

APPENDIX A

OFFICIAL SENSITIVE POLICE AND PARTNERS

Risk ID	Risk Dimension	Risk Appetite	Risk Description	Untreated Prob	Untreated Impact	Untreated Score	Risk Mitigation/Controls in Place	Previous Prob	Previous Impact	Previous Score	Current Prob	Current Impact	Current Score	Planned Risk Mitigation	Target Prob	Target Impact	Target Score	Target Date	Risk Movement	Risk Owner	Comments (Including Closure Date)
SRR 1	Commissioned and Hosted Services	Low	Description of Risk: Cause: The commissioning of services from third sector and independent providers (e.g., General Practice and other primary care services) relies on effective collaboration among all stakeholders to ensure the needs of local communities are met.  Event: There is a potential risk that commissioned services may not fully deliver on their contractual obligations.  Consequences: This could result in a misalignment between the services available and the increasingly complex needs of individuals. Potential impacts include limited access to appropriate care delivered locally by suitably trained professionals; increased pressure	Almost Certain	Extreme	25	Workplan for Commissioned Services; Social Care Contract Monitoring Officers; Strategic Commissioning Programme Board (SCPB); Residential and Non-Residential Oversight Group; Performance Management Board (PMB); Clinical Care and Governance Committee; GP Sub Group; Local Medical Council; GPAS escalation document; Clinical Director and Clinical Leads; Primary Care Contracts Team, City Primary Care Team; Grampian Primary Care Sustainability Group; Cluster Quality Leads; NHSG Clinical Assurance and Quality Group; Medical Director's Annual Report.	Likely	Major	16	Likely	Major	16	Close collaboration and joint strategic planning with care providers. Market position statement in place. Review of care packages-Self Directed Support (1,2 and 3)-ongoing review as part of 25/26 budget setting process, to reduce care hours and ensure only those who are eligible are in receipt of care. Monitoring and review of OOA placements with plan to return. Re-establishing Provider Forums with third sector partners. Collaborative work with ACVO, to include development of alliance model working. Recruitment drives to address staffing challenges. Real living wage uplifts. Contract review visits with all practices in Aberdeen; working in collaboration with the Scottish Government, GP Sub, Local Medical Council and Clinical leads to ensure the visioning work reflects needs and risks in Grampian; collaborative approach with MEADS as the provider for the needs of asylum	Possible	Major	12		↔	Chief Officer Social Work and Lead for Primary Care	updated 25/9/25
SRR2	Finance	High	Financial Sustainability - risk of financial failure arising from demand for services outstripping the available budget, as a result of the level of delegated resource to the IJB from partners not being sufficient to deliver on strategic objectives.  There is a risk that the IJB exceeds it's allocated funding in 2025/26 due to failing to deliver savings and increasing levels of demand resulting in:-  1. The IJB failing to deliver efficiencies and savings as set out in the budget plan. 2. Continuing to deliver health and care when it is unaffordable to do so. 3. Failing to work within the budgets afforded to the IJB by partners. 4. Not working to the financial efficiency targets as set out in the medium term financial forecast aligned to the IJB strategy. 5. Reputational damage of the IJB caused by failing to implement changes to service.	Almost Certain	Extreme	25	The financial controls across the ACHSCP cover the following:  - The Integration Scheme states partners required to supplement resources if recovery plans fail. - Finance reports are taken to each IJB meeting detailing current and forecast financial position. The IJB work to a 4 year MTFF which supports strategic delivery. This includes clearly demonstrating the level of delegated resource from partners, the forecast expenditure and savings each year, the risk around these plans and subsequent impact should they not be achieved. - RAPC oversight of processes and progress to working towards a financially sustainable position. - Budget Savings Oversight Group provides stronger financial governance and support over savings delivery. - Increased focus and resource on delivery of the Savings Plan following consistent project management approach to monitor and recording of progress. - Monthly financial analysis monitoring run rate, expenditure against budget and actions to bring expenditure back into line with budget. - SLT review of financial position and elements which make this up pushing actions as required. - As additional funding comes available to support investment opportunities creating efficiency, the ACHSCP submit applications to secure additional resource.	Almost Certain	Extreme	25	Almost Certain	Extreme	25	Budget Savings Options Group-Terms of Reference-Oversee the budget savings programme ensuring appropriate and consistent governance is in place: (a) Provide strategic direction and stewardship for all in-year budget proposals, projects and initiatives. (b) Lead and oversee the development of future budget savings proposals and initiatives and provide strategic direction and oversight of the implementation of these proposals and initiatives. (c) Agree the financial benefits for the programme and ensure they are built into the IJB budget planning process. (d) Develop and hold the programme plan, including the financial benefits tracker, and review progress updates from each of the programmes and projects. (e) Hold to account and support the Senior Responsible Officers and Project Sponsors. (f) Help remove blockages and make key decisions on issues and emerging risks, that cannot be resolved at programme or project level. (g) Ensure engagement with key stakeholders and manage their influence and expectations. (h) Champion the budget programme across the IJB and develop and lead an effective engagement plan. (i) Oversee IJB Board business that relates to all budget proposals and initiatives. (j) Define a clear financial sustainability assurance map that covers the following: "Do-ers"-(i) financial understanding amongst ACHSCP staff (SLT,OLT and frontline), (ii) Walking the talk-linking the budget protocol to Strategic Priorities to actual results and its monitoring, (iii) better understanding of the Integration Scheme's functions by partners (including timelines, budget holder management etc), (iv)	Likely	Major	16	31/03/26	↔	Chief Finance Officer	
SRR 3	Commissioned and Hosted Services	Low	Cause: Under Integration arrangements, Aberdeen IJB hosts services on behalf of Moray and Aberdeenshire, who also hosts services on behalf of Aberdeen City.Event: hosted services do not deliver the expected outcomes, fail to deliver transformation of services, or face service failure.Consequence: Failure to meet health outcomes for Aberdeen City, resources not being maximised and reputational damage.	Almost Certain	Major	20	Integration Scheme agreement on cross reporting; North East Partnership Steering Group; Aberdeen City Strategic Planning Group; North East System Wide Transformation Group; IJB Hosted Services Internal Audit.	Likely	Major	16	Likely	Major	16	Aberdeen City HSCP working with Aberdeenshire and Moray Chief Officers to implement the agreed governance arrangements as detailed in internal audit by an extended deadline of March 2026 (subject to consultation with Internal Audit); As part of the development of the governance arrangements, Aberdeen City HSCP and Aberdeenshire and Moray HSCP's will develop relevant performance metrics and agree reporting routes and frequency, by March 2026; once agreed, Aberdeen City HSCP and Aberdeenshire and Moray HSCP's will implement the agreed governance arrangements by March 2026.	Possible	Major	12		↔	Strategy and Transformati on Lead	updated 2/9/25
SRR 4	Quality and Innovation	High	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	Likely	Major	16	Clinical Care and Governance Committee and Group; Risk, Audit and Performance Committee; Performance Framework; Linkage with ACC and NHSG reporting frameworks; Annual Performance Report; Chief Social Work Officer's Report; External and Internal Audit reports; Contract Management Framework; Weekly Senior Leadership Team Meetings; Operational Leadership Team huddles; and Urgent and Unscheduled Care Programme Board.	Likely	Major	16	Likely	Major	16	Continuous review of Performance Management Framework; Monthly Review of Governance Dashboard by SLT; Whole System Tactical Group; D365 reporting. Further development of Operational Dashboards to be taken through SLT in September 2025.	Possible	Moderate	6		↔	Strategy and Transformati on Lead	updated 2/9/25
SRR 5	Quality and Innovation	High	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	Almost Certain	Major	20	Governance Structure and Process (IJB and Committees, Senior Leadership Team, Operational Leadership Team); Quarterly Reporting of Delivery Plan progress to Risk,Audit and Performance Committee; Annual Performance Report; Programme and Project Management approach being taken across the whole Partnership.	Possible	Major	12	Possible	Major	12	Regular reporting on progress on programmes and projects to SLT; 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; Close working with Aberdeen City Health Determinants Research Collaborative (HDRC) to evaluate the impact of ACHSCP's Strategic Plan and ACHSCP's contribution to the refresh of the Local Outcome Improvement Plan (LOIP) in 2026.	Possible	Moderate	6		↔	Strategy and Transformati on Lead	updated 2/9/25
SRR 6	Reputation	High	Cause: Need to involve lived experience in service delivery and design as per Integration Principles.Event: UB 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	Likely	Major	16	Community Planning Aberdeen Governance Structures; Locality Plan Arrangements with Aberdeen City Council; Locality Empowerment Groups; Strategic Planning Group; Locality Plans	Possible	Minor	6	Possible	Minor	6	refresh of Local Outcome Improvement Plan (LOIP) in 2026 and associated community empowerment stretch outcomes. Locality Plans will be refreshed in line with the refresh of the LOIP.	Unlikely	Minor	4		↔	Strategy and Transformati on Lead	updated 2/9/25
SRR 7	Reputation	High	Cause- Not maximising the opportunities of further integration of staff and use of technology to assist the restructuring and redesign of roles to meet strategic priorities and the ongoing recruitment and retention of staff within a reducing financial environment. Event: Failure to manage staffing budgets within forecasted predictions. Consequence: Unmet health and social care needs, leading to severe reputational damage.	Likely	Extreme	20	Clinical Care and Governance Committee and Group reviews tactical and operational levels of risk around the staffing numbers respectively; ACHSCP's Workforce Plan and Annual Report (presented to RAPC in August 2025); NHSG and ACC workforce policies and planning groups; ACHSCP's internal vacancy assessment protocol; ACC and NHSG's vacancy control processes. Revised contract monitoring arrangements with providers to determine recruitment and retention trends in the wider care sector.	Likely	Major	16	Likely	Major	16	increase emphasis on health and wellbeing; increased monitoring of staff statistics (including sickness and turnover) via SLT Governance Dashboard (including targeted actions in areas of highest sickness absence); Comms Trustees Group helping positively promote the work of ACHSCP and its staff; Ongoing support from ACHSCP to continue the mentoring of Career Ready students in 25/26 and 26/27; Foundation Apprenticeship Scheme support continued in 2025; Working with Academies in the City and Shire around a variety of different subjects to match school curriculum with future workforce opportunities; Increase emphasis on communications with staff, including regular budget information sessions for all staff.	Likely	Moderate	8		↔	Lead for People and Organisation	updated 2/9/25
SRR 8	Reputation	High	Description of Risk: there is a risk that buildings across the city, operated by, or overseen by, the UB/ACHSCP are being used to maximum efficiency and are not in line with statutory/regulatory requirements. 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.Event: UB is unable to deliver on all of its strategic objectives.Consequence: services not tailored to users' needs and reputational damage to organisation	Almost Certain	Major	20	NHSG Asset Management Group; Aberdeen City Council's Local Development Plan; ACHSCP's Strategic Plan and Delivery Plan; IJB and Committees; Various Market Position Statements; SLT; Forensic Service Infrastructure Improvement Board and Project Team	Likely	Moderate	8	Likely	Moderate	8	ACHSCP Premises Review-work will be ongoing over the next 2-3 years with specific mitigating actions being added when dates are known; Development of the IJB's Infrastructure Plan by March 2026, to tie in with NHSG's Infrastructure Plan timeline, plan will identify and forecast the areas of pressure and demand across the City and how ACHSCP plan to deliver services to respond to that demand; Scottish Government and whole system infrastructure approach adopted by Health Boards.	Possible	Moderate	6		↔	Strategy and Transformati on Lead	updated 2/9/25