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)
19	February 2022 (RAPC)
20	August 2022 (ahead of IJB Workshop)
21	Review reflecting workshop-IJB Oct 22
22	November 2022 (RAPC)
23	January 2023 (SLT)
24	May 2023 (RAPC and IJB)
25	September 2023 (ahead of deep dive in October 2023)
26	November 2023 for RAPC

Introduction & Background

Aberdeen City Health & Social Care Partnership
A caring partnership

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
A caring partnership

Colour – Key

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

Risk Summary:

1	Description of Risk: Cause: The commissioning of services from third sector and independent providers (eg General Practice and other primary care services) requires all stakeholders to work collaboratively to meet the needs of local people. Event: Potential failure of commissioned services to deliver on their contract 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: ability of other commissioned services to cope with the unexpected increased in demand. 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	**High**
2	Cause: IJB financial failure and projection of overspend Event: Demand outstrips available budget Consequence: IJB can't deliver on its strategic plan priorities, statutory work, and projects.	**High**
3	Cause: Under Integration arrangements, Aberdeen IJB hosts services on behalf of Moray and Aberdeenshire, who also hosts services on behalf of Aberdeen City. Event: hosted services do not deliver the expected outcomes, fail to deliver transformation of services, or face service failure. Consequence: Failure to meet health outcomes for Aberdeen City, resources not being maximised and reputational damage.	**High**
4	Cause: Performance standards/outcomes are set by national and regulatory bodies and those locally-determined performance standards are set by the board itself. 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. Consequence: This may result in harm or risk of harm to people.	**High**
5	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	**High**
6	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	**Medium**

	Consequences: Services are not tailored to individual needs; reputational damage; and IJB does not meet strategic aims	
7	Cause- The ongoing recruitment and retention of staff. 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.	**High**

Description of Risk: Cause: The commissioning of services from third sector and independent providers (eg General Practice and other primary care services) requires all stakeholders to work collaboratively to meet the needs of local people.

Event: Potential failure of commissioned services to continue to deliver on their contract

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: ability of other commissioned services to cope with the unexpected increased in demand.

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 Aims: Caring Together **Strategic Enablers**: Relationships and Infrastructure	**Leadership Team Owner:** Lead Commissioner and Primary Care Lead

Risk Rating: low/medium/high/very high

HIGH

IMPACT

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

Rationale for Risk Rating:

Primary Care
- Increased demand in primary care and widespread recruitment difficulties continues to impact on practices, which has led to practices prioritising the core GMS contract over any non-essential work eg Care Home SLA's.
- Increased demand in primary care and widespread recruitment difficulties continues to impact on practices, which has increased the risk and frequency of handing back their contracts or closing their lists.
- Increase in unexpected/unplanned and planned demand is a risk to patients and the ACHSCP
- Increased risk of reduction in General Dental Practitioners capacity as a result of patient deregistration activity seen in some regions
- Delayed implementation of Primary Care Improvement Plan (PCIP) due to staff redeployment due to Covid and lack of available workforce for recruitment.

Social Care
- Recruitment difficulties in residential and non-residential businesses.

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

DECREASE 26.10.23

Controls:

General
- Grampian Data Gathering Group
- Quarterly Budget Monitoring Reports

Mitigating Actions:
Social Care
- 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.

Social Care
- 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.
- Strategic Commissioning Programme Board (includes representatives from third and independent sectors)
- Residential and Non-Residential Oversight Groups-meet depend on the needs of the sector
- Providers Huddle (meets weekly)
- Daily meetings with Care at Home Providers over Winter period 2023/24
- Stood up Care at Home Strategic Group (meets monthly)
- Winter Planning and coordination workshop to be held in December 2023
- Care at Home clients have a personal RAG status identifying vulnerability and this will be linked to the Persons at Risk Database
- Spiritual ......Framework-which will help identify specific training needs
- Plans to set up the Commissioning Academy (City and Shire)

Primary Care
- Local Medical Council
- GP Sub Group
- Clinical Director and Clinical Leads
- Primary Care Contracts Team
- Primary Care Integrated Management Group
- GP Contract Oversight Group
- ACHSCP PCIP Project Group
- Grampian Sustainability Group
- Senior Leadership Team
- Review of Closed List process
- Health Assessment Team (for asylum and refugees)
- Grampian Data Gathering Group
- Quarterly Budget Monitoring Reports
- Deeper Dive on Risks 1 and 7 held on 13th October, 2023. This will likely be repeated in 2024.

- Strategic commissioning programme board (SCPB members) established to provide governance framework for commissioning activity.
- Continue to liaise with the care home sector through the collaborative approach detailed in the controls to explore agreement at a local level until a national agreement is in place with Scotland Excel
- Continue to support the flow from acute into interim beds at Woodlands.
- 1 SLA now in place for all interim/emergency beds
- Winter Planning and coordination workshop to be held in December 2023

Primary Care
- Sustainability meetings with all Practices in Aberdeen City
- Working in collaboration with the Scottish Government, Local Medical Council (LMC) and Clinical Leads with practices to agree a sustainable way forward using individualised action plans and group discussions.
- Strategic Change Lead is establishing a task and finish group to review medical cover across care settings in the City with a view to establishing an alternative model for medical cover. The review is due to complete by 30 September 2023.
- Collaborative approach with the integration of the Health Assessment Team into Aberdeen City Council's Settlement Team to manage demand and risk of becoming a Dispersal City
- General Practice Vision and future provision workshops looking at SMART objectives to meet the unscheduled care demands
- Comms and engagement to raise public awareness on general practice pressures and wider MDT roles
- Weekly RAG status on general practices to understand pressures

Assurances:
Social Care
- Progress against our strategic commissioning workplan
- Market facilitation opportunities and wide distribution of our market position statements
- Oversight of both residential and non-residential social care services
- Inspection reports from the Care Inspectorate
- Daily meetings and monthly strategic meetings with Care at Home help to build relationships and better communication.

Primary Care
- Monitoring of Primary Care Improvement Plan
- Daily report monitoring

Gaps in assurance:
Social Care
- We are currently undertaking service mapping which will help to identify any potential gaps in market provision
- Difference between National Care Home Contract rate (last reviewed in 2013) and providing a 24 hour residential service
- Inability to benchmark accurately due to variation of service models
- Contract Monitoring visits (enhanced services)
- Having 1 SLA for all interim/emergency beds is a single point of failure

	Primary Care
• Good relationships with GP practices, ensuring communication through agreed governance routes • Links to Dental Practice Advisor who works with independent dentists • Director of Dentistry co-ordinating Grampian contingency planning to • • 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 • Part of 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, including fortnightly Grampian wide Clinical Lead Meetings, including meetings with Office Bearers from LMC and GP Sub Committee • Peer Support	• 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, general practice and general dental practitioners cannot be influenced by the Partnership and lack of demand information • Public Dental Services staffing capacity to flexibly increase service provision in short term
Current performance: **Social Care** • We now have established a care at home strategic providers group, with agreed terms of reference. Their strategic ambition is to ensure the safe and effective delivery of care at home across Aberdeen. • We have recently published and distributed market position statements for both residential and training and skills development for service users with either mental health or learning disability. Both have been co-produced with providers through a series of workshops which had been advertised locally and through public contracts Scotland. • A financial risk rating of each residential care home/setting is being undertaken, to give intelligence on the risk across these businesses. **Primary Care** • The process for closed lists was reviewed and agreed in line with GMS regulations, a meeting was held with all practices to give an overview of this and the paperwork subsequently circulated with an FAQs document.	**Comments:** **Social Care** Cost of living will impact on the provision of the service and the staff ability to get to work due to fuel prices. **Primary Care** Lack of space for MDT working. Sustainability report has a limited predictability due to the ever changing nature of primary care. GP practices are expressing an increasing challenge in meeting the needs of practice populations and therefore many are prioritising the delivery of the core GMS contract. The impact of this means that any additional non-core/statutory work is being reviewed by practices and in some instances, stopped. This varies across the City and the Partnership continues to work with Practices to find collaborative and financially sustainable solutions for both parties. This main amendments made to this risk since the last time the Committee considered it are: 1. additional Controls added to the social care commissioning risk 2. the risk has been split into 2 areas (social care and primary care)

Description of Risk: Cause-IJB financial failure and projection of overspend	
Event-Demand outstrips available budget	
Consequence-IJB can't deliver on its strategic plan priorities, statutory work, and projects.	

Strategic Aims: All
Strategic Enablers: Finance

Leadership Team Owner: Chief Finance Officer

Risk Rating: low/medium/high/very high

HIGH

IMPACT

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

Risk Movement: increase/decrease/no change:
NO CHANGE 26.10.2023

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 MTFF was reported to the IJB in March 2023.

- 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 experiencing significant pressures due to inflation, cost of living, staff costs, energy costs.

Rationale for Risk Appetite:
The IJB has a low-moderate risk appetite to financial loss and understands its requirement to achieve a balanced budget. The IJB recognises the impacts of failing to achieve a balanced budget on Aberdeen City Council & its bond – an unmanaged overspend may have an impact on funding levels.

However, the IJB also recognises the significant range of statutory services it is required to meet within that finite budget and has a lower appetite for risk of harm to people (low or minimal).

Controls:
- Financial information is reported regularly to the Risk, Audit and Performance Committee, the Integration Joint Board and the Senior 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.

Mitigating Actions:
- The Senior 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 Senior Leadership Team have formalised arrangements to receive monthly financial monitoring statements.

- Medium-Term Financial Strategy. - Medium Term Financial Strategy review, including a members workshop ahead of the budget meeting (each year)	
Assurances: - Risk, Audit and Performance Committee oversight and scrutiny of budget under the Chief Finance Officer. - Board Assurance and Escalation Framework. - Quarterly budget monitoring reports. - Regular budget monitoring meetings between finance and budget holders. - Monthly financial monitoring to SLT	**Gaps in assurance:** - The financial environment is challenging and requires regular monitoring. The scale of the challenge to make the IJB financially sustainable should not be underestimated. - Financial failure of hosted services may impact on ability to deliver strategic ambitions. - 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
Current performance:	**Comments:** The financial position in future years will be challenging. Discussions are continuing with ACC and NHSG regarding level of funding for future years.

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Description of Risk: Cause: Under Integration arrangements, Aberdeen IJB hosts services on behalf of Moray and Aberdeenshire, and who also hosts services on behalf of Aberdeen City.

Event: hosted services do not deliver the expected outcomes, fail to deliver transformation of services, or face service failure.

Consequence: Failure to meet health outcomes for Aberdeen City, resources not being maximised and reputational damage.

Strategic Aims: All Strategic Enablers: Relationships	Leadership Team Owner: Chief Officer

Risk Rating: low/medium/high/very high

HIGH

IMPACT

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

Risk Movement: (increase/decrease/no change):
NO CHANGE 26.10.2023

Rationale for Risk Rating:
- Considered high risk due to the projected overspend in hosted services
- Hosted services are a risk of the set-up of Integration Joint Boards.

Rationale for Risk Appetite:
- The IJB has some tolerance of risk in relation to testing change.

Controls:
- Integration scheme agreement on cross-reporting
- North East Partnership Steering Group
- Aberdeen City Strategic Planning Group (ACSPG)
- North East System Wide Transformation Group

Mitigating Actions:
- Intention to develop Service Level Agreements for 9 of the hosted services considered through budget setting process
- In depth review of the other 3 hosted services.
- Quarterly reporting to ACSPG and annual reporting on budget setting to IJB (once developed).

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 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.
- 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 Portfolio approach and wider system approach demonstrates closer joint working across the 3 Health and Social Care Partnerships and the Acute Sector.

Gaps in assurance:
- Ongoing review of hosted services through development of SLAs has stalled due to focus on Annual Delivery Plan for NHS Grampian's Plan for the Future

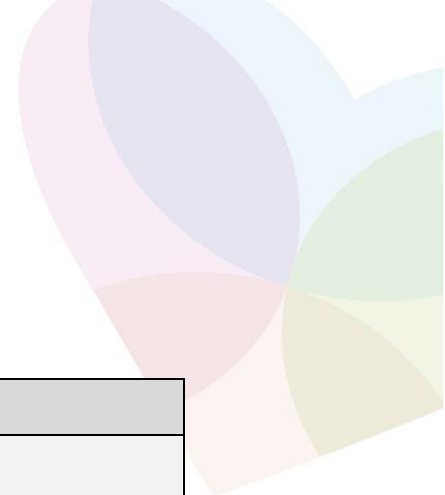| Current performance:	Comments:
• Once the SLA's are reported to the Risk, Audit and Performance Committee, the IJB will be informed on current performance on an ongoing basis. • An update report was submitted to the IJB on the 25th of April, 2023 however work to progress the SLAs has still not progressed.	Review of budget has highlighted that this work is crucial to maintain transparent accountability of service delivery and use of resources. The Lead for Strategy and Transformation will raise this with Grampian Planner colleagues and seek to prioritise this work to align to 2024/25 budget setting.

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Description of Risk:

Cause: Performance standards/outcomes are set by national and regulatory bodies and those locally-determined performance standards are set by the board itself.

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.

Consequence: This may result in harm or risk of harm to people.

Strategic Aims: All **Strategic Enablers**: Technology	**Leadership Team Owner:** Strategy and Transformation Lead

Risk Rating: low/medium/high/very high

HIGH

Rationale for Risk Rating: Service delivery is broad ranging and undertaken by both in-house and external providers. There are a variety of performance standards set both by national and regulatory bodies as well as those determined locally and there are a range of factors which may impact on service performance against these. Poor performance will in turn impact both on the outcomes for service users and on the reputation of the IJB/partnership. Given current situation with increased demand and staffing pressures there might be times that the likelihood of services not meeting standards is possible.

IMPACT

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

Rationale for Risk Appetite:
The IJB has no to minimal tolerance of harm happening to people as a result of its actions, recognising that in some cases there may be a balance between the risk of doing nothing and the risk of action or intervention.

Risk Movement: (increase/decrease/no change**)**
NO CHANGE 26.10.2023

Controls:
- Clinical and Care Governance Committee and Group
- Risk, Audit and Performance Committee
- Data and Evaluation Group
- Performance Framework
- Linkage with ACC and NHSG performance reporting
- Annual Performance Report
- Chief Social Work Officer's Report
- Ministerial Steering Group (MSG) Scrutiny
- External and Internal Audit Reports
- Links to outcomes of Inspections, Complaints etc.
- Contract Management Framework
- Weekly Senior Leadership Team Meetings

Mitigating Actions:
- Continual review of key performance indicators
- Review of and where and how often performance information is reported and how learning is fed back into processes and procedures.
- On-going work developing a culture of performance management and evaluation throughout the partnership
- Refinement 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
- Risk-assessed plans with actions, responsible owners, timescales and performance measures monitored by dedicated teams
- Restructure of Strategy and Transformation Team which includes an increase in the number of Programme and Project Managers will help mitigate the risk of services not meeting required standards.

• Daily Operational Leadership Team Huddles • Urgent and Unscheduled Care Programme Board	• Use of Grampian Operational Pressure Escalation System (G-OPES) and Daily and Weekly System Connect Meetings help to mitigate the risk of services not meeting standards through system wide support. • Four focus areas of the system wide critical response to ongoing system pressures • All recommendations from the Internal Audit report on Performance Management have been implemented.
Assurances: • Joint meeting of IJB Chief Officer with two Partner Body Chief Executives. • Performance Dashboard reported quarterly to Risk, Audit & Performance Committee. • Bespoke report developed for Clinical and Care Governance Committee and considered at every meeting. • Annual report on IJB activity developed and reported to ACC and NHSG • Care Inspectorate Inspection reports considered by services with action plans developed and monitored • Capture of outcomes from contract review meetings. • External reviews of performance. • Benchmarking with other IJBs	**Gaps in assurance:** • Formal performance reporting against the Strategic/Delivery Plan has continued to be developed in consultation with the SLT. • Community Planning Aberdeen currently refreshing the LOIP. Attempt is being made to link current ACHSCP reporting to that however the final outcome of this will not be confirmed until the CPA Board in February 2024. • Locality Plans are also being reviewed as part of the LOIP refresh. The intention is to streamline these and make them more focused making it easier to monitor performance and report on performance. Current community engagement closed 3rd November 2023. Again outcome will not be confirmed until CPA Board in February 2025.
Current performance: • Performance reports submitted to IJB, Risk, Audit and Performance and Clinical and Care Governance Committees. • Various Steering Groups for strategy implementation established. • Close links with social care commissioning, procurement and contracts team have been established via the Strategic commissioning and Procurement Board • IJB Dashboard has been shared widely. • Annual Performance Report for 2022/23 was reported to the IJB on 22 August, 2023 • SLT workshops held to develop a Partnership dashboard	**Comments:**

Description of Risk:

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

Strategic Aims: All **Strategic Enablers:** Technology and Infrastructure	**Leadership Team Owner:** Strategy and Transformation Lead

Risk Rating: low/medium/high/very high

HIGH

IMPACT

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

Rationale for Risk Rating:
- Recognition of the known demographic curve & financial challenges, including cost of living, which mean existing capacity may struggle
- This is the overall risk – each of our transformation programme work streams are also risk assessed with some programmes being a higher risk than others.
- Given current situation with increased demand and staffing pressures there might be times when it is likely that transformational projects delivery may be delayed.
- System Wide demand on Information Governance Services for data sharing agreements

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

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

NO CHANGE 26.10.2023

Controls:

- Governance Structure and Process (Senior Leadership Team meetings, Operational Team Daily Huddles and IJB and its Committees)
- Quarterly Reporting of Delivery Plan progress to Risk, Audit & Performance Committee
- Annual Performance Report
- External and Internal Audit

Mitigating Actions:

- Programme management approach being taken across whole of the Partnership
- Regular reporting of progress on programmes and projects to Senior Leadership Team
- Increased frequency of governance processes, Senior Leadership Team now meeting weekly
- A number of plans and frameworks have been developed to underpin our transformation activity across our wider system including: Primary Care Improvement Plan and Action 15 Plan.
- All Programme and Project Managers have been trained in the appropriate level of Managing Successful Programmes methodology and Prince2, where appropriate.

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

Gaps in assurance:

• IJB oversight • Board Assurance and Escalation Framework 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 • Separation in Year 2 Delivery Plan of transformational projects from business as usual projects • 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.	• 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. • Changes to funding have meant that temporary recruitment to certain posts is in place for 2023/24, with further work to be done to identify funding beyond that.
Current performance: • The Strategic/Delivery Plan has been approved and Strategy and Transformation resource has been allocated to deliver on the projects within the Plan.	**Comments:**

Description of Risk

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 Aims: All **Strategic Enablers**: Relationships	**Leadership Owner:** Chief Officer

Risk Rating: low/medium/high/very high

MEDIUM

IMPACT

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

Rationale for Risk Rating:
- Now that localities governance and working arrangements are established the impact of not maximising the opportunities is moderate but at the moment, in the early stages of the arrangements, the likelihood remains a possibility.
- Cost of living and digital exclusion are potential barriers for community engagement

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

Risk Movement: (*increase/decrease/no change*)
NO CHANGE 26.10.2023

Controls:
- Locality Empowerment Groups (LEGs)
- Senior Leadership Team Meetings and Operational Leadership Huddles
- CPP Community Engagement Group
- Equalities and Human Rights Sub-Group

Mitigating Actions:
- Strategic Planning Group (SPG) Pre-Meeting Group set up to support locality empowerment group members on the SPG.
- Continued joint working with Community Planning colleagues to oversee the ongoing development of locality planning

Assurances:
- Strategic Planning Group (LEGs have representation on this group)
- Executive Programme Board
- IJB/Risk, Audit and Performance Committee
- CPA Board

Gaps in assurance
- Locality Empowerment Groups are recovering post Covid and this is a slow process. They are meeting regularly again and there is the ongoing challenge in relation to membership and diversity. The Public Health Team are working hard to build these up but resistance is always experience from certain groups within the city's population. We are working with relevant groups to understand the best way to engage and recognise that one approach does not suit all.

Current performance:
- LEGs representatives attend the SPG on a regular basis and participate in the meetings.
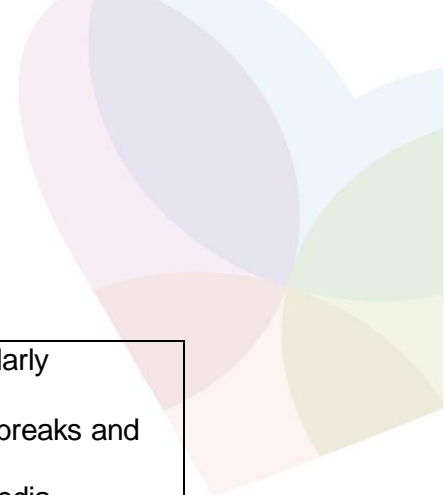- Review of joint locality planning arrangements is underway

Comments:

Description of Risk: Cause-The ongoing recruitment and retention of staff

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.

Strategic Aims: All

Strategic Enablers: Workforce

Leadership Team Owner: People & Organisation 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*)

DECREASE 26.10.2023

Rationale for Risk Rating:

- The current staffing complement profile changes on an incremental basis over time.
- 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).
- Totally exhausted work force with higher turnover of staff (particularly over 50)
- Current very high vacancy levels and long delays in recruitment across ACHSCP services.
- Economic upturn in North East post covid, which means there is direct competition with non-clinical posts and negatively impacting on the calibre of candidates for a number of posts, there are national Scottish shortages in all of the professions within the Partnership and we are competing with the Central Belt for people's choice for employment.
- Post Covid 19 landscape, where many staff have reflected on their personal situation, which has led to increased numbers of early retirement applications, requests for reduced hours and staff leaving the service
- Staff experienced the most challenging winter in Health and Social Care history and the likelihood that this will be just as challenging in the winter ahead.

Controls:

- Clinical & Care Governance Committee reviews tactical level of risk around staffing numbers
- Clinical & Care Governance Group review the operational level of risk
- Oversight of daily Operational Leadership Team meetings to maximise the use of daily staffing availability
- Revised contract monitoring arrangements with providers to determine recruitment / retention trends in the wider care sector-*replicate wording in risk 1 and include pc risk*
- Establishment of daily staffing situational reports (considered by the Leadership Team)
- NHSG and ACC workforce policies and planning groups
- Daily Grampian System Connect Meetings and governance structure
- Daily sitreps from all services (includes staffing absences)
- ACHSCP Workforce Plan Oversight Group established with 3 Workstreams being populated
- Deeper Dive on Risks 1 and 7 held on 13th October, 2023. This will likely be repeated in 2024.
- The Partnership's Workforce Plan Annual Report to be submitted to the Risk, Audit and Performance Committee on 28th November, 2023.

Rationale for Risk Appetite:

- 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.

Assurances:

ACHSCP Workforce Plan and Oversight Group

Mitigating Actions:

Agreed governance arrangements Formal performance reporting against the Strategic/Delivery Plan has continued to be developed in consultation with the SLT. Staff side and union representation on daily Operational Leadership Team meetings	• Significantly increased emphasis on health/wellbeing of staff and positive feedback regularly received, over 900 staff attended these type of initiatives in the last year. • All staff strongly encouraged to use their annual leave throughout the year, take regular breaks and this to be positively modelled by SLT • establishment of ACHSCP recruitment programme, with significantly increased Social Media presence • promotion and support of the 'We Care' and 'Grow of own' approaches • embrace the use of new/improved digital technologies to develop and support the ACHSCP infrastructure & develop a road map with a focus on enablement for staff. Working with Microsoft to increase online appointment bookings and significantly reduce pressure on staff, as well as looking at resolving current IT issues regarding different systems. • flexible/hybrid working options to become 'normal' working practice that benefit staff time & supports their wellbeing as well as helps staff retention • Increased emphasis on communication with staff • increased collaboration across the Senior Leadership Team (SLT) and integration between professional disciplines, third sector, independent sector and communities through Localities to help diversity of the workforce • Increased monitoring of staff statistics (sickness, turnover, CPD, complaints etc) through Senior Leadership Team and daily Operational Leadership Team meetings, identifying trends. • Awareness of new Scottish Government, NHSG and ACC workforce policies and guidelines • Partnership to reintroduce staff recognition events to encourage retention • Staff Wellbeing budget in 2023/24 of £25,000 • Production of recruitment video(s) for a range of posts within the Partnership • Partnership Jobs Fair-November 2023-In conjunction with ABZ Works ((18 Partnership Services presenting stalls and over 200 attendees) • Holding regular job showcase sessions with clients seeking work in Aberdeen City. • Successful 4 week internship of 4 Career ready students in July 2023. Ongoing support from the Partnership to continue the mentoring of Career Ready students in 2024. • Foundation Apprentice starts with Business Support in September 2023.
Current performance: • Partnership sickness absence rate at end of September 2023 was 5.3% (compared to NHSG 5.28%) • Partnership ACC staff sickness days absent per staff member was lower than the ACC average • Managing workforce challenges through daily Operational Leadership Team meetings and Daily Connect Meetings and structures • Managing very high level vacancies in comparison to neighbouring Health Boards • Ongoing development of governance dashboard for SLT, which will include data on staff absences, turnover etc. To be considered by SLT quarterly. • Once the 3 Workstream Groups have met then the mitigations will be added to the register with SMART measures.	**Gaps in assurance** • The deeper dive on the 13th of October and the production of the Partnership's Workforce Annual Plan asked the question around gaps in assurance. • Development of governance dashboard is ongoing, including updates on 2022 Workforce Plan data.
	Comments:

	- 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. - Workforce is an enduring risk across Scotland. Eg AHP vacancies in NHSG are 11.6% compared to Scottish average of 7.1%.

Appendix 1 – Risk Tolerance

Level of Risk	Risk Tolerance
Low	Acceptable level of risk. No additional controls are required but any existing risk controls or contingency plans should be documented. Chief Officers/Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective.
Medium	Acceptable level of risk exposure subject to regular active monitoring measures by Managers/Risk Owners. Where appropriate further action shall be taken to reduce the risk but the cost of control will probably be modest. Managers/Risk Owners shall document that the risk controls or contingency plans are effective. Chief Officers/Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective. Relevant Chief Officers/Managers/Directors/Assurance Committees will periodically seek assurance that these continue to be effective.
High	Further action should be taken to mitigate/reduce/control the risk, possibly urgently and possibly requiring significant resources. Chief Officers/Managers/Risk Owners must document that the risk controls or contingency plans are effective. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective. Relevant Chief Officers/Managers/Directors/Executive and Assurance Committees will periodically seek assurance that these continue to be effective and confirm that it is not reasonably practicable to do more. The IJB's may wish to seek assurance that risks of this level are being effectively managed. However the IJB's may wish to accept high risks that may result in reputation damage, financial loss or exposure, major breakdown in information system or information integrity, significant incidents(s) of regulatory non-compliance, potential risk of injury to staff and public
Very High	Unacceptable level of risk exposure that requires urgent and potentially immediate corrective action to be taken. Relevant Chief Officer/Managers/Directors/Executive and Assurance Committees should be informed explicitly by the relevant Managers/Risk Owners. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective. The IJB's will seek assurance that risks of this level are being effectively managed. However the IJB's may wish to accept opportunities that have an inherent very high risk that may result in reputation damage, financial loss or exposure, major breakdown in information system or information integrity, significant incidents(s) of regulatory non-compliance, potential risk of injury to staff and public

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

Table 1 - Impact/Consequence 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 a 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.
Staffing and Competence	Short term low staffing level temporarily reduces service quality (< 1 day). Short term low staffing level (>1 day), where there is no disruption to patient care.	Ongoing low staffing 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 staffing 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	• Can't believe this event would happen • Will only happen in exceptional circumstances.	• Not expected to happen, but definite potential exists • Unlikely to occur.	• May occur occasionally • Has happened before on occasions • Reasonable chance of occurring.	• Strong possibility that this could occur • Likely to occur.	This is expected to occur frequently/in most circumstances more likely to occur than not.

Table 3 - Risk Matrix

Likelihood	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.