

ANGUS IJB STRATEGIC RISK PROFILE

Appendix 1

Datix Ref	Risk Title and Description	Risk Category	Risk Level (RL) – No Controls			Risk Level (RL) – Current Controls			Planned Risk Level (RL)			Current Risk Trend	Risk Owner/ Reporting to	Risk Appetite “the amount of risk that an organisation is willing to seek or accept in the pursuit of its long term objectives”.
			L	C	RL	L	C	RL	L	C	RL			
1374	SR01. Sustainability of Primary Care Services To maintain sustainable Primary Care Services both in and out of hours due to national recruitment issues.	Quality of Care	5	5	25	4	5	20	4	3	12	→	Chief Officer/ AHSCP CCPG AIJB NHST CGC	Cautious
574	SR02. Prescribing The prescribing overspend remains the single most significant cost pressure within the IJB.	Financial	5	5	25	4	4	16	3	3	9	→	Associate Medical Director/ AHSCP CCPG AIJB	Open
578	SR03. Effective Financial Management Noting long term financial forecasts, to maintain good quality financial management and to ensure the best use of all available resources.	Financial	5	5	25	5	4	20	4	4	16	→	Chief Finance Officer/ AHSCP CCPG AIJB	Open
1082	SR08. Workforce Optimisation Bringing together partnership staffing to improve outcomes, efficiency and reduce duplication.	Workforce	5	5	25	4	4	16	4	4	16	↓	Head of Service/ AHSCP CCPG AIJB	Open

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			L	C	RL	L	C	RL	L	C	RL			
1074	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.	Workforce	5	4	20	3	4	16	3	3	9	↑	Head of Service/ AHSCP CCPG AIJB	Open
1077	SR14. Adult Support & Protection 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.	Compliance/ Legislative/ Regulatory	5	4	20	2	4	8	4	3	12	↓	Head of Service/ AHSCP CCPG AIJB	Cautious

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			L	C	RL	L	C	RL	L	C	RL			
1320	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.	Compliance/ Legislative/ Regulatory	5	5	25	3	3	9	3	3	9	↓	Head of Service/ AHSCP CCPG AIJB	Cautious
	SR24 Commissioned Services – Unmet Need. Unmet need for care at home services occurs when assessed services required by a service user as needed to help them remain at home are not being received due to providers’ lack of available hours. The unavailability of services in the community, particularly for critical priorities, can lead to delayed hospital discharges; admission to respite care home	Workforce	5	5	25	3	3	9	3	3	9	→	Head of Service/ AHSCP CCPG AIJB	Open

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			L	C	RL	L	C	RL	L	C	RL			
	placements; and vulnerable people being left unsupported in the community.													
	SR25. AHSCP Mental Health	Quality of Care										MDT discussion planned for December 2023		
	SR26. Sustainability of AHSCP Primary Care Services	Quality of Care										Pending - for approval at CCPG on 22/01/24	Head of Service/ AHSCP CCPG AIJB	
	SR27. Category 1 Responder Duties There is a risk that Angus IJB will be unable to evidence that it has the appropriate systems and processes in place to implement the new Category 1 Responders requirements. This could result in Angus IJB not meeting the legal obligations under the Civil Contingencies Act 2004.	Compliance/ Legislative/ Regulatory										Drafted – Risk Scores agreed at IJB Development Session on 15 November 2023 For discussion at Tayside Risk Management meeting.	Head of Service/ AHSCP CCPG AIJB	

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Risk Heat Map

LIKELIHOOD	Almost Certain	5				SR03		KEY SR01. Sustainability of Primary Care Services SR02. Prescribing SR03. Effective Financial Management SR08. Workforce Optimisation SR11. Commissioned Service Provider Failure SR14. Adult Support & Protection SR21. Equalities SR24. Commissioned Services – Unmet Need
	Likely	4				SR02 SR08 SR11	SR01	
	Possible	3			SR21 SR24			
	Unlikely	2				SR14		
	Rare	1						
			1	2	3	4	5	
			Negligible	Minor	Moderate	Major	Extreme	
			CONSEQUENCES					

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RISK	RISK TITLE	PLANNED RISK LEVEL	RISK LEVEL NO CONTROLS	JAN 22	MAY 22	JULY 22	SEPT 22	NOV 22	JAN 23	MAR 23	MAY 23	JULY 23	SEPT 23	NOV 23
SR01	Sustainability of Primary Care Services	12 (4X3) AMBER	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	25 (5X5) RED	20 (4X5) RED	20 (4X5) 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	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	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	16 (4X4) AMBER	16 (4X4) AMBER
SR11	Commissioned Service Provider Failure	9 (3X3) YELLOW	20 (5X4) RED	20 (5X4) RED	20 (5X4) RED	20 (5X4) RED	20 (5X4) RED	20 (5X4) RED	20 (5X4) RED	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	16 (4X4) AMBER
SR14	Adult Support & Protection	12 (4X3) AMBER	20 (5X4) RED	16 (4X4) AMBER	16 (4X4) AMBER	16 (4X4) AMBER	16 (4X4) AMBER	16 (4X4) AMBER	16 (4X4) AMBER	8 (2X4) YELLOW	8 (2X4) YELLOW	8 (2X4) YELLOW	8 (2X4) YELLOW	8 (2X4) YELLOW
SR21	Equalities	9 (3X3) YELLOW	25 (5X5) RED				20 (5X4) RED	20 (5X4) RED	20 (5X4) RED	16 (4X4) AMBER	16 (4X4) AMBER	9 (3x3) YELLOW	9 (3x3) YELLOW	9 (3x3) YELLOW
SR24	Commissioned Services Unmet Need	9 (3X3) YELLOW	25 (5X5) RED								15 (3X5) AMBER	9 (3x3) YELLOW	9 (3x3) YELLOW	9 (3x3) YELLOW
SR25	AHSCP Mental Health PENDING													
SR26	AHSCP Sustainability of Primary Care Services PENDING													

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SR27	Category 1 Responder Duties PENDING													
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Risk Definitions

- Risk Level – No Controls: The level of risk without any controls in place
- Risk Level – Current Controls: The effect of the current controls in place
- Planned Risk Level: The anticipated level of risk after all planned/proposed controls have been implemented

Risk Level Scoring

X	Consequence				
	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost Certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Rare (1)	1	2	3	4	5

Likelihood Descriptors

	Descriptor	Frequency of event occurring	Timescales (guide only)
1	Rare	Can't believe this event would happen – will only happen in exceptional circumstances	5-10 years or more
2	Unlikely	Not expected to happen but definite potential exists - unlikely to occur	2-5 years
3	Possible	May occur occasionally, has happened before on occasions - reasonable chance of occurring	Annually
4	Likely	Strong possibility that this could occur -	Quarterly

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		could occur several times	
5	Almost Certain	This is expected to happen frequently / in most circumstances - more likely to occur than not	Daily/Weekly/Monthly

Angus IJB Risk Appetite Levels

		Appetite Level, Descriptor & Risk Score				
		Avoid/ None 0-5	Minimal/ Low 6-10	Cautious/ Moderate 11-15	Open/ High 16-20	Willing/ Significant 21-25
Category of Risk	Reputational				Open	
	Quality of Care			Cautious		
	Compliance/ Legislative/ Regulatory			Cautious		
	Financial				Open	
	Workforce				Open	

Risk Appetite Level	Definition
Avoid	Very little/no appetite for this type of risk. Avoidance of risk and loss and uncertainty are key objectives. Exceptional circumstances are required for any acceptance of risk.
Minimal	Minimal appetite for this type of risk. Preference for very safe delivery options which have a low degree of risk and only reward limited benefits.
Cautious	Limited tolerance for this type of risk. Preference for safe delivery options which have a low degree of risk and may only offer limited reward.
Open	Willing to consider all potential delivery options and choose the one most likely to result in successful delivery while also providing an acceptable level of reward (and Value for Money). Acceptance that a level of risk will be required to pursue objectives, or that a greater level of risk must be tolerated in this area.
Willing	Acceptance that risk must be more actively taken in the pursuit of transformation or that a high level of risk must be tolerated.

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Consequence Descriptors

Descriptor	1 – Negligible (Green)	2 – Minor (Yellow)	3 – Moderate (Amber)	4 – Major (Red)	5 – Extreme (Red)
Patient Experience	Reduced quality of patient experience/clinical outcome not directly relative 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 <1 week	Unsatisfactory patient experience/clinical outcome; long term effects – expect recovery >1 week	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 of quality of project; project objectives or schedule	Significant project over-run	Inability to meet project objectives; reputation of the organisation is seriously damaged
Injury (Physical and psychological to patient/visitor/staff)	Adverse event leading to minor	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	Adverse event leading to death or major permanent injury
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 involved	Permanent loss of core service or facility. Disruption to facility leading to significant 'knock on' effect
Staffing and Competence	Short term low staffing level temporarily reduces service quality (<1day). Short term low staffing level (<1day), where there is no disruption to patient care.	Ongoing low staffing 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 staffing 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 objectives/ service due to lack of staff. Lack of key staff. Critical error due to ineffective training/ implementation of training
Financial (including damage/loss/fraud)	Negligible organisational/personal financial loss (<£5k)	Minor organisational/personal financial loss (£5-50k)	Significant organisational/personal financial loss (£50-500k)	Major organisational/personal financial loss (£500k-5m)	Severe organisational/personal financial loss (£>5m)
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 attitude.	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 medical/adverse publicity, more than 3 days. MSP/MP concern (Questions in Parliament), Court Enforcement. Public Inquiry/FAI