



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)



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28	February 2024 for RAPC
29	April 2024 for Monthly meeting of SLT
30	July 2024-Updates from Risk Owners
31	August 2024 for SLT
32	September 2024 for IJB

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

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>



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> <p>Consequences: Services are not tailored to individual needs; reputational damage; and IJB does not meet strategic aims</p>	Medium
7	<p>Cause- The ongoing recruitment and retention of staff.</p> <p>Event: Insufficient staff to provide patients/clients with services required.</p> <p>Consequence: Potential loss of life and unmet health and social care needs, leading to severe reputational damage.</p>	High
8	<p>Description of Risk: there is a risk that buildings across the city, operated by, or overseen by, the IJB/ACHSCP are not being used to maximum efficiency and are not in line with statutory/regulatory requirements.</p>	High



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<p>Cause: Lack of funding to maintain buildings, not having adequate staff resource to operate from buildings, failing to adequately plan which buildings ACHSCP need and where, and failure to collaborate with partners on wider asset planning.</p> <p>Event: IJB is unable to deliver on all of its strategic objectives</p> <p>Consequence: services not tailored to users' needs and reputational damage to organisation</p>	
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-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 people’s 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 and retention challenges in residential and non-residential businesses.
- Uncertainly regarding the National Care Home Contract percentage uplift for 24/25
- Commercial viability of providers given additional pressures on finances and cost of living

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

Risk Movement: increase/decrease/no change
NO CHANGE 12.09.24

- Controls:**
- General**
- Grampian Data Gathering Group
 - Quarterly Budget Monitoring Reports
 - Social Care contract monitoring processes

- 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 and other meetings.
 - Agreed strategic commissioning approach for ACHSCP.



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<p>Social Care</p> <ul style="list-style-type: none"> • Register of all social care contracts • Dedicated and aligned Social Care Contract monitoring officers who provide a consistent approach to monitoring and managing all social care contracts • 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) • Stood up Care at Home Strategic Group (meets monthly) • Winter Planning and coordination workshop held annually • 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 • North East Commissioning Academy (City, Moray and Shire) to support sector • 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 • City Primary Care Team • GP Contract Oversight Group • ACHSCP PCIP Project Group • Grampian Sustainability Group • Senior Leadership Team • Grampian Vision Work and Sub Groups • Quarterly Budget Monitoring Reports • A Patient Stakeholder Group has been established around the Primary Care Visioning Exercise. • Cluster Quality Leads • Primary Care Leads Group (Scotland Wide) 	<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 • Winter Planning and coordination workshop will be held in Winter 2024 <ul style="list-style-type: none"> • 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. <p>Primary Care</p> <ul style="list-style-type: none"> • Contract Review Meetings with all Practices in Aberdeen City • Working in collaboration with the Scottish Government, Local Medical Council (LMC) and Clinical Leads to ensure that the vision work demonstrates Grampian Primary Care requirements and risks. • Collaborative approach with MEARS as the provider for the needs of asylum seekers in conjunction with City Practice Service Level Agreements, replacing the Health Assessment Team. Links with Aberdeen City Council's Settlement Team. • Weekly RAG status on general practices to understand pressures. • Working closely with those practices identified as highest risk in relation to premises (lease assignments and building limitations report) • Working with Marywell and Homewards Project Group to identify opportunities for improvements for this vulnerable service group • Working with all Practices to implement refreshed business continuity planning
<p>Assurances:</p> <p>Social Care</p> <ul style="list-style-type: none"> • Progress against our strategic commissioning workplan monitored by Social Care Contracts Team • Market facilitation opportunities and wide distribution of our market position statements • Oversight of both residential and non-residential social care services via a variety of routes and methods 	<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 contract management and monitoring between ACC, NHSG and ACHSCP



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<ul style="list-style-type: none"> • Inspection reports from the Care Inspectorate and good working relationships forged and maintained • Frequent operational and strategic meetings with Care at Home and Care Homes to help build relationships and better communication. • We are currently undertaking service mapping through the Market Position Statement 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 • Renewed Primary Care Premises 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 <ul style="list-style-type: none"> • Public Dental Services staffing capacity to flexibly increase service provision in short term 	<ul style="list-style-type: none"> • Lack of placements across the City and wider North East region for people who need complex care, specialist organic brain disease support and under 65 year old provision. Delays in placement result in long waits in acute. • Not enough placements for people transitioning from young people's and children's services to adult services • Insufficient placements for people transitioning from Learning Disabilities into Older People's Services <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 • Primary Care Premises Plan still in development
<p>Current performance: 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. • 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). • Workshops with providers and other stakeholders to be held on the Market Position Statement and look at the identified gaps in the market. • Workshops planned on Learning Disabilities and mental health/substance use providers to co-design provision for the future • Working with providers to develop a number of measures to support alignment of service and therefore reduce associated costs; Training Academy and Alliancing Models for example. 	<p>Comments: 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:</p>



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- Review of services which due to their environment are no longer viable and looking at alternative models and accommodation

Primary Care

- Demand still manages to outstrip capacity
- Primary Care still supplementing higher levels of acuity, especially for those on waiting lists for acute appointments

1. Details on controls, mitigating actions, assurances and gaps in assurance added to both the social care and primary care commissioning risks.



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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, or deliver quality care, or statutory work, and projects.					
Strategic Aims: All			Leadership Team Owner: Chief Finance Officer		
Strategic Enablers: Finance					
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 12.09.2024					
<p>Rationale for Risk Rating:</p> <p>Impact:</p> <ul style="list-style-type: none"> 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 (major impact). If the levels of funding identified in the Medium Term Financial Framework are not made available to the IJB in future years or fails to adequately meet demand on current levels of service standards, 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 last reported to the IJB in March 2024. The ACHSCP Leadership Team (including our senior and operational managers) have worked extremely hard over recent months to identify savings to address the previously indicated £20 million budget gap. The results of this work has identified £17million of savings to be progressed in-year, which has reduced the potential overspend. <p>Likelihood</p> <ul style="list-style-type: none"> In order to ensure progress against the savings programme, SLT leads and the CFO are meeting regularly. The quarter 1 monitoring report confirmed that the savings are having the intended impact at time of publication. Coupled with ongoing work to identify further savings, this has reduced the likelihood of this risk being realised. However, the likelihood of projection of overspend will continue to be high due to projected increasing demand against flat cash settlements and whether the level of funding delegated from the Council and NHS 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. There is increasing likelihood that following review, in year central government funding will not be forthcoming as central government seeks to reduce or stop previously funded activity to address financial challenges. <p>Rationale for Risk Appetite:</p> <p>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).</p>					



<p>Controls:</p> <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. Medium-Term Financial Strategy (MTFF). Medium Term Financial Strategy review, included a members workshop ahead of the budget meeting (5th March, 2024) IJB approved the MTFF at its meeting in 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. Budget Protocol (pending approval at IJB in September 2024) Review of Year 3 of the ACHSCP Delivery Plan to new projects that will help generate additional savings and to deprioritise some activity. 	<p>Mitigating Actions:</p> <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 in respect of NHSG services and quarterly in respect of Council services. Ongoing engagement with SLT and OLT to develop and implement budget savings options. Increased capacity and Adopting programme and change management approach for additional scrutiny and to support budget setting process. Development and delivery of a recovery programme for financial year 2024/25 due to the recurring overspend in 2023/24. We are identifying by means of fortnightly meetings, potential savings to reduce the likelihood / extent of an overspend occurring in 2024/25. Review of budget setting process for 25/26 to develop a Budget Protocol and Critical Pathway for the Integration Joint Board, aligning with Aberdeen City Council's budget setting process, which will be presented to the IJB in September 2024. Implementation of recommendations from the internal audit report in respect of budget monitoring received July 2024. Draft MTFF, highlighting pressures and savings required for 2025/26 will be presented to the IJB in September 2024. Progress is now underway to identify further savings to address the budget gap for 25/26 predicted in the MTFF and any shortfall in savings in 24/25. To be agreed by IJB in March 2025 alongside the MTFF.
<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 Internal Audit on IJB Budget Setting and Monitoring 	<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 Further gaps may be identified through the ongoing internal audit. Uncertainty of level of funding for Agenda for Change review of Band 5 nursing jobs
<p>Current performance:</p> <ul style="list-style-type: none"> The quarterly monitoring report for Quarter 1, demonstrates progress made since the last strategic risk register report was last reviewed by the SLT. Cost of Agenda for Change review of Band 5 nursing jobs requires to be calculated. Risk that if this is not fully funded then will impact on IJB's budget. 	<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, keeping in mind that both organisations face the same budgetary pressures felt across the wider public sector. The budget protocol (if approved) will ensure robust communication and engagement with these key stakeholders. 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. The new Chief Finance Officer is now in post.



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<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 12.09.2024</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 IJB Hosted Services Internal Audit 				<p>Mitigating Actions:</p> <ul style="list-style-type: none"> Aberdeen City HSCP will review the rationale for services it hosts to ensure hosting remains the most relevant and appropriate approach-December 2024 Aberdeen City HSCP has gained approval from the three Grampian HSCP Chief Officers that there is an appetite for a pan Grampian review of overall hosting arrangements and rationale and will liaise with regional partners to develop a scope and timeline for this, including presentation of proposals to each IJB-December 2024 Aberdeen City HSCP are working with Aberdeenshire and Moray HSCPs to ensure the services it hosts on their behalf align with their Strategic Plans and, at the same time, seek to understand the current strategy for each of the services hosted by them on behalf of Aberdeen City IJB to confirm alignment to the Aberdeen City Strategic Plan.-December 2024 Aberdeen City HSCP are working with Aberdeenshire and Moray HSCPs to develop and agree proportionate, risk based governance arrangements.-December 2024 Aberdeen City HSCP will work with Aberdeenshire and Moray HSCPs to implement the agreed governance arrangements-September 2025 Aberdeen City HSCP should seek additional assurance over budgeting and expenditure on hosted services (both hosting and hosted on its behalf), and report on this periodically to the IJB.- September 2024 		



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	<ul style="list-style-type: none"> • This action is linked to the one above in relation to overall governance arrangements: As part of the development of the governance arrangements, Aberdeen City HSCP, in conjunction with relevant colleagues in Aberdeenshire and Moray HSCPs, will develop relevant performance metrics and agree reporting routes and frequency. It is envisaged that the governance arrangements will include routes for agreement of transformation activity and any performance reporting will capture the progress on delivery and impact of this-March 2025 • Once agreed, Aberdeen City HSCP, in conjunction with relevant colleagues in Aberdeenshire and Moray HSCPs, will implement the governance arrangements-September 2025
<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 implementation of internal audit recommendations.
<p>Current performance:</p> <ul style="list-style-type: none"> • Officers are currently implementing the recommendations from the Audit on Hosted Services. 	<p>Comments:</p> <p>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.</p> <p>The recommendations in the Audit will be implemented as per the agreed timescales, successful delivery will be reliant on collaboration with Aberdeenshire and Moray Health and Social Care Partnerships</p> <p>No major updates as of June 2024.</p>



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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			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 12.09.2024					
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. 		



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<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 • Now working more closely with NHSS Local Intelligence System Team (LIST), drawing on their expertise to ensure comprehensive and robust performance reporting (eg locality based data, enhanced population needs assessment) 	<p>Gaps in assurance:</p> <ul style="list-style-type: none"> • SLT Governance Dashboard still in development-Aim to have draft reported to SLT by August 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 • SLT Governance Dashboard is under development. 	<p>Comments:</p> <p>Update includes addition of Governance Dashboard in gaps in assurance. Moving of locality planning details to Strategic Risk 6.</p>



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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 12.09.2024					
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 Programme management approach being taken across whole of the Partnership All Programme and Project Managers have been trained in the appropriate level of Managing Successful Programmes methodology and Prince2, where appropriate. 			<ul style="list-style-type: none"> 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. The Lead for Strategy and Transformation is continuing to explore options around gaps in recruitment. Close working with Aberdeen City Health Determinants Research Collaborative (HDRC) to evaluate the impact of ACHSCP Strategic Plan. 		
Assurances:			Gaps in assurance:		



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<ul style="list-style-type: none"> • Risk, Audit and Performance Committee Reporting • Robust Programme Management approach supported by an evaluation framework • 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 • 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 remains in place for the start of 2024/25, 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> <p>Details around the close working with the HDRC have been added in this update.</p>



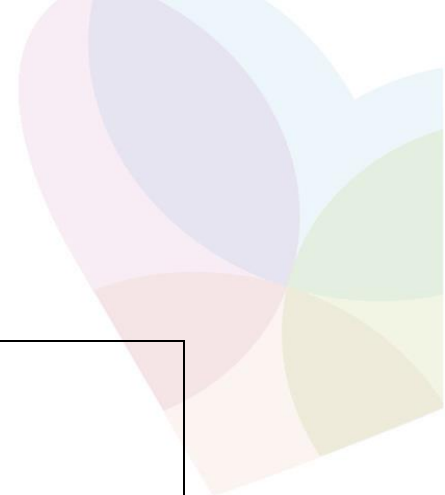
Description of Risk Cause: Need to involve lived experience in service delivery and design as per Integration Principles Event: IJB fails to maximise the opportunities created for engaging with our communities Consequences: Services are not tailored to individual needs; reputational damage; and IJB does not meet strategic aims.					
Strategic Aims: All Strategic Enablers: Relationships			Leadership Owner: Chief Officer		
Risk Rating: low/medium/high/very high <div style="text-align: center; background-color: yellow; padding: 5px;">MEDIUM</div>					
IMPACT					
Almost Certain					
Likely					
Possible			✓		
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Risk Movement: (increase/decrease/no change) <div style="text-align: center; background-color: orange; padding: 5px;">NO CHANGE 12.09.2024</div>					
Controls: <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 Reporting of Locality Plans Annual performance Reports to the IJB 			Mitigating Actions: <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. Work is continuing to engage with diverse groups across the City, including engagement with schools. Continue to engage with the governance and monitoring on the delivery of the LOIP improvement projects and Locality Plans 		
Assurances: <ul style="list-style-type: none"> Strategic Planning Group (LEGs have representation on this group) IJB/Risk, Audit and Performance Committee 			Gaps in assurance <ul style="list-style-type: none"> Membership of the Locality Empowerment Groups has been increasing, and we have encouraged more younger people to join, but we still need to look at attracting representation from other diverse groups. 		



<ul style="list-style-type: none"> CPA Board CPA Management Group 	<p>They are meeting regularly again. We are working with relevant groups to understand the best way to engage and recognise that one approach does not suit all.</p> <ul style="list-style-type: none"> 3 service user representatives have been recruited to the IJB and we are actively recruiting the 2nd of the 2 carer representatives by end of September 2024..
<p>Current performance:</p> <ul style="list-style-type: none"> LEGs representatives attend the SPG on a regular basis and participate in the meetings. Locality Plans have been streamlined and revised along-side the revision of the Local Outcome Improvement Plan (LOIP), this now includes a dedicated stretch outcome to Community Empowerment. Locality Plans have been streamlined and were approved by the CPA Board in April 2024 for approval. Community Planning Aberdeen (CPA) has refreshed the LOIP and the 3 Locality Plans. All LOIP projects are linked directly to the ACHSCP Strategic Plan. 	<p>Comments:</p> <p>Updated details on the recruitment of Service representatives to the IJB.</p>

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<p>Description of Risk: Cause-The ongoing recruitment and retention of staff</p> <p>Event: Insufficient staff to provide patients/clients with services required.</p> <p>Consequence: Potential loss of life and unmet health and social care needs, leading to severe reputational damage.</p>					
<p>Strategic Aims: All</p> <p>Strategic Enablers: Workforce</p>			<p>Leadership Team Owner: People & Organisation Lead</p>		
<p>Risk Rating: low/medium/high/very high</p> <p align="center">HIGH</p>					
<p>IMPACT</p>					
Almost Certain					
Likely				✓	
Possible					
Unlikely					
Rare					
LIKELIHOOD -	Negligible	Minor	Moderate	Major	Extreme
<p>Risk Movement: (increase/decrease/no change)</p> <p align="center">NO CHANGE 12.09.2024</p>					
<p>Controls:</p> <ul style="list-style-type: none"> 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-<i>replicate wording in risk 1 and include pc risk</i> Establishment of daily staffing situational reports (considered by the Leadership Team) 			<p>Rationale for Risk Rating:</p> <ul style="list-style-type: none"> 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 increased by very tight Aberdeen and NHSG processes in recruitment across ACHSCP services. Economic upturn in North East, 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 It is likely to be a very challenging winter in 2024/25. <p>Rationale for Risk Appetite:</p> <ul style="list-style-type: none"> 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. 		



<ul style="list-style-type: none"> • 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. • 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> <p>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 SLT Delivery Plan Working collaboratively with NHSG to participate in their Year of The Manager Programme (helping develop our current, middle and future senior managers).</p>	<p>Mitigating Actions:</p> <ul style="list-style-type: none"> • Significantly increased emphasis on health/wellbeing of staff and positive feedback regularly received, over 400 staff attended these type of initiatives, so far in 2024. • All staff strongly encouraged to use their annual leave throughout the year, take regular breaks and this to be positively modelled by SLT (given vacancy challenges outlined above in risk rationale) • 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. Eg April to June 2024 sickness stats for NHSG Partnership employees was 6.1% (compared to 4.81% at the end of March 2024) and stats for ACC Partnership employees have shown a reduction in the same period. Propose to target areas of highest sickness absence and ensure adherence to maximising attendance policies, starting in Autumn, 2024. • Awareness of new Scottish Government, NHSG and ACC workforce policies and guidelines • Staff Wellbeing budget in 2024/25 of £25,000 • Well established "Comms Trustees Group" which helps to positively promote the work of ACHSCP and its staff, including the promotion of targeted vacancies. The Group now has a rota of social media promotion and is able to review in real time, activity generated by social media posts. • Partnership Jobs Fair-Date to be fixed for 2024 • Holding regular job showcase sessions with clients seeking work in Aberdeen City. • Ongoing support from the Partnership to continue the mentoring of Career Ready students in 2025. • Foundation Apprentice scheme continuing in 2024/25 after positive feedback. • 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 will be held in February 2025. • Workforce Workstream Workshop held on 25th of April, 2024. Workshop reviewed progress on the Workforce Plan and looked at integrating different workforce activity eg immunisation and CTAC staff



	<p>moving between services during quieter periods. A second Workshop is planned to be held in 2024 (date to be confirmed).</p> <ul style="list-style-type: none"> Regular attendance at various recruitment events, including working collaboratively with ABZ Works to showcase health careers to clients (in Aberdeen Health Village).
<p>Current performance:</p> <ul style="list-style-type: none"> Managing workforce challenges through daily Operational Leadership Team meetings and Daily Connect Meetings and structures Promotion of the benefits of breaks, including the new NHSG campaign “You’re at best with rest” ACHSCP strongly supported the Grampian Wellbeing Festival (including SLT attendance and promotion of activities). The reduction in the working week (NHS) means in real terms that the capacity of nursing staff across the Partnership will be reduced by 40 wte 	<p>Gaps in assurance</p> <ul style="list-style-type: none"> Development of governance dashboard is ongoing, including updates on Workforce Plan data. Staff have been trained in early May, 2024. SLT considered the draft dashboard in July 2024, with additional amendments to be made. Reduced capacity for the small number of staff leading workforce plan implementation (so that they can focus on other Partnership priorities) The reduction in the working week will put more pressure on the nursing services’ capacity
	<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. Ongoing scrutiny of budget position many well have a detrimental affect on staff wellbeing

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<p>Description of Risk: there is a risk that buildings across the city, operated by, or overseen by, the JB/ACHSCP are not being used to maximum efficiency and are not in line with statutory/regulatory requirements.</p> <p>Cause: Lack of funding to maintain buildings, not having adequate staff resource to operate from buildings, failing to adequately plan which buildings ACHSCP need and where, and failure to collaborate with partners on wider asset planning.</p> <p>Event: JB is unable to deliver on all of its strategic objectives</p> <p>Consequence: services not tailored to users’ needs and reputational damage to organisation</p>	
<p>Strategic Aims: All Strategic Enablers: relationships</p>	<p>Leadership Team Owner: Lead for Strategy and Transformation</p>
<p>Risk Rating: low/medium/high/very high HIGH</p>	<p>Rationale for Risk Rating:</p>



LIKELIHOOD					
Almost Certain					
Likely			✓		
Possible					
Unlikely					
Rare					
IMPACT	Negligible	Minor	Moderate	Major	Extreme
Risk Movement: <i>(increase/decrease/no change)</i> NEW RISK 12.09.2024					
Controls: <ul style="list-style-type: none"> NHSG's Asset Management Group (AGM) Aberdeen City Council's Local Development Plan ACHSCP's Strategic Plan IJB and Committees Complex Care Market Position Statement ACHSCP's Primary Care Premises Plan ACHSCP Premises Group ACHSCP Primary Care Team ACHSCP Business Support Team Senior Leadership Team (SLT) Forensic Service Infrastructure Improvement Board and Project Team 			Mitigating Actions: <ul style="list-style-type: none"> ACHSCP Premises Review concluded August 2024 (work will be ongoing over next 2-3 years-with specific mitigating actions being added when dates are known) Development of the IJB's Infrastructure Plan by December 2025. The plan will identify and forecast the areas of pressure and demand across the City and how ACHSCP intend to deliver services to respond to that demand. Development of a Market Position Statement for Independent Living and Specialist Housing Provision by November 2024. Scottish Government Whole System Infrastructure approach being adopted by Health Boards (by Jan 2025 NHSG require to have a maintenance schedule in place for all buildings and by Jan 2026 they require to have a 30 year plan in place for all of their Infrastructure). A review of Rosewell House is under way with findings anticipated by December 2024. A review of Aberdeen Health Village will start in early 2025 Premises Review Update paper to be submitted to IJB in February 2025 		
Assurances: <ul style="list-style-type: none"> NHSG, ACC, IJB's and SLT's oversight of assets Programme/Project Management support Health and Safety Executive 			Gaps in assurance: <ul style="list-style-type: none"> IJB/ACHSCP's ability to influence the location and type of assets in the City The IJB does not currently have an Infrastructure Plan to set out which assets it believes are required to help enable the delivery of its Strategic Plan. There is currently no Market Position Statement in place for Independent Living and Specialist Housing Provision Market Position Statement. 		
Current performance: <ul style="list-style-type: none"> 			Comments:		

- The risk is high as the impact is moderate to service users' experience as well as to the organisation's reputation.
 - The landscape is complex as the IJB does not own any premises. Services are delivered from a variety of premises owned either by NHS Grampian or Aberdeen City Council, providers or private landlords.
 - Given the backlog of maintenance request and the fabric of some of the buildings not being fit for purpose (Forensic services are required by statute, clinical services require adequate ventilation, older buildings are less energy efficient etc) there is a likelihood that this risk will happen. NHSG allocated funding in 2024/25 to undertake a programme of works to support reduction of high risks noting this will likely be a rolling programme requiring further investment
- Rationale for Risk Appetite:**
- It will accept no or low risk in relation to breaches of regulatory and statutory compliance
 - it will accept low risks of harm to patients/clients or to staff. By low risks, the IJB means it will only accept low risk to patients/clients or staff when the comparative risk of doing nothing is higher than the risk of intervention
 - It will accept medium to high risks to reputation where the decision being proposed has significant benefits for the organisation's strategic priorities. Such decisions will be explained clearly and transparently to the public.



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Appendix 1 – Risk Tolerance

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



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

Table 1 - Impact/Consequence Definitions

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

Table 2 - Likelihood Definitions

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

Table 3 - Risk Matrix

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

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

Table 4 - NHSG Response to Risk

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

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