

ANGUS IJB STRATEGIC RISK PROFILE

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	Level of Assurance (Substantial, Reasonable, Limited, No Assurance) Commenced March 2024
			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	→ NHST risk profile under review – risk to be devolved to IJB risk registers (captured in SR26)	Chief Officer/ AHSCP CCPG AIJB NHST CGC	Reasonable
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	Reasonable
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	Limited
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	Reasonable

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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	12	3	3	9	→	Head of Service/ AHSCP CCPG AIJB	
	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 placements; and vulnerable people being left unsupported in the community.	Workforce	5	5	25	3	3	9	3	3	9	→	Head of Service/ AHSCP CCPG AIJB	
	SR25. AHSCP Mental Health As a result of the changing and growing needs of the Angus population, whole system workforce and financial constraints there is a risk that that the current model of care will be unable to deliver high quality, proactive, safe, and	Quality of Care	5	5	25	3	5	15	2	4	8	Draft for approval at CCPG July 2024	Head of Service/ AHSCP CCPG AIJB	

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			L	C	RL	L	C	RL	L	C	RL			
	person-centred mental health, and well-being services.													
	<p>SR26. Sustainability of AHSCP Primary Care Services As a result of inability to:</p> <ul style="list-style-type: none"> Reliably recruit, train, and retain GP workforce (due to national workforce shortage) Reliably recruit and train enough multi-disciplinary teams Have appropriate premises to deliver general practice effectively. Have reliable and adequate digital systems to support clinical care. <p>There is a risk that this may lead to GP Practices handing back their GMS contracts resulting in an inability to deliver safe effective, high quality person-centred care. This could lead to reputational damage and increasing pressures elsewhere in the system including neighbouring practices.</p>	Quality of Care	5	5	25	5	4	20	3	4	12	Draft for approval at CCPG July 2024	Head of Service/ AHSCP CCPG AIJB	
	<p>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</p>	Compliance/ Legislative/ Regulatory	5	3	15	4	3	12	1	3	3	Draft approved at CCPG May 2024	Head of Service/ AHSCP CCPG AIJB	

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			L	C	RL	L	C	RL	L	C	RL			
	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.													
	SR28. Eclipse System The migration to Eclipse from CareFirst and the upgrade to Eclipse Finance module is having a significant impact on AHSCPs ability to implement efficient and effective processes.	Finance	5	4	20	5	4	20	3	4	12	Draft approved at CCPG on 18 March 2024	Head of Service/ AHSCP CCPG AIJB	
	SR29. Strategic Commissioning Plan As a result of significant financial and workforce pressures there is a risk that Angus Integration Joint Board (IJB) will fail to meet the ambitions outlined within the Strategic Commissioning Plan 2023 - 2026 and deliver on the priorities outlined in the SCP. This would result in a failure to improve the health and wellbeing outcomes of the population of Angus.	Quality of Care	5	5	25	5	4	20	3	4	12	Draft for approval at CCPG July 2024	Head of Service/ AHSCP CCPG AIJB	

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			L	C	RL	L	C	RL	L	C	RL			
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	Archived at CCPG 22 January 2024	Head of Service/ AHSCP CCPG AIJB	
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	Archived at CCPG 22 January 2024	Head of Service/ AHSCP CCPG AIJB	Substantial

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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 SR24. Commissioned Services – Unmet Need SR25. AHSCP Mental Health SR26. Sustainability of AHSCP Primary Care Services SR28. Eclipse Social Work System
	Likely	4				SR02 SR08 SR11	SR01 SR26 SR28	
	Possible	3			SR24		SR25	
	Unlikely	2						
	Rare	1						
			1	2	3	4	5	
			Negligible	Minor	Moderate	Major	Extreme	
			CONSEQUENCES					

ANGUS IJB STRATEGIC RISK PROFILE

RISK	RISK TITLE	PLANNED RISK LEVEL	RISK LEVEL NO CONTROLS												
				SEPT 22	NOV 22	JAN 23	MAR 23	MAY 23	JULY 23	SEPT 23	NOV 23	JAN 24	MAR 24	MAY 24	
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	20 (4X5) RED	20 (4X5) RED	20 (4X5) 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	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	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	16 (4X4) AMBER	16 (4X4) AMBER	16 (4X4) AMBER	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	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	16 (4X4) AMBER	16 (4X4) AMBER	16 (4X4) AMBER	16 (4X4) AMBER	16 (4X4) AMBER
SR24	Commissioned Services Unmet Need	9 (3X3) YELLOW	25 (5X5) RED					15 (3X5) AMBER	9 (3X3) YELLOW	9 (3X3) YELLOW	9 (3X3) YELLOW	9 (3X3) YELLOW	9 (3X3) YELLOW	9 (3X3) YELLOW	9 (3X3) YELLOW
SR25	AHSCP Mental Health <i>(DRAFT)</i>	8 (2X4) YELLOW	25 (5X5) RED										15 (3X5) AMBER	15 (3X5) AMBER	15 (3X5) AMBER
SR26	AHSCP Sustainability of Primary Care Services <i>(DRAFT)</i>	12 (3X4) AMBER	25 (5X5) RED										20 (5X4) RED	20 (5X4) RED	20 (5X4) RED
SR27	Category 1 Responder Duties	3 (1X3) GREEN	15 (5X3) AMBER												12 (4X3) AMBER
SR28	Eclipse System	12 (3X4) AMBER	20 (5X4) RED											20 (5X4) RED	20 (5X4) RED
SR29	Strategic Commissioning Plan <i>(DRAFT)</i>	12 (3X4) AMBER	25 (5X5) RED												20 (5X4) RED

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

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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

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Levels of Assurance

System Adequacy		
Substantial Assurance	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited	Controls are applied continuously or with only minor lapses.
Reasonable Assurance	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of non-compliance.
Limited Assurance	Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Controls are applied but with some significant lapses.
No Assurance	Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Significant breakdown in the application of controls.