



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
27	December 2023 for annual IJB Workshop (held in January 2024)



Aberdeen City Health & Social Care Partnership

A caring partnership

28

February 2024 for RAPC

Introduction & Background

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

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

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

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

Appendices

- Risk Tolerances
- Risk Assessment Tables



Colour – Key

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

Risk Summary:

1	<p>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.</p> <p>Event: Potential failure of commissioned services to deliver on their contract</p> <p>Consequence: There is a gap between what is required to meet the needs of local people, and services that are available.</p> <p>Consequences: to the individual include not having the right level of care delivered locally, by suitably trained staff.</p> <p>Consequences: ability of other commissioned services to cope with the unexpected increased in demand.</p> <p>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>	High
2	<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>	High
3	<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>	High
4	<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>	High
5	<p>Cause: Demographic & financial pressures requiring IJB to deliver transformational system change which helps to meet its strategic priorities.</p> <p>Event: Failure to deliver transformation and sustainable systems change.</p> <p>Consequence: people not receiving the best health and social care outcomes</p>	High
6	<p>Cause: Need to involve lived experience in service delivery and design as per Integration Principles</p> <p>Event: IJB fails to maximise the opportunities created for engaging with our communities</p>	Medium



Aberdeen City Health & Social Care Partnership

A caring partnership

	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



-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 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

Rationale for Risk Rating:

IMPACT

Primary Care

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

- 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.
- Uncertainly regarding the National Care Home Contract percentage uplift for 24/25
- Interim provision in care homes will reduce as of March 2024 due to unsustainable funding streams and lack of capacity of medical cover.

Risk Movement: increase/decrease/no change
NO CHANGE 22.02.24

Rationale for Risk Appetite:
 As 3rd and independent sectors are key strategic partners in delivering transformation and improved care experience, we have a low tolerance of this risk. It is suggested that this risk tolerance should be shared right throughout the organisation, which may encourage staff and all providers of primary health and care services to escalate valid concerns at an earlier opportunity.

Controls:
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.



Aberdeen City Health & Social Care Partnership

A caring partnership

<p>Social Care</p> <ul style="list-style-type: none"> • 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 • Care at home clients are being reviewed in regard to how their outcomes are supported using a tech first approach • In process of setting up Commissioning Academy (City, Moray and Shire) • Technology First approach is being used to support people achieve the best outcome. <p>Primary Care</p> <ul style="list-style-type: none"> • 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. • A Patient Stakeholder Group has been established around the Primary Care Visioning Exercise. 	<ul style="list-style-type: none"> • 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 held in December 2023 • Workshop with providers in Feb and March 2024 to inform them of commissioning opportunities a help to shape the content and process of the tender. • Interim provision in alternative housing including care homes, Very sheltered and Sheltered housing will be further developed during 2024-25 • All people using care at home Self Directed Support Options 1, 2 & 3 will be reviewed through a Technology first Lens. • Mental Health and Wellbeing Festival during May 2024 will help to promote and support the sector to be more mindful of their own and service users Wellbeing. <p>Primary Care</p> <ul style="list-style-type: none"> • 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. • 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 Multi-Disciplinary Team roles • Weekly RAG status on general practices to understand pressures • An engagement plan has been developed to ensure that a co-production approach is being used for the Visioning Exercise, and patients from across the Grampian area are involved in the development of the vision and strategic objectives.
<p>Assurances:</p> <p>Social Care</p> <ul style="list-style-type: none"> • 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. 	<p>Gaps in assurance:</p> <p>Social Care</p> <ul style="list-style-type: none"> • 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



<ul style="list-style-type: none"> We are currently undertaking service mapping which will help to identify any potential gaps in market provision Working collaboratively with sector to shape commissioning and procurement processes. <p>Primary Care</p> <ul style="list-style-type: none"> Monitoring of Primary Care Improvement Plan Daily report monitoring 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 <ul style="list-style-type: none"> horizon scan for regional deregistration activity proactively work with practices that wish to deregister patients plan suitable contingency arrangements in the event patients are deregister 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 	<p>Primary Care</p> <ul style="list-style-type: none"> Market or provider failure can happen quickly despite good assurances being in place. For example, even with the best monitoring system, the closure of a practice can happen very quickly, with (in some cases) one partner retiring or becoming ill being the catalyst. Market forces and individual business decisions regarding community optometry, 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
<p>Current performance:</p> <p>Social Care</p> <ul style="list-style-type: none"> 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 are in the process of drafting a Market Position Statement which details all Accommodation needs across Aberdeen City, this will come to IJB in May 2024. We are currently looking at what and how to use a 20 bedded unit within the city to best serve the needs of the population. A financial risk rating of each residential care home/setting is part of an on-going process, to give intelligence on the commercial viability and financial risks within these businesses. We are co-designing services with staff, managers and people with lived experience to ensure the services are fit for the future. This is being carried out in line with Ethical Commissioning Principles and Getting it Right for Everyone (GIRFE principles). <p>Primary Care</p> <ul style="list-style-type: none"> 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. 	<p>Comments:</p> <p>Social Care</p> <p>Cost of living continues to impact on the provision of the service and the staff ability to get to work due to fuel prices.</p> <p>Currently working with the market to find the best option which will be reduced and will affect the unmet need/ delayed discharges and delayed transfer of care figures.</p> <p>Primary Care</p> <p>Lack of space for MDT working. Sustainability report has a limited predictability due to the ever changing nature of primary care.</p> <p>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.</p> <p>This main amendments made to this risk since the last time the Committee considered it are: 1. additional Controls and mitigations added to the social care commissioning risk</p>



-2-

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 <p style="text-align: center;">HIGH</p>					
IMPACT					
Almost Certain					
Likely			✓		
Possible					
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Risk Movement: increase/decrease/no change: <p style="text-align: center;">NO CHANGE 22.02.2024</p>					
Controls: <ul style="list-style-type: none"> Financial information is reported regularly to the Risk, Audit and Performance Committee, the Integration Joint Board and the 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: <ul style="list-style-type: none"> 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. Senior Leadership Team will be scrutinising Year 3 of the ACHSCP Delivery Plan to identify projects that will generate financial savings or prevent and reduce future budget pressures. 		

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 will be reported to the IJB in March 2024.
- 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.

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).



<ul style="list-style-type: none"> • Medium-Term Financial Strategy. • Medium Term Financial Strategy review, including a members workshop ahead of the budget meeting (5th March, 2024) • SLT have a revised vacancy management process that has been operating since end of November, 2023, which prioritises vacancy approval to help support a balanced budget position in 2023/24, and this is continuing in 2024. 	
<p>Assurances:</p> <ul style="list-style-type: none"> • IJB and the 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 	<p>Gaps in assurance:</p> <ul style="list-style-type: none"> • The financial environment is challenging and requires regular monitoring. The scale of the challenge to make the IJB financially sustainable should not be underestimated. • 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 cashable savings
<p>Current performance: Quarter 2 position is showing a £5.4m overspend. This is being reviewed at weekly meetings of the Senior Leadership Team.</p>	<p>Comments:</p> <ul style="list-style-type: none"> • The financial position in future years will be challenging. Discussions are continuing with ACC and NHSG regarding level of funding for future years. • The current financial pressures have the potential to impact on our ability to deliver on our strategic plan priorities and projects and the level of transformation and service change originally agreed. A consequence of this would be reduced patient flow and poorer outcomes for people if the best destination for their care is not available.



- 3 -

<p>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.</p>					
<p>Strategic Aims: All Strategic Enablers: Relationships</p>			<p>Leadership Team Owner: Chief Officer</p>		
<p>Risk Rating: low/medium/high/very high HIGH</p>					
<p>IMPACT</p>					
Almost Certain					
Likely			✓		
Possible					
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
<p>Risk Movement: (increase/decrease/no change): NO CHANGE 22.02.2024</p>					
<p>Controls:</p> <ul style="list-style-type: none"> Integration scheme agreement on cross-reporting North East Partnership Steering Group Aberdeen City Strategic Planning Group (ACSPG) North East System Wide Transformation Group 			<p>Mitigating Actions:</p> <ul style="list-style-type: none"> 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). 		
<p>Assurances:</p> <ul style="list-style-type: none"> 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. 			<p>Gaps in assurance:</p> <ul style="list-style-type: none"> 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 		



Aberdeen City Health & Social Care Partnership

A caring partnership

Current performance:

- 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.
- The scope of an audit on hosted services is being drafted and will be reported at some point in 2024.

Comments:

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 to align to 2024/25 budget setting.



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			Leadership Team Owner: Strategy and Transformation Lead		
Strategic Enablers: Technology					
Risk Rating: low/medium/high/very high					
HIGH					
IMPACT					
Almost Certain					
Likely			✓		
Possible					
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Risk Movement: (increase/decrease/no change)					
NO CHANGE 22.02.2024					
Controls:			Mitigating Actions:		
<ul style="list-style-type: none"> 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 			<ul style="list-style-type: none"> 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. 		



Aberdeen City Health & Social Care Partnership

A caring partnership

<ul style="list-style-type: none"> • Daily Operational Leadership Team Huddles • Urgent and Unscheduled Care Programme Board 	<ul style="list-style-type: none"> • 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.
<p>Assurances:</p> <ul style="list-style-type: none"> • 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 	<p>Gaps in assurance:</p> <ul style="list-style-type: none"> • Community Planning Aberdeen (CPA) 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 2024.
<p>Current performance:</p> <ul style="list-style-type: none"> • Performance reports submitted to IJB, Risk, Audit and Performance and Clinical and Care Governance Committees. • 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. • SLT workshops held to develop a Partnership dashboard 	<p>Comments:</p>



-5-

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			Leadership Team Owner: Strategy and Transformation Lead		
Strategic Enablers: Technology and Infrastructure					
Risk Rating: low/medium/high/very high					
HIGH					
IMPACT					
Almost Certain					
Likely					
Possible			✓		
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Risk Movement: (increase/decrease/no change)					
NO CHANGE 22.02.2024					
Controls:			Mitigating Actions:		
<ul style="list-style-type: none"> 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 			<ul style="list-style-type: none"> 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:			Gaps in assurance:		
<ul style="list-style-type: none"> Risk, Audit and Performance Committee Reporting Robust Programme Management approach supported by an evaluation framework 					



Aberdeen City Health & Social Care Partnership

A caring partnership

<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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.
<p>Current performance:</p> <ul style="list-style-type: none"> • The Strategic/Delivery Plan has been approved and Strategy and Transformation resource has been allocated to deliver on the projects within the Plan. 	<p>Comments:</p> <p>The current financial pressures have the potential to impact on our ability to deliver on our strategic plan priorities and projects and the level of transformation and service change originally agreed. A consequence of this would be reduced patient flow and poorer outcomes for people if the best destination for their care is not available.</p>



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			Leadership Owner: Chief Officer		
Strategic Enablers: Relationships					
Risk Rating: low/medium/high/very high					
MEDIUM					
IMPACT					
Almost Certain					
Likely					
Possible			✓		
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Risk Movement: (increase/decrease/no change)					
NO CHANGE 22.02.2024					
Controls:			Mitigating Actions:		
<ul style="list-style-type: none"> Locality Empowerment Groups (LEGs) Senior Leadership Team Meetings and Operational Leadership Huddles CPP Community Engagement Group Equalities and Human Rights Sub-Group A Patient Stakeholder Group has been established around the Primary Care Visioning Exercise 			<ul style="list-style-type: none"> 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 An engagement plan has been developed to ensure that a co-production approach is being used for the Visioning Exercise, and patients from across the Grampian area are involved in the development of the vision and strategic objectives. 		
Assurances:			Gaps in assurance		
<ul style="list-style-type: none"> Strategic Planning Group (LEGs have representation on this group) IJB/Risk, Audit and Performance Committee CPA Board 			<ul style="list-style-type: none"> 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:			Comments:		



- LEGs representatives attend the SPG on a regular basis and participate in the meetings.
- Review of joint locality planning arrangements is underway
- Locality Plans are being streamlined and revised along-side the revision of the Local Outcome Improvement Plan (LOIP)

- 7 -

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

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 a challenging winter in 2022/23 and the likelihood that this will be just as challenging in 2023/24.

IMPACT

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

Risk Movement: (increase/decrease/no change)

NO CHANGE 22.02.2024

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.

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 has met twice. There are 3 workstream groups established under the Plan.
- Deeper Dive on Risks 1 and 7 held on 13th October, 2023. This will likely be repeated in 2024.



<ul style="list-style-type: none"> The Partnership's Workforce Plan Annual Report was submitted to the Risk, Audit and Performance Committee on 28th November, 2023. The report received positive feedback from the Members of the Committee. 	
<p>Assurances:</p> <ul style="list-style-type: none"> ACHSCP Workforce Plan and Oversight Group 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 	<p>Mitigating Actions:</p> <ul style="list-style-type: none"> 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 and shared at the IJB meeting in December, 2023. 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 started with Business Support in September 2023, and subject to feedback will continue in 2024. Currently working with 3 City and 1 Aberdeenshire Academies around a variety of different subjects to match school curriculum with future workforce opportunities. Partnership Staff Conference convened for 29th February, 2024. Establishment of Social Media Comms Group to help promote workforce opportunities and raise the profile of the organisation.
<p>Current performance:</p>	<p>Gaps in assurance</p>



Aberdeen City Health & Social Care Partnership

A caring partnership

<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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 Workforce Plan data.
	<p>Comments:</p> <ul style="list-style-type: none"> • 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 Aberdeen City Health and Social Care Partnership vacancies in NHSG are 11.6% compared to Scottish average of 7.1%.



Appendix 1 – Risk Tolerance

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



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

Table 1 - Impact/Consequence Definitions

Descriptor	Negligible	Minor	Moderate	Major	Extreme
Patient Experience	Reduced quality of patient experience/ clinical outcome not directly related to delivery of clinical care.	Unsatisfactory patient experience/clinical outcome directly related to care provision – readily resolvable.	Unsatisfactory patient experience/clinical outcome, short term effects – expect recovery <1wk.	Unsatisfactory patient experience/ clinical outcome; long term effects –expect recovery >1wk.	Unsatisfactory patient experience/clinical outcome, continued ongoing long term effects.
Objectives/ Project	Barely noticeable reduction in scope, quality or schedule.	Minor reduction in scope, quality or schedule.	Reduction in scope or quality of project; project objectives or schedule.	Significant project over-run.	Inability to meet project objectives; reputation of the organisation seriously damaged.
Injury (physical and psychological) to patient/ visitor/staff.	Adverse event leading to minor injury not requiring first aid	Minor injury or illness, first aid treatment required.	Agency reportable, e.g. Police (violent and aggressive acts). Significant injury requiring medical treatment and/or counselling.	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling.	Incident leading to death or major permanent incapacity.
Complaints/ Claims	Locally resolved verbal complaint	Justified written complaint peripheral to clinical care.	Below excess claim. Justified complaint involving lack of appropriate care.	Claim above excess level. Multiple justified complaints	Multiple claims or single major claim. Complex justified complaint.
Service/ Business Interruption	Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service.	Short term disruption to service with minor impact on patient care.	Some disruption in service with unacceptable impact on patient care. Temporary loss of ability to provide service.	Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked.	Permanent loss of core service or facility. Disruption to facility leading to significant "knock on" effect.
Staffin and Competence	Short term low staffin level temporarily reduces service quality (< 1 day). Short term low staffin level (>1 day), where there is no disruption to patient care.	Ongoing low staffin level reduces service quality Minor error due to ineffective training/implementation of training.	Late delivery of key objective/ service due to lack of staff. Moderate error due to ineffective training/ implementation of training. Ongoing problems with staffin levels	Uncertain delivery of key objective /service due to lack of staff. Major error due to ineffective training/implementation of training.	Non-delivery of key objective/ service due to lack of staff. Loss of key staff. Critical error due to ineffective training / implementation of training.
Financial (including damage/loss/ fraud)	Negligible organisational/ personal financial loss (£<1k).	Minor organisational/ personal financial loss (£1-10k).	Significant organisational / personal financial loss (£10-100k).	Major organisational/personal financial loss (£100k-1m).	Severe organisational/ personal financial loss (£>1m).
Inspection/Audit	Small number of recommendations which focus on minor quality improvement issues.	Recommendations made which can be addressed by low level of management action.	Challenging recommendations that can be addressed with appropriate action plan.	Enforcement action. Low rating. Critical report.	Prosecution. Zero rating. Severely critical report.
Adverse Publicity/ Reputation	Rumours, no media coverage. Little effect on staff morale.	Local media coverage – short term. Some public embarrassment. Minor effect on staff morale/ public attitudes.	Local media – long-term adverse publicity. Significant effect on staff morale and public perception of the organisation.	National media/adverse publicity, less than 3days. Public confidence in the organisation undermined. Use of services affected.	National/International media/ adverse publicity, more than 3 days. MSP/MP concern (Questions in Parliament). Court Enforcement. Public Enquiry/FAI.

Table 2 - Likelihood Definitions

Descriptor	Rare	Unlikely	Possible	Likely	Almost Certain
Probability	<ul style="list-style-type: none"> Can't believe this event would happen Will only happen in exceptional circumstances. 	<ul style="list-style-type: none"> Not expected to happen, but definite potential exists Unlikely to occur. 	<ul style="list-style-type: none"> May occur occasionally Has happened before on occasions Reasonable chance of occurring. 	<ul style="list-style-type: none"> Strong possibility that this could occur Likely to occur. 	<ul style="list-style-type: none"> This is expected to occur frequently/in most circumstances more likely to occur than not.

Table 3 - Risk Matrix

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

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

Table 4 - NHSG Response to Risk

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

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