

Aberdeen City Health and Social Care Partnership - Operational Risk Register

Last Updated 03.05.16

Strategic Priority	Description of Risk	Context	Impact	Date Last Assessed	Controls	Gaps in Control	Likelihood	Consequences	Risk Assessment	Assurances	Risk Owner/ Handler	Comments
Workforce	The is a risk that the Partnership will not have the supply and quality of workforce to meet operational requirements	A combination of demographic, labour market and transformational change is currently putting operational delivery of strain. These factors vary by discipline, sector and hierarchical level.	Unable to deliver core services - including statutory responsibilities and national local targets. Risk of harm/ adverse conditional for those using Partnership services, alongside reputational damage. Lack of capacity could have an adverse effect on strategic priorities.		Established workforce plans. Mechanisms for staff communications and feedback. Recruitment and Retention initiatives. Support Mechanisms for employee health and wellbeing. Established escalations processes for workforce related risks. Established support for training and development of staff	Lack of consistency in strategic workforce planning which is linked to the transformation agenda for the partnership. Ongoing difficulties around harmonising workforce development recruitment and retention across two distinct organisations	Possible					
External Provision	There is a risk that the partnership will be unable to commission the range of external provision required to provide safe and effective services.	A combination of demographic, labour market and economic factors mean that the social care market is currently unable to supply the level of care required. The downturn in the oil industry is yet to affect this market. The current market is already fragile with providers leaving the market.	Unable to deliver the range and level of care services required in the city. The fragile market puts new providers off coming into the city. This impacts negatively on Delayed Discharge figures and national and local targets and increases adverse public protection and other risks.		1. Care Academy 2. Working with providers to look at different models of care delivery. 3. Community Capacity Building (ABCD) 4. Living Wage 5. Hospital at Home	We lack control over the local economy that would make Aberdeen a more attractive place to be a paid carer. Ongoing difficulties in selling caring as a career option.	Possible	Moderate	Medium			
External Provision	There is a risk of a GP practice/s ceasing the provision of General Medical Services (example of Brimmond MG in 2015)	A number of factors conspire to challenge the sustainability of General Practice, including GP retireals, workforce availability, increasing demand, small business model, evergreen mortgages.	The statutory duty to provide General Medical Services may be compromised. If another independent entity cannot be secured to deliver services, technically NHS Grampian, through the Partnership, would be expected to take over the service directly – ie. provide a salaried service. The challenges facing the Partnership in securing workforce would be the same as those facing a GP practice.		Connected into system wide recruitment initiatives. Strong Primary Care Development Team, working in tandem with GP Clinical Leads. Good working relationships and links with local practices – issues brought to light through team. Commitment by Partnership to ongoing modernisation and transformation in primary care which is ongoing.	Independent contractor status – we do not have direct control; we do not have access to practice accounts / business situation. (looming crisis not always apparent).	Possible	Moderate	Medium			
Infrastructure	There is a risk that the infrastructure to support operational requirements fails or is inadequate	Infrastructure required to support operational services delivery includes: IT systems and supporting processes including information sharing and premises. The infrastructure is largely that which is provided by ACC and NHSG. The inherited IT infrastructure has significant gaps to support service functions and to enable robust data collection and reporting against local and national outcomes/targets A robust IT platform is essential to support integrated working and information sharing. We have two separate business support systems which need to interface either through realignment or the establishment of new integrated business processes Premises; some of which are no longer fit for purpose; some do not have the potential to support multidisciplinary working environments in support of our locality model	Disruption to delivery of core operational services - including statutory responsibilities and national/ local targets. Risk of harm if information necessary to support decision making is not available Risk of being unable to report against local or national outcomes/ targets Impact on transformational agenda and decision making if there is a lack of robust data to support this Premises limitations adversely impacting on service capacity and waiting times and ability to redesign services/workforce to support integrated working in our locality model		AHSCP Infrastructure workstream being established ; IT, Capital/Premises and Business processes ATOS commissioned to carry out scoping work to inform future IT strategy Community health premises group Primary Care Capital Development programme board Carefirst development including Multi-Agency View (MAV) to support information sharing Pan-grampian workstreams supporting IT development /information including Joint Data Sharing Group Roll-out plan for Trak-care for AHPs Planning for community nursing Vision system development underway	Absence of a pan-Grampian overview around IT to support IJB developments Revised Memorandum of Understanding (MOU) re Information sharing and Service Level Agreement (SLA) with Information services Division (ISD) awaiting sign-off AHSCP Infrastructure workstream at early stages and yet to have an impact on desired developments Lack of capacity within ehealth and support services to drive infrastructure improvements at pace Lack of a city-wide partnership premises strategy	Possible	Moderate	Medium	Standing Item on monthly SOMT agenda Changes in Risk register reported by Head of Operations (HOO) to Chief Officer (CO) through Executive Group Changes in Risk register reported by HOO to Audit and Performance committee Audit and Performance committee report to IJB Any clinical and care risks that arise as a result of infrastructure would also be reported to the Clinical and Care Governance committee Clinical and Care Governance Committee reports clinical and care governance risks (including those arising from infrastructure) to the IJB Outwith meeting structures CO will appraise Chair/Vice Chair of IJB of any significant changes to the risk register	Head of Joint Operations	The partnerships infrastructure is largely that which has been inherited from ACC and NHSG. Ongoing collaboration required with partners to support our transformational change. Future opportunities for collaboration across all sectors i.e. 3rd, Independent, Housing as appropriate with respect to premises and data sharing.

<p>Governance</p>	<p>There is a risk that our governance systems fail or are inadequate which would lead to operational and/or strategic failures</p>	<p>Effective governance systems are required to ensure we operate safely, effectively and within an agreed framework. There are different governance processes in partner organisations. Framework for new governance structures and systems within the partnership have been agreed by the IJB, but these are not yet fully established during this transition period</p>	<p>Services may be unsafe, ineffective, lack control. Could result in reputational damage. If there is an external view that governance arrangements are inadequate, the partnership may become subject to additional external scrutiny, and intervention</p>	<p>11/04/2016</p>	<p>Existing robust policies and procedures within the partnership organisations which we continue to work to. As new governance arrangements are embedded, all staff will be updated on any changes. Partnership controls include service level risk registers/management plans. Partnership assurance processes including IJB, Audit & Performance Systems Committee, Clinical and Care Governance Framework, Financial management systems, HR systems, Schemes of delegation, Professional and Management governance structures. (Some of these controls sit with the IJB, some with our partnership bodies.)</p>	<p>Committees still in very early stages and roles and remits yet to be finalised. In transition period, application of existing policies and procedures could be perceived as inequitable for staff in the same team working to different policies</p>	<p>Possible</p>	<p>moderate</p>	<p>medium</p>	<p>Ensure this is a standing item on monthly SOMT agenda. Changes in Risk register reported by Head of Operations (HOO) to Chief Officer (CO) through Executive Group Changes in Risk register reported by HOO to Audit and Performance committee Audit and Performance committee report to IJB. Any clinical and care risks that arise as a result of governance would also be reported to the Clinical and Care Governance committee. Chief finance officer role around financial assurance. Chief Social Worker over-arching governance role in relation to SW practice. Clinical and Care Governance Committee reports clinical and care governance risks to the IJB. Outwith meeting structures CO will appraise Chair/Vice Chair of IJB of any significant changes to the risk register</p>	<p>Risk Owner: Head of Joint Operations Risk Handler: Sally Wilkins/Lynn Morrison</p>	
<p>Protection of People</p>	<p>There is a risk that the partnership will be unable to effectively meet its obligations to protect and support the community - including those most at risk within society</p>	<p>The partnership has very specific duties in relation to supporting and protecting the people of Aberdeen. There are wide ranging, but includee duties relating to the protection of children, adults at risk, and the general public via both mental health and criminal justice services.</p>	<p>Significant risk of multiple types of harm occuyring to those most vulnerable in society and the general public. A secondary, but related impact, would be the serious reputational harm to the partnership if such a failure were to occur.</p>		<p>Multiagency procedure and protocols are in place that address the specific duties and responsibilities for public protection across the partnership. Public Engagement strategies are in place to promote wider public awareness of protection of people and early intervention.</p>	<p>"Ownership" and awareness of the protection of people agenda is not yet consistent across all sectors and disciplines within the partnership - resulting in operational gaps. Public awareness of the protection of people agenda is also not consistent across the population of Aberdeen. As yet, the Partnership does not monitor specifically how other risks (such as workforce concerns) directly impact on the protection of people agenda. Capacity in the systems for earlier intervention at lower thresholds remains limited.</p>	<p>Possible</p>	<p>Major</p>	<p>High</p>			
<p>Health and Safety</p>	<p>There is a risk that the Partnership will be unable to meet its statutory responsibilities to protect the health and safety of staff and citizens.</p>	<p>The scale of the workforce and variety of services (particularly community based settings) that is out with their immediate control means that the Partnership is required to effectively manage multiple and variable risks to both employees and patients/clients.</p>	<p>A breach in health and safety may result in physical or psychological harm resulting in death, sickness absence or claim against the organisation. This could result in financial and reputational damage for the organisation and potentially lead to a disruption of service and loss of capacity. A breach in health & safety may result in both physical/psychological harm to individuals and environmental harm to physical assets. Beyond the immediate impact to individuals and property there is also the real possibility of financial and reputational damage to the organisation and possible disruption of service and loss of capacity.</p>		<p>ACC and NHSG already have well established policies/procedures in place that will be reviewed to ensure that they meet the needs of the organisation. Absence management systems are in place. Healthy Working Lives programme in place. Datix is in place to capture risk (NHSG only at present) and risk registers are regularly monitored and reviewed. Established support for training and development of staff</p>	<p>Need to review/harmonise policies within organisation and to recommend the establishment of an Aberdeen Health and Social Care Partnership Health and Safety Committee. Recommend review of need for additional separate Community Health and Social Care Health & Safety Groups. Risk reporting and capturing is not currently consistent across organisations. There is a need to harmonise risk reporting via Datix.</p>	<p>Unlikely</p>	<p>Moderate</p>	<p>Medium</p>	<p>Standing item for review/discussion at SOMT.</p>		

<p>Environmental Factors</p>	<p>Catastrophic environmental issues, failure of external support systems and/or pandemic episodes resulting in inability to deliver services and/or keep staff and citizens safe from harm.</p>	<p>The organisation may suffer the effects of severe weather, fire, power failure, fuel shortage, terrorism or the threat of pandemic illness that may impact on its ability to deliver key/life and limb services and keep staff and citizens safe from harm.</p>	<p>Disruption to services, an inability to deliver core services, the short/long term loss of buildings, key infrastructure, such as ICT systems failure and/or the inability to deploy staff within the organisation, including contracted providers responsible for service delivery.</p>	<p>14/04/2016</p>	<p>Local Resilience Partnership; Up-to-date Winter Weather Policies, Major Infections Disease Plan, Business Continuity Plans & Business Impact Assessments in place for all Service Delivery Units; Staff & Management training, competence & confidence in application through learning & feedback opportunities. Formal Senior Managers & Executive Level on-call rotas covering all aspects of the Partnership. ACC's Emergency Planning Policy & Procedure (link on intranet site); UK Government Planning of Emergencies (www.scot.gov.uk); Scottish Government Guidance on Resilience (www.gov.scot).</p>	<p>Some BCPs and staff competence require refresh; Training for new staff; No formal SW Management on-call rota in place; Transitional state - need to ensure staff remain clear of arrangements during this time of change. Control Rooms - identification/information connecting both organisations' Control Rooms; Media Communication Strategy; Overarching Governance Structure; Sharing of Plans IM&T/Facilities & Estates.</p>	<p>Unlikely</p>	<p>Moderate</p>	<p>Medium</p>	<p>Outcome of recent flooding incident debrief exercise awaited; Planning and training refresh planning in hand; IJB Partners building relationships & learning about each others arrangements/systems; Implementation of IJB Management Structure arrangements under way. Plans are regularly reviewed and updated. In the absence of formal SW Management on-call rota, SW Seniors' contact details have been made available.</p>	<p>IJB Business Manager</p>	
<p>Business Processes</p>	<p>There is a risk that the business processes could become over complicated, inefficient and not cost effective by trying to integrate two sets of systems.</p> <p>There is a risk that the IT systems will be unable to support the business processes to integrate successfully</p> <p>There is a risk that there will be inadequate resources to provide the business support to localities.</p>	<p>The Business processes of the partner organisations (NHSG & ACC) are designed to serve the needs of each organisation. Neither of the systems in its entirety is fit for purpose</p> <p>IT capability is crucial to efficient, effective business processes that are fit for purpose. Currently IT provision and support is provided by either NHSG or ACC. The support to the business processes is good but the respective IT departments may be limited in their ability to provide support for any changes.</p> <p>There is a definitive amount of funding available to support the work of the Partnership including business processes</p>	<p>Complicated business processes that staff have to follow could result in a disruption to services</p> <p>Changes that are required to provide first class business processes to the H&SCP could be delayed/not happen.</p> <p>Inefficient business processes could lead to increased costs.</p> <p>Reputational harm could result due to inefficient systems</p> <p>If workable IT solutions are not</p>	<p>15/03/2016</p>	<p>Systems and infrastructure workstream has been established.</p> <p>Work has started on the possibility of using NHSG DATIX system to record complaints & incidents and to manage risk.</p> <p>Production and review of this risk register</p> <p>ATOS have been appointed to look at our IT requirements and how the existing systems can be enhanced to achieve the desired aim.</p> <p>Finance Workstream has been established and is fully functional</p>	<p>Workstream hasn't established a programme of work yet.</p> <p>ATOS recommend changes that are not acceptable to the parent organisations.</p> <p>We do not know how much it will cost to run a locality and this may differ in each locality.</p>				<p>Standing Item on SOMT agenda.</p> <p>Existing systems can be utilised until H&SCP systems have been devised and tested.</p> <p>There are regular meetings with ATOS to ensure the work is progressing in line with the project brief.</p> <p>There are regular meetings of the joint finance teams</p>	<p>Head of Operations</p> <p>(HOO)</p>	

Financial	There is a risk that the IJB will overspend on its budget	The council & NHSG have delegated budgets to the IJB and expect them to achieve a balanced budget. Demographic pressures, pressures in the care provider market and local labour market may all impact on the ability to be able to achieve a balanced budget.	Services may need to be reduced in order to make savings to achieve balanced budget. Reputational risk if the IJB overspends. Impact on future years funding levels.	15/03/2016	Regular monitoring of budgets and forecasting will assist in controlling expenditure levels within funds available, give assurance as to the likelihood of any overspend and enable timely advice to be given to the Board to take relevant decisions.	Lack of certainty in the legal and procurement framework that will allow the IJB to enforce payment of the Living Wage within contractual arrangements. Inaccuracies and inconsistent updating of financial packages in Carefirst system leads to difficulties in being able to provide accurate forecasts in a volatile area of the business.														
	2016/17 budget savings not achieved	In setting the budgets for 2016/17 a significant level of savings targets have been approved. There are also prior years savings which are only being achieved due to staff turnover savings and lack of available care provision.	Potential impact on overall financial position which could then lead to reduction in services which would impact on service users. Reputational damage.		Regularly monitor and track achievement of savings targets, financial monitoring and controls	As a newly established model of working there may be gaps that have not yet been exposed.														
	Failure to deliver on Scottish Government's expectations around Living Wage and additional capacity and transformation	Significant sums of additional money have been allocated by the SG to allow for increases in capacity and transformation and a specific requirement to implement Living wage across social care providers	The Scottish Government anticipates that this can be achieved by 1 October 2016, but this will not be without a range of challenges to overcome. Given that achievement of this policy was made one of the conditions of the agreement on the 2016/17 local government funding settlement there is a risk that sanctions may be taken if this cannot be achieved.		Legal framework that will empower the IJB to be able to achieve the Living wage targets. Financial monitoring of the appropriate use of the additional funds	Lack of certainty in the legal and procurement framework that will allow the IJB to enforce payment of the Living Wage within contractual arrangements.														

↑ Probability	High – Score 4 75-100% chance of occurring within 1 year.	4	8	12	16
	Medium – Score 3 50-75% chance of occurring within 1 year.	3	6	9	12
	Low – Score 2 25- 50% chance of occurring within 1 year.	2	4	6	8
	NEGLIGIBLE – Score 1 0 – 25% chance of occurring within 1 year.	1	2	3	4