Last Updated
01/02/2017

Aberdeen City Health and Social Care Partnership - Operational Risk Register

Strategic Priority	Description of Risk	Context	Impact	Date Last Assessed	Controls	Gaps in Control	Likelihood	Consequences	Risk Assessmen	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 some aspects of operational delivery under strain, but conversely impacting positively in other areas. These factors vary by discipline and sector. As we bring together two organisations, disparities between pay and grading structures will become more apparent which may lead to discontent. Key areas of current concern reported in Dec 2016 regarding recruitment are: Community services: Primary care -GPs; Nursing - HV and DN; AHPs: SLT, Physiotherapy,Podiatry; MH/LD (community) - Consultant and Nursing; Social Care - Care management; Woodend - General nursing and Medical staffing/MSN cover ; MH/LD (hosted)- Consultant,Nursing and SLT. High use of bank/agency at Woodend and in MH/LD to cover essential shifts (see service summaries for more detail)	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 and transformational change.	14.12.16	Established workforce place in some operational areas and new workforce plans being developed to link in to developing structures . Mechanism for staff communication and feedback. Recruitment and Retention initiatives. Support Mechanisms for employee health and wellbeing. 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 challenges around harmonising workforce development, recruitment and retention across two distinct organisations. Lack of joined up terms, conditions and remuneration (not currently possible due to legislative context). Lack of consistent monitoring of sickness absence and staff turnover.	Possible	Moderate	Medium	Standing item on monthly SOMT agenda. Changes in Risk register reported by Director of Operations (DOO) to Chief Officer (CO) through Executive Group Changes in risk register reported by DOO to Audit and Performance Systems Committee and 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 reports risks (including those arising from infrastructure) to the IJB outwit meeting structures CO will appraise Chair/Vice Chair of IJB of any significant changes to risk register.	DOO	Harmonising terms and conditions is not possible within the current scope of the partnership.
Workforce	There is a risk of challenge with regard to staff working under the different terms and conditions of the partner organisations		Potential unrest between staff which could impact on team working and morale	01.09.16	New external staff can choose which terms and conditions they work under. Existing staff are protected (and restrained) by the current matching process.	As teams become more integrated, the differences between terms & conditions become more apparent	Possible	Major	High	Joint working group set up who are working well together. The group is looking at job matching/profiling and is pulling a paper together to help managers who will potentially have to manage staff with terms and conditions that the manager is not familiar with	Judith Proctor	
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, general patient flow 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 + ongoing scrutiny of current commissioned rates. 5. Active market management.	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. Community Capacity Building is in its infancy and is likely only to yield 'control' dividends in the medium/long term. Financial resources to support market (living wage and other) are finite, and may not reflect current cost pressures and needs.	Possible	Major	High	Regular monitoring of current market and provider status via contract arrangements. Changes in Risk register reported by Director of Operations (DOO) to Chief Officer (CO) through Executive Group Changes in Risk register reported by DOO to Audit and Performance committee Audit and Performance committee report to IJB. Outwith meeting structures CO will appraise Chair/Vice Chair of IJB of any significant changes to the risk register	Director of Joint Operations	Recognised that although external provision is being risk assessed globally. Some sectors and areas of the various markets will exhibit greater fragility and risk then others.

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	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 + Nurse retirals, workforce availability, increasing demand, small business model, evergreen mortgages. There is an increasingly complex mixed economy of ownership models by GP's (third party developments +Hubco). Restrictions of current GMS legal regulations reduces the potential pool of providers. Review of dispensing GP Practices which (if dispensing is withdrawn) will further impact on viability of a City practice with a branch surgery in Aberdeenshire.	The statutory duty to provide General Medical Services will be compromised if there is additional failure. If another independent entity cannot be secured to deliver essential medical 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. There is also likely to be significant reputational harm and public/political anxiety related to any service failures.		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. National contract negotiations for GP's ongoing - to potentially relieve existing pressures. Scottish School of Primary Care now live and supporting new models of care - including training/development/governance. (Links with national workforce initiatives).	Independent contractor status – we do not have direct control; we do not have access to practice accounts / business situation. (looming crisis not always apparent). Many of the current controls are long-term in regards to their potential ability to ameliorate the risks involved. Some elements encouraging retirals (SPPA) are outside of Partnership control. Revalidation for GP's to maintain GMC registration is not attractive, post-retirements, but not locally controllable.	Possible	Major	High	Regular monitoring of GP status via Primary Care Development Team. Changes in Risk register reported by Director of Operations (DOO) to Chief Officer (CO) through Executive Group Changes in Risk register reported by DOO to Audit and Performance committee. Audit and Performance committee report to IJB. Outwith meeting structures CO will appraise Chair/Vice Chair of IJB of any significant changes to the risk register. Any clinical and care risks that arise as a result of GP practice failure 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	Director of Joint Operations	
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.

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Governance	There is a risk that our governance systems fail or are inadequate which would lead to operational and/or strategic failures	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	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	11/04/2016	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.)	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	Possible	moderate	medium	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.	Risk Owner: Head of Joint Operations Risk Handler: Sally Wilkins/Lynn Morrison	
Protection of People	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	The partnership has very specific statutory duties in relation to supporting and protecting the people of Aberdeen. These are wide ranging, but include duties relating to the protection of children, adults at risk, and the general public, which are all undertaken on a multi-disciplinary partnership basis. NHSG Estates Team are also required to provide a range of support services to the Village and Woodside.	The greatest impact is likely to be on those who are at most risk but there are also significant risks to the general public. There is a risk of serious reputational harm to the partnership. Staff time often wasted trying to get NHSG Estates to attend the Village site.	05.12.2016	Multi-agency 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. Meetings now scheduled monthly with NHSG to ensure support to Authority Officers for the Village and Woodside.	"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.	Possible	Major	High	Chief Officer, Chief Executives and CSWO oversight. Staff training and development, focusing on promoting good practice. ASP Internal review. Multi-agency learning review. Community Justice Partnership is emerging. Independent functioning of the aPC, MAPPA, multi-agency involvement in management of risk.	SMW Sandy Reid (Village) and Helen Smith (Woodside)	This will inevitably continue to be a high priority for the Partnership. The emerging senior leadership team provides the opportunity to promote and support this agenda.
Health and Safety	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.	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.	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.		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	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.	Unlikely	Moderate	Medium	Standing item for review/discussion at SOMT.		

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Environmental Factors	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.	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.	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.	14/04/2016	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).	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.	Unlikely	Moderate	Medium	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.	IJB Business Manager	
Business Processes	There is a risk that existing health and LA systems, processes and policies are not flexible enough to adapt to joint working. This in turn could lead to businesses processes becoming overcomplicated, inefficient and not cost effective by trying to integrate the 2 systems.	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 for the partnership.	Complicated business processes that staff have to follow could result in a disruption to services as well as duplication.	**26/07/2016**	IT infrastructure and datasharing group has been established. Work is progressing on using NHSG DATIX system to record complaints & incidents and to manage risk. Production and review of this risk register	Workstream hasn't completed its programme of work yet.	Possible	Moderate	Moderate	Standing Item on SOMT agenda. Existing systems can be utilised until H&SCP systems have been devised and tested.	Director of Operations (DOO)	
	There is a risk that the IT systems will be unable to support the business processes to integrate successfully	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.	Changes that are required to provide first class business processes to the H&SCP could be delayed/not happen.		ATOS have looked at our IT requirements and how the existing systems can be enhanced to achieve the desired aim and a report has been produced.	Some recommendations of ATOS are only achievable in the longer term due to financial and governance issues.				2 year workplan produced and being progressed.		
	There is a risk that there will be inadequate resources to provide the business support to localities.	There is a definitive amount of funding available to support the work of the Partnership including business processes.	Inefficient business processes could lead to increased costs. Reputational harm could result due to inefficient systems If workable IT solutions are not achieved in a reasonable timescale there is a risk that individuals will develop their own solutions and unsupported adhoc systems will be		Director of Finance appointed (DOF). Finance Workstream has been established and is fully functional	We do not know how much it will cost to run a locality and this may differ in each locality as requirements may vary. There is not an integrated governance and assurance system in place.	Possible	Moderate	Moderate	There are regular meetings of the joint finance teams.	Director of Operations (DOO)	
	There is a risk that partner organisations will make decisions that affect the Partnership without	Business teams remain part of partner organisations. Decisions are made which withdraw resource from the Partnership.	Loss of control of funds. Loss of support in core business areas e.g. HR		None.	No controls in place.	Possible	Moderate	Moderate	None	IJB Business manager	
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						

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	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.	**15/03/2016**	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	Reputational damage. 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.	**15/03/2016**	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
Impact →		**Minor Score 1**	**Important Score 2**	**Significant Score 3**	**Major Score 4**