

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 | | | | | | | | | | | | | |

UPDATED – 21/11/23.

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|------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
| SR27 | Category 1 Responder Duties PENDING | | | | | | | | | | | | | |
|------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|

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 |