reporting</li> <li>Robust Programme Management approach supported by an evaluation framework</li> </ul>			<b>Gaps in assurance:</b>		



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<ul style="list-style-type: none"><li>• IJB oversight</li><li>• Board Assurance and Escalation Framework process</li><li>• Internal Audit has undertaken a detailed audit of our transformation programme. All recommendations from this audit have now been actioned.</li><li>• The Medium-Term Financial Framework prioritises transformation activity that could deliver cashable savings</li><li>• The Medium-Term Financial Framework, Portfolio Management Approach aims and principles, and Programme of Transformation have been mapped to demonstrate overall alignment to strategic plan.</li></ul>	<ul style="list-style-type: none"><li>• 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.</li></ul>
<p><b>Current performance:</b></p> <ul style="list-style-type: none"><li>• The agreed Leadership Team objectives are placing a renewed focus on how we structure our resource</li><li>• There are a number of vacancies in the Strategy and Transformation Team due to restructuring and secondments. This has led to reduced capacity to support transformation activity. Recruitment is ongoing.</li></ul>	<p><b>Comments:</b></p> <p>Further re-prioritisation has taken place due to staff changes. Transformation Team have merged with Strategy and Performance and Capital and Assets Teams to create a Strategy and Transformation Team. The new structure provides additional capacity. Organisational Change is now complete, and recruitment is underway.</p>



<b>Description of Risk</b>					
Cause: Need to involve lived experience in service delivery and design as per Integration Principles					
Event: IJB fails to maximise the opportunities created for engaging with our communities					
Consequences: Services are not tailored to individual needs; reputational damage; and IJB does not meet strategic aims.					
Strategic Priority: All			Leadership Owner: Chief Officer		
Risk Rating: low/medium/high/very high <b>MEDIUM</b>					
<b>IMPACT</b>					
Almost Certain					
Likely					
Possible		✓			
Unlikely					
Rare					
<b>LIKELIHOOD</b>	Negligible	Minor	Moderate	Major	Extreme
Risk Movement: (increase/decrease/no change) <b>DECREASE 30.11.2021</b>					
<b>Controls:</b>			<b>Mitigating Actions:</b>		
<ul style="list-style-type: none"> <li>Locality Empowerment Groups (LEGs)</li> <li>Leadership Team Huddle</li> <li>CPP Community Engagement Group</li> <li>Equalities and Human Rights Sub-Group</li> </ul>			<ul style="list-style-type: none"> <li>Strategic Planning Group (SPG) Pre-Meeting Group set up to support locality empowerment group members on the SPG.</li> <li>Continued joint working with Community Planning colleagues to oversee the ongoing development of locality planning</li> </ul>		
<b>Assurances:</b>			<b>Gaps in assurance</b>		
<ul style="list-style-type: none"> <li>Strategic Planning Group (LEGs have representation on this group)</li> <li>Executive Programme Board</li> <li>IJB/Risk, Audit and Performance Committee</li> <li>CPA Board</li> </ul>			<ul style="list-style-type: none"> <li>Demographic and diversity representation on Locality Empowerment Groups. The Equalities and Human Rights Sub Group has been tasked to address this.</li> </ul>		
<b>Current performance:</b>			<b>Comments:</b>		
<ul style="list-style-type: none"> <li>The LEGs continue to meet, representatives attend the SPG on a regular basis and participate in the meetings.</li> </ul>					



<b>Description of Risk: Cause-Impact of Covid19 has accelerated and accentuated long-term workforce challenges</b> <b>Event: Insufficient staff to provide patients/clients with services required.</b> <b>Consequence: Potential loss of life and unmet health and social care needs, leading to severe reputational damage.</b>					
<b>Strategic Priority: All</b>			<b>Leadership Team Owner: People &amp; Organisation Lead</b>		
<b>Risk Rating: low/medium/high/very high</b> <b>VERY HIGH</b>					
<b>IMPACT</b>					
Almost Certain					✓
Likely					
Possible					
Unlikely					
Rare					
<b>LIKELIHOOD -</b>	<b>Negligible</b>	<b>Minor</b>	<b>Moderate</b>	<b>Major</b>	<b>Extreme</b>
<b>Risk Movement: (increase/decrease/no change)</b> <b>INCREASE 30.11.2021</b>					
<b>Controls:</b> <ul style="list-style-type: none"> <li>Clinical &amp; Care Governance Committee reviews tactical level of risk around staffing numbers</li> <li>Clinical &amp; Care Governance Group review the operational level of risk</li> <li>Oversight of daily Leadership Team meetings to maximise the use of daily staffing availability</li> <li>Revised contract monitoring arrangements with providers to determine recruitment / retention trends in the wider care sector-<i>replicate wording in risk 1 and include pc risk</i></li> <li>Establishment of daily staffing situational reports (considered by the Leadership Team)</li> <li>NHSG and ACC workforce policies</li> <li>Partnership Workforce Planning Group</li> <li>Daily Grampian System Connect Meetings and governance structure</li> </ul>			<b>Rationale for Risk Rating:</b> <ul style="list-style-type: none"> <li>The current staffing complement profile changes on an incremental basis over time.</li> <li>However the proportion of over 50s employed within the partnership (by NHSG and ACC) is increasing rapidly (i.e. 1 in 3 nurses are over 50).</li> <li>Totally exhausted work force with higher turnover of staff (particularly over 50)</li> <li>Current very high vacancy levels and long delays in recruitment across ACHSCP services.</li> <li>Little expectations that 'system' will revert to 'normal' post covid .</li> <li>Higher levels of sickness absence</li> </ul>		
<b>Assurances:</b> ACHSCP Workforce Plan Daily Leadership Team Meetings Leadership Team Objectives and appraisal process to help manage Partnership's risks Staff side and union representation on daily Leadership Team meetings			<b>Rationale for Risk Appetite:</b> <ul style="list-style-type: none"> <li>Will accept minimal risks of harm to service users or to staff. By minimal risks, the IJB means it will only accept minimal risk to services users or staff when the comparative risk of doing nothing is higher than the risk of intervention.</li> </ul>		
<b>Assurances:</b> ACHSCP Workforce Plan Daily Leadership Team Meetings Leadership Team Objectives and appraisal process to help manage Partnership's risks Staff side and union representation on daily Leadership Team meetings			<b>Mitigating Actions:</b> <ul style="list-style-type: none"> <li>ACHSCP Workforce Plan</li> <li>Rapid service redesign ongoing</li> <li>Active engagement with schools to raise ACHSCP profile (e.g. Developing the Young Workforce, Career Ready)</li> <li>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)</li> <li>Greater use of commissioning model to encourage training of staff</li> <li>Increased emphasis on health/wellbeing of staff</li> </ul>		





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	<ul style="list-style-type: none"> <li>• Increased emphasis on communication with staff</li> <li>• Greater promotion of flexible working</li> <li>• Rapid implementation of hybrid working and its long-term expansion</li> <li>• increased collaboration and integration between professional disciplines, third sector, independent sector and communities through Localities.</li> <li>• Increased monitoring of staff statistics (sickness, turnover, CPD, complaints etc) through daily Leadership Team meetings, identifying trends.</li> <li>• Rapid sight and implementation of new Scottish Government, NHSG and ACC workforce policies and guidelines</li> <li>•</li> </ul>
<p><b>Current performance:</b></p> <ul style="list-style-type: none"> <li>• Managing workforce challenges through daily Leadership Team meetings and Daily Connect Meetings and structures</li> <li>• Managing very high level vacancies in comparison to neighbouring Health Boards</li> </ul>	<p><b>Gaps in assurance</b></p> <ul style="list-style-type: none"> <li>• New Workforce Plan required to be published in April 2022</li> <li>• Lack of oversight of social care workforce capacity</li> </ul>
	<p><b>Comments:</b></p> <ul style="list-style-type: none"> <li>• Ongoing consultation on National Care Service. Any updates arising from the progress of the Service that has a bearing on the risk will be updated in due course.</li> <li>• <b>Covid-19 Update</b> 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.</li> </ul>



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<b>Description of Risk:</b> <b>Cause:</b> IJB's becoming Category 1 Responders under the Civil Contingencies Act 2004. <b>Event:</b> Potential major impact to the citizens of Aberdeen if IJB does not manage its responsibilities under the Act <b>Consequence:</b> Potential risk to life, loss of buildings, reputational damage.					
<b>Strategic Priority:</b> Resilience and Connections.			<b>Leadership Team Owner:</b> Chief Officer		
<b>Risk Rating:</b> low/medium/high/very high <div style="text-align: center; background-color: yellow; padding: 5px;"><b>HIGH</b></div>					
<b>IMPACT</b>					
Almost Certain					
Likely					
Possible				✓	
Unlikely					
Rare					
<b>LIKELIHOOD</b>	<b>Negligible</b>	<b>Minor</b>	<b>Moderate</b>	<b>Major</b>	<b>Extreme</b>
<b>Risk Movement:</b> (increase/decrease/no change): <div style="text-align: center; background-color: yellow; padding: 5px;"><b>NO CHANGE 30.11.2021</b></div>					
<b>Controls:</b> <ul style="list-style-type: none"> <li>Grampian Local Resilience Partnership Membership</li> <li>Aberdeen City Care For People Plan</li> <li>Aberdeen City Council's City Resilience Group Membership</li> <li>NHS Grampian's Civil Contingencies Group Membership</li> <li>Aberdeen City Health and Social Care Partnership's Civil Contingencies Group (integrated Group to monitor Action Plan of Duties under the Act).</li> <li>Aberdeen City Care For People Group</li> <li>Integration scheme agreement on cross-reporting</li> <li>Partnership's overarching Business Continuity Plan</li> <li>Business Manager access to Resilience Direct</li> <li>Senior Manager On Call Teams site</li> </ul>			<b>Mitigating Actions:</b> <ul style="list-style-type: none"> <li>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.</li> <li>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 City Resilience Group will be responsible for managing these risks through its membership and liaison with other services not represented on the Group.</li> <li>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.</li> </ul>		



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	<ul style="list-style-type: none"> <li>• 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).</li> <li>• 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 members. JB 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.</li> <li>• Data taken off Care First system to identify vulnerable people to help emergency response.</li> </ul>
<p><b>Assurances:</b></p> <ul style="list-style-type: none"> <li>• Internal Audit undertaken in 2020 on Civil Contingency arrangements in Aberdeen City Council, including Care For People Plan.</li> <li>• Ongoing discussions around development of Aberdeen City Vulnerable Persons Database using Geographical Information Mapping System (this will include data from Care First) as well as national discussions on Persons at Risk Database (PARD).</li> </ul>	<p><b>Gaps in assurance:</b></p> <ul style="list-style-type: none"> <li>• Development of National Persons at Risk Database (PARD)</li> <li>• 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.</li> </ul>
<p><b>Current performance:</b></p> <ul style="list-style-type: none"> <li>• The review of the Care for People Plan has been finalised.</li> <li>• The Partnership’s Senior Managers On Call are to gain access to the relevant sections of the Council’s Resilience Hub so that key messages can be received.</li> <li>• Meetings regarding the development of the PARD have been set up. The Partnership will be attending these meetings.</li> </ul>	<p><b>Comments:</b></p> <ul style="list-style-type: none"> <li>•</li> </ul>

## Appendix 1 – Risk Tolerance

<b>Level of Risk</b>	<b>Risk Tolerance</b>
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<b>Low</b>	<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>
<b>Medium</b>	<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>
<b>High</b>	<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>
<b>Very High</b>	<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
<b>Patient Experience</b>	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.
<b>Objectives/ Project</b>	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.
<b>Injury (physical and psychological) to patient/ visitor/staff.</b>	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.
<b>Complaints/ Claims</b>	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.
<b>Service/ Business Interruption</b>	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.
<b>Staffin and Competence</b>	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 <b>Minor error</b> due to ineffective training/implementation of training.	Late delivery of key objective/ service due to lack of staff. <b>Moderate error</b> due to ineffective training/ implementation of training. Ongoing problems with staffin levels	Uncertain delivery of key objective /service due to lack of staff. <b>Major error</b> due to ineffective training/implementation of training.	Non-delivery of key objective/ service due to lack of staff. Loss of key staff. <b>Critical error</b> due to ineffective training / implementation of training.
<b>Financial (including damage/loss/ fraud)</b>	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).
<b>Inspection/Audit</b>	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.
<b>Adverse Publicity/ Reputation</b>	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
<b>Probability</b>	<ul style="list-style-type: none"> <li>Can't believe this event would happen</li> <li>Will only happen in exceptional circumstances.</li> </ul>	<ul style="list-style-type: none"> <li>Not expected to happen, but definite potential exists</li> <li>Unlikely to occur.</li> </ul>	<ul style="list-style-type: none"> <li>May occur occasionally</li> <li>Has happened before on occasions</li> <li>Reasonable chance of occurring.</li> </ul>	<ul style="list-style-type: none"> <li>Strong possibility that this could occur</li> <li>Likely to occur.</li> </ul>	<ul style="list-style-type: none"> <li>This is expected to occur frequently/in most circumstances more likely to occur than not.</li> </ul>

**Table 3 - Risk Matrix**

Likelihood	Consequences/Impact				
	Negligible	Minor	Moderate	Major	Extreme
<b>Almost Certain</b>	Medium	High	High	V High	V High
<b>Likely</b>	Medium	Medium	High	High	V High
<b>Possible</b>	Low	Medium	Medium	High	High
<b>Unlikely</b>	Low	Medium	Medium	Medium	High
<b>Rare</b>	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
<b>Low</b>	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.
<b>Medium</b>	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.
<b>High</b>	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.
<b>Very High</b>	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.