



**ANGUS HEALTH AND SOCIAL CARE**

**INTEGRATION JOINT BOARD AUDIT COMMITTEE – 7 DECEMBER 2022**

**RISK MANAGEMENT MID YEAR UPDATE**

**GAIL SMITH, CHIEF OFFICER**

**ABSTRACT**

This report is to update the Integration Joint Board Audit Committee on progress in managing the Angus Integration Joint Board's (IJB) Strategic Risk Register.

**1. RECOMMENDATIONS**

It is recommended that the Integration Joint Board Audit Committee:-

- (i) Review and accept the strategic risk profile, risk rating matrix and strategic risk improvement action plan;
- (ii) Acknowledges progress made in relation to Internal Audit Review of Risk Management;
- (iii) Accepts the new and emerging strategic risk;
- (iv) Acknowledge that IJB/Audit committee members have attended risk appetite training and request that an additional session be arranged in 2023.

**2. BACKGROUND**

Members of the IJB Audit Committee are responsible for:

- Oversight of the IJB risk management arrangements.
- Receipt, review and scrutiny of reports on corporate strategic risks and any key operational risks.
- Ensuring they are aware of any risks linked to recommendations from the Chief Officer covering new priorities/policies.

The Angus Integration Joint Board (IJB) Audit Committee has delegated responsibility from the IJB for ensuring all relevant strategic and operational risks are accurately identified, assessed, evaluated, recorded and monitored.

The Chief Officer, as Accountable Officer, has responsibility for maintaining a sound system of Internal Control and reviewing the effectiveness of the risk management system within the organisation, facilitating the preparation of an Annual Governance Statement. In addition, IJB's are subject to the requirements of the Scottish Public Finance Manual and must operate a risk management strategy.

Angus IJB has a Risk Management Strategy in place (see report 6/21, IJB April 2021). The IJB monitors a series of corporate strategic risks using agreed methodologies. The risks monitored include service, financial, clinical care and professional governance, performance management and workforce risks.

The scrutiny and management of risks is devolved to Angus HSCP Clinical, Care and Professional Governance Forum, chaired by Angus HSCP's Associate Medical Director /

Clinical Director. Monitoring of risk performance is undertaken on a bi-monthly basis with an overview provided to Angus HSCP Executive Management Team and NHS Tayside Care Governance Committee.

The IJB Strategic Risk Register is to be reported to Angus IJB Audit Committee twice a year. The annual risk report was considered at the Angus IJB Audit Committee Meeting in June 2022. A process has been established in order to exception report any new risks, scoring over 20, or where a risk has increased to >20 to the IJB Audit Committee, outwith the timetabled updates.

### **3. CURRENT POSITION**

The Angus Clinical, Care and Professional Governance Risk Group met on Monday 14 November 2022 to consider key risks.

#### **SR01 Sustainability of Primary Care Services:**

This risk continues to be assessed as having a current risk exposure rating of 25. This exceeds NHS Tayside Risk Appetite for a Quality of Care Risk. As per the Risk Management Strategy and Framework, enhanced monitoring of this risk is required until the current risk exposure rating falls within acceptable limits.

This Sustainability of Primary Care Services Audit reviewed and provided constructive commentary on the adequacy of risk and performance management mechanisms. As management have already acknowledged the need for an overhaul of the strategic risk, overt assurance will be provided on the fully reviewed and updated risk as part of a future internal audit.

The Internal Audit identified several areas of good practice and a number of areas for improvement. Internal audit recommended that their findings should form the basis of a project plan, aimed at improved risk management in this area, to be progressed in partnership through a joint Project Group with appropriate membership from the four organisations.

Actions have been agreed as follows:-

- The Chief Officer, Angus IJB, as the lead partner for Primary Care Services under the Integration Scheme, will co-ordinate strategic planning and will seek approval from all IJBs on the proposed strategy.
- A project group will be established to review the four Primary Care strategic risks in relation to each other, and agree a consistent approach to the management of this risk, without duplication of effort.
- A second Primary Care risk workshop (first workshop held in September 2022) will agree the scope, remit and membership of the project group to map out the approach for approval by the four constituent parties.
- The workshop will also consider the appropriate methodology and risk elements with respect to this risk, with outcomes reported to the Primary Care Board for consideration.
- The Chief Officer, Angus IJB will initiate discussion amongst the three IJB Chief Officers and NHS Tayside senior management representatives to consider the benefits of a new committee taking responsibility for the Primary Care Risk (currently reported to Care Governance Committee), optimally through a revised Primary Care Board. The discussion will form the basis of a paper for consideration at the Primary Care Board in the first instance and would need to be formally agreed.
- New, broader Terms of Reference for the Primary Care Board will address the reporting arrangements to provide a flow for assurance.
- A joined-up vision for Primary Care will be taken into account in the next iteration of each IJB's Strategic Commissioning Plan.
- A consistent GP sustainability assessment will be reported to the Primary Care Board twice yearly, with associated local delivery plans.
- The Chief Officer, Angus IJB, will initiate a Tayside wide discussion comprising the three Chief Officers and the Associate Medical Director for Primary Care, with input from NHS Tayside as required, (e.g. with regard to premises and finance), by March 2023, to review responsibilities regarding Primary Care management and risks within that. The Chief Officer Angus IJB will prepare a paper with the recommendations from the discussion to the Executive Leadership Team (ELT).
- Tayside NHS Board and IJBs will agree a co-ordinated approach to identifying GP Practices at risk as early as possible, as well as measuring their sustainability both individually and collectively. At Primary Care Board level, it is expected that NHS Tayside

contributions to mitigating and resolving risks, (e.g. regarding property issues), is further explored. The Primary Care Board will liaise with the NHS Tayside Property department on how the required contribution will be provided.

- Membership and Terms of Reference of the Primary Care Board will be reviewed to ensure it provides a single forum for operational and strategic decision making for Primary Care and has responsibility and authority for managing the risk. In response to the recommendation that NHS Tayside Property department attendance is a key requirement, this is recognised alongside the requirement for input from NHS Tayside Digital Services and ongoing NHS Tayside Human Resources input. The Chief Officer, Angus IJB, will initiate discussion amongst the three IJB Chief Officers and NHS Tayside senior management representatives, preparing a paper for consideration at the Primary Care Board in the first instance, and subsequently ELT.
- The Associate Medical Director role is currently being reviewed and will reflect risk responsibilities.

### **SR03 Financial Management**

Failure to develop and implement a balanced financial plan will lead to a risk of unsustainable services.

The risk continues a residual risk score of 20 (5x4) as, while the Angus Integrated Joint Board will not overspend in 2022/23, the board's 2022/23 to 2024/25 Strategic Financial Plan describes a significant long-term financial risk.

While the IJB has continued to tackle challenging issues during 2022, increasingly funding pressures (as demonstrated by Scottish Government funding adjustments and the pressures being experienced by the IJB's partners) will have a cumulative negative impact on the IJB. This will exacerbate challenges linked to the inflationary environment on top of underlying demographic pressure. In addition there are a number of unresolved financial issues at the interface of IJB and NHST financial planning.

COVID-19 did exacerbate previous slippage on delivery of planned interventions in the Strategic Financial Plan but much of the previous capacity is now reinstated. Commissioning and associated financial plans are being developed through the IJB's Strategic Planning Group and other forums.

There remain a number of long-standing improvement actions in the finance domain with limited capacity from early 2020 - to mid 2022 to resolve these (partly due to COVID-19 impacts, but partly due to capacity of finance support). In 2022/23, recent recruitment and a reduction in the COVID impact has allowed some initial progress with improvement actions.

### **SR08 Workforce Optimisation**

There is a risk that Angus HSCP will be unable to develop and sustain its workforce to meet its legal obligations.

Scottish Government required AHSCP to have a 3 year workforce plan commencing July 2022. This plan was developed and submitted to Scottish Government. Feedback from Scottish Government was very positive with only one recommendation to reflect further staff feedback and ongoing work in relation to Equalities. Suggestions for improvement included:

- Align workforce considerations with the organisations strategic direction linking with service and financial planning commitments.
- Identify the key priority service areas across the medium term.
- Clearly identify the workforce risks and capacity requirements across these priority areas providing, in some detail, the anticipated whole time equivalent need that has been identified through your workforce modelling exercises.

The workforce plan will support the AHSCP to have the right people, with the right skills, in the right places, at the right time. The plan provides an analysis and forecast of workforce supply and demand informed by local and national workforce challenges and demographic changes. It is accompanied by an action plan on how we will attract, retain and develop our workforce in order to meet current and future workforce requirements. The [Workforce Plan](#) is available on Angus HSPC website.

The AHSCP Workforce Planning Group has identified the following as the key priorities:

- Staff Health and Wellbeing.

- Primary Care.
- Ageing Workforce.
- Succession Planning.
- Care at Home.
- Agile Working.
- Recruitment and Retention.

Four work streams have been identified to address these priorities:

- Recruitment and Retention.
- Workforce Learning and Development.
- Staff Health and Wellbeing.
- Data.

### **SR11 Commissioned Service Provider Failure**

To monitor and provide assurance that mechanisms for identifying early warning signs that providers operating locally are failing or in difficulty.

The Commissioned Service Provider Failure Risk remains at 20.

Despite mitigation through the measures detailed below levels of unmet need remain intransigently high. Current measures include:

- Supporting recruitment amongst provider organisations.
- Providing financial support to increase hourly pay rates for staff.
- Supporting initiatives to support providers with travel costs.
- Rolling out a re-assessment project to review those on high level care packages to ascertain if still required.

The development of a viability risk scorecard, was progressing, however due to staff being redeployed to the Adult Support & Protection Inspection, this work has been delayed.

### **SR14 Adult Support & Protection**

Ensuring that the quality of adult protection work within AHSCP is of a good standard so that risk to the public, to individual services and to member organisations is averted.

The Adult Support & Protection Risk remains at 16. Preparation for the Adult Support & Protection inspection, which takes place week beginning 14 November, is progressing well with all targets for submission of materials being met.

The number of Large Scale Investigations (LSI's) in care homes remains high. On 2 November 2022 a professional development event was held for staff involved in LSIs to address the learning needs of this now broader based group of staff, reflecting the greater involvement of clinical staff in LSIs.

#### Significant Case Review (SCR) P19

An Adult Protection Update on [SCR P19](#) was reported to AHSCP IJB on 26 October 2022. The report included the progress underway against the [SCR P19 Action Plan](#). It noted the subsequent formation of a Commission, as instructed by the Scottish Government, composed of Healthcare Improvement Scotland and the Care Inspectorate, to provide independent assurance and improvement support, and the work undertaken with the Commission.

Work is ongoing across all services to progress the improvement actions. NHS Tayside has completed an internal audit of Adult Support & Protection (ASP) and is now working on an action plan. AHSCP is progressing actions through the ASP Monthly Meeting, most recently on 4 October 2022. Further updates have been provided, regarding the P19 progress report, to Angus Council Leadership Team and the Chief Officers.

Progress is being made against the AHSCP actions. It should be noted that of 22 actions solely ascribed to the AHSCP; 17 are Green, 4 are Amber, one Red.

#### Annual Chief Social Work Officer Report

The [Annual Chief Social Work Officer Report](#) was presented to AHSCP IJB on 26 October 2022. The report outlines how Angus Council performed in the delivery of a wide range of social work and social care services during 2021-2022.

The report acknowledges the external pressures that have impacted on the delivery of services and increased service demand this year. The Chief Social Work Officer

acknowledges the significant impact of the societal, economic and policy climate during the year and continuing into this next reporting year and credits the workforce with their commitment to remain steady, secure and supportive of people during throughout.

Whilst acknowledging the developments and challenges over the course of the year, the report summarises some key priorities for social work and social care over the next period. These included ensuring sufficient provision of local care options for children, young people and adults, developing support for carers and whole family support options and engaging in and managing the implications of the proposed National Care Service. Internal scrutiny and improvement arising from Significant Case Review P19 will continue to ensure that improvements are implemented.

#### Demand/Capacity Issues

There has been a very significant increase in Adult Protection and Adults with Incapacity work in the last three years. In response to this increase, the IJB approved an allocation of 24 new posts in the care management teams, using new Scottish Government monies allocated for social work provision. This investment, amounting to £1m in a full calendar year, represents an increase of 14% overall in the care management teams.

#### **SR21 Equalities**

There is a risk that Angus HSCP will be unable to evidence that it has paid due regard to the need to foster good relations within communities by tackling prejudice and promoting understanding, advance equality of opportunity, eliminate discrimination, harassment and victimisation and will not meet its legal obligations under the Equality Act (2010) and other relevant legislation.

A new Equalities Mainstreaming Report and set of Equality Outcomes was presented to the IJB in August.

The report and outcomes were approved and will be published on the AHSCP website. Ongoing discussions are happening with Equality and Human Rights Commission regarding progress with the action plan.

The risk will remain at 20 until the documents are published on the AHSCP website.

#### **New and Emerging Risks**

##### Community Compulsory Treatment Orders/Detention Order Process

Concerns regarding the inappropriate use of emergency detention and issues identified with the current detention order process, in particular the completion of legal documentation, were raised at CCPG. A Problem Assessment Group (PAG) has been established to assess the current situation, chaired by the Service Leader for Community Mental Health, Angus. The Group has representation from Psychiatry, Mental Health Officer Team, Nursing, Pharmacy and Head of Health and Community Care.

##### Rota Disconnect

The proposed rota disconnect (planned power outages) were raised at CCPG for awareness. It was agreed that this would not be added as a Strategic Risk for AHSCP at present. This will be managed and monitored via the Local Resilience Planning and Partnership Groups.

##### Industrial Action

The proposed industrial action was raised at CCPG for awareness and discussion. The industrial action does not include medical staff. AHSCP have been asked to identify key services that must function during the proposed industrial action (services that meet the life and limb criteria).

A table top exercise was held in relation to this and three actions were identified:

- Updated Business Continuity Plans.
- Completion of Staff matrix's.
- Ongoing discussion in relation to service provision.

The industrial action is not currently a Strategic Risk for NHS Tayside.

##### National Care Service (NCS)

Following discussion at NHS Tayside Strategic Risk Management Group, the consideration of the National Care Service as a Strategic Risk for AHSCP was raised at CCPG.

At present the consensus is that NCS is not a strategic risk for AHSCP, NCS is still an unknown entity. There are a number of risks that may be associated with a NCS:

- Policy.
- Structural.
- Transitional.
- Workforce.
- Support services.
- Strategic decision making.

It was agreed that these potential risks could be assessed and managed independently from the NCS and that our current strategic risks would address and manage some of these issues were they to arise.

#### Community Pharmacy

The challenges facing Community Pharmacy and the impact on other services were raised at CCPG. It was agreed that this would be added as a Strategic Risk for AHSCP.

There is an emerging risk with regard to sustainability of community pharmacy services. Due to recruitment difficulties there are significant staff shortages within some localities in Angus leading to reduced pharmacy opening hours. The risk for primary care related to this is reduced ability to provide extended pharmacy first services that may result in patients being directed back to their GP practice for treatment of minor illness

#### **Risk Appetite**

The second Angus IJB Risk Appetite Development Session was held on Wednesday 26 October 2022. 14 IJB/Audit Committee members attended the session which included four IJB voting members. Information was circulated to all members following the session.

A risk appetite for the following categories was agreed by those present at this session:

- Compliance/Legislative/Regulatory
- Quality (of care) Clinical
- Reputational
- Resource (Financial)
- Resource (Workforce)

Scoring was undertaken using a five-point scale of Avoid, Minimal, Cautious, Open or willing. The draft Risk Appetite Statement will be shared with all members of Angus IJB for agreement prior to being endorsed at AHSCP CCPG on 9 January 2023 and approved by Angus Audit Committee on 19 April 2023.

#### **Risk Training**

Angus HSCP Improvement and Development Service oversee the collation of a risk training Register to ensure all relevant staff and IJB/Audit Committee members have received training.

All future Risk Management Updates to the Audit Committee will confirm the relevant risk training delivered in the 12-month period. As this is the first time this information has been included in the Risk Management Update, all recent training has been noted below:

August 2021- Risk Appetite Development Session (All Board members and advisors)  
October 2022 – Risk Appetite Session (All Board members and advisors)

#### **Updates**

An updated Strategic Risk Profile, Risk Rating Matrix and Strategic Risk Improvement Action Plan are included in Appendices 1 and 2.

## **4. FINANCIAL IMPLICATIONS**

There are no financial implications arising directly from this report however Angus IJB's strategic risk register identifies Finance as a red risk. This is particularly challenging with regard to longer term financial plans. This is described in detail in the IJB's financial plan where it highlights short term risks can be managed due to IJB reserves but longer term risks

remain considerable and place at risk the delivery of the strategic objectives in the strategic commissioning plan.

**5. RISK**

No new risk other than the ones described in this report.

**6. OTHER IMPLICATIONS (IF APPLICABLE)**

N/A

**7. EQUALITY IMPACT ASSESSMENT**

An Equality Impact Assessment is not required.

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List of Appendices:

Appendix 1: Angus IJB Strategic Risk Profile and Risk Matrix Template

Appendix 2: Angus IJB Strategic Risk Improvement Plan

# STRATEGIC RISK PROFILE

# Appendix 1

Datix Risk ID	Title & Description	Risk Manager/Owner	Current Assessment			Status	Date Last Reviewed
			Inherent	Residual	Planned		
353	<b>SR01. Sustainability of Primary Care Services</b> To maintain sustainable Primary Care Services both in and out of hours due to national recruitment issues.	Chief Officer (GS)	25	25	9	→	14/11/2022
574	<b>SR02. Prescribing</b> The prescribing overspend remains the single most significant cost pressure within the IJB.	Associate Medical Director (AC)	25	16	9	→	14/11/2022
578	<b>SR03. Financial Management</b> Noting long term financial forecasts, to maintain good quality financial management and to ensure the best use of all available resources.	Chief Officer and Chief Finance Officer (GS, SB)	25	20	16	→	14/11/2022
1082	<b>SR08. Workforce Optimisation</b> Bringing together partnership staffing to improve outcomes, efficiency and reduce duplication.	Head of Service (EM)	25	20	16	→	14/11/2022
1074	<b>SR11. Commissioned Service Provider Failure</b> To monitor and provide assurance that mechanisms for identifying early warning signs that providers operating locally are failing or in difficulty	Head of Service (GB)	20	20	16	→	14/11/2022
1077	<b>SR14. Adult Support &amp; Protection</b> Ensuring that the quality of adult protection work within the AHSCP is of a good standard so that risk to the public, to individual services and to member organisations are averted.	Head of Service (GB)	20	16	12	→	14/11/2022
1079	<b>SR16. Non-integration of Adverse Event, Risk Management and Complaints Handling</b> Risk to effective and integrated adverse event management, risk management, and complaints handling.	Associate Medical Director (AC)	12	12	6	→	14/11/2022
1081	<b>SR18. Implementation of Strategic Planning Priorities</b> The implementation of our strategic priorities has been impacted upon adversely by COVID-19	Associate Medical Director (AC)	20	16	12	→	14/11/2022
1148	<b>SR20 Withdrawal of Roche Glucose Nano Meter</b> Primary Care staff across all 3 partnerships are not being supplied with new or replacement Performa Nano glucose meters.	Lead Nurse Angus HSCP	20	16	12	→	14/11/2022



<p><b>SR21 Equalities</b>          There is a risk that Angus HSCP will be unable to evidence that it has paid due regard to the need to foster good relations within communities by tackling prejudice and promoting understanding, advance equality of opportunity, eliminate discrimination, harassment and victimisation and will not meet its legal obligations under the Equality Act (2010) and other relevant legislation.</p>	<p><b>Lead of Equalities</b></p>	<p><b>25</b></p>	<p><b>20</b></p>	<p><b>16</b></p>	<p><b>→</b></p>	<p><b>14/11/2022</b></p>
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Risk Status	
<p style="text-align: center;">↑</p>	<p>Increased level of risk exposure</p>
<p style="text-align: center;">→</p>	<p>Same level of risk exposure</p>
<p style="text-align: center;">↓</p>	<p>Reduction in level of risk exposure</p>
<p style="text-align: center;">x</p>	<p>Treated/Archived or Closed</p>

# Angus HSCP Risk Rating Matrix

Angus HSCP Risk Rating Matrix			Inherent Score	Residual Score									
Risk	Risk Title	Planned Risk Score	Risk Exposure – no controls	May 21	Jul 21	Sept 21	Nov 21	Jan 22	Mar 22	May 22	Jul 22	Sept 22	Nov 22
SR01	Sustainability of Primary Care Services	9 (3x3) YELLOW	25 (5x5) RED	25 (5x4) RED	25(5x5) RED	25(5x5) RED	25(5x5) RED	25(5x5) RED	25(5x5) RED	25(5x5) RED	25(5x5) RED	25(5x5) RED	25(5x5) RED
SR02	Prescribing Management	9 (3X3) YELLOW	25(5x5) RED				16 (4X4) AMBER	16 (4X4) AMBER	16 (4X4) AMBER	16(4X4) AMBER	16(4X4) AMBER	16(4X4) AMBER	16(4X4) AMBER
SR03	Effective Financial Management	16 (4x4) AMBER	25 (5x5) RED	20 (5X4) RED	20(5X4) RED	20(5X4) RED	20(5X4) RED	20(5X4) RED	20(5X4) RED	20(5X4) RED	20(5X4) RED	20(5X4) RED	20(5X4) RED
SR08	Workforce Optimisation	16 (4x4) AMBER	25 (5X5) RED	20 (5x4) RED	20 (5X4) RED	20 (5X4) RED	20 (5X4) RED	20 (5X4) RED	20 (5X4) RED	20 (5X4) RED	20(5X4) RED	20(5X4) RED	20(5X4) RED
SR11	Commissioned Service Provider Failure	16 (4x4) AMBER	20 (5X4) RED	9 (3x3) YELLOW	9 3x3 YELLOW	16(4X4) AMBER	20 (5X4) RED	20 (5X4) RED	20 (5X4) RED	20 (5X4) RED	20(5X4) RED	20(5X4) RED	20(5X4) RED
SR14	Adult Support & Protection	12 (4X3) AMBER	20 (5x4) RED	12 (4x3) AMBER	12 (4x3) AMBER	16(4X4) AMBER	16 (4X4) AMBER	16 (4X4) AMBER	16 (4X4) AMBER	16(4X4) AMBER	16(4X4) AMBER	16(4X4) AMBER	16(4X4) AMBER
SR16	Non-integration of Adverse Event, Risk Management and Complaints Handling	6 (3X2) YELLOW	12 (4x3) AMBER	12 (4X3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER
SR18	Implementation of Strategic Planning Priorities	12 (4x3) AMBER	20 (5X4) RED	12 (3X4) AMBER	12 (3X4) AMBER	20(5X4) RED	20 (5X4) RED	20 (5X4) RED	16 (4X4) AMBER	16(4X4) AMBER	16(4X4) AMBER	16 4x4 AMBER	16 4x4 AMBER
SR20	Withdrawal of Roche Glucose Nano Meter	12 (4x3) AMBER	20 4x5 RED						16 4x4 AMBER	16 4x4 AMBER	16 4x4 AMBER	16 4x4 AMBER	16 4x4 AMBER
SR21	Equalities										20(5x4) RED	20(5x4) RED	20(5x4) RED