# HEALTH AND SOCIAL CARE MORAY STRATEGIC RISK REGISTER


# AS AT 15 AUGUST 2021

**RISK SUMMARY**

1. The Moray Integration Joint Board (MIJB) does not function as set out within the Integration Scheme, Strategic Plan and in-line with Standing Orders and fails to deliver its objectives or expected outcomes.

2. There is a risk of MIJB financial failure in that the demand for services outstripping available financial resources. Financial pressures being experienced by the funding Partners will directly impact on decision making and prioritisation of MIJB.

3. Inability to recruit and retain qualified and experienced staff to provide safe care whilst ensuring staff are fully able to manage changes resulting from integration.

4. Inability to demonstrate effective governance and effective communication and engagement with stakeholders.

5. Inability to cope with unforeseen external emergencies or incidents as a result of inadequate emergency and resilience planning.

6. Risk to MIJB decisions resulting in litigation/judicial review. Expectations from external inspections are not met.

7. Inability to achieve progress in relation to national Health and Wellbeing Outcomes. Performance falls below acceptable level.

8. Inability to progress with delivery of Strategic Objectives and Transformation projects as a result of inability to resolve data sharing and data security requirements.

9. Requirements for support services are not prioritised by NHS Grampian and Moray Council.

| RISK RATING | LOW | MEDIUM | HIGH | VERY HIGH |
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| RISK MOVEMENT | DECREASE | NO CHANGE | INCREASE | |

**The process for managing risk is documented out with the MIJB Risk Policy.**

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| **Description of Risk:** *Regulatory* | The Integration Joint Board (IJB) does not function as set out within the Integration Scheme, Strategic Plan and Scheme of Administration and fails to deliver its objectives or expected outcomes. |
| **Lead:** | Chief Officer |
| **Risk Rating**: | Low/ medium/ high/ very high | **MEDIUM** |
| **Risk Movement:** | Increase/ decrease/ no change | **NO CHANGE** |
| **Rationale for Risk Rating:** | The strategic plan "Partners in Care" 2019 to 2029 was developed and launched in December 2019. Membership of IJB committees has been relatively stable and the majority of members have attended several cycles of meetings. An amendment to the Scheme to increase membership by one from each of the partner organisations is being considered by the Scottish Government following approval by Moray Council and NHS Grampian Board. During the initial Covid 19 response, normal business was suspended and emergency arrangements were implemented. IJB, CCG and APR meetings restarted during August 2020. In addition weekly meetings of Chair/Vice Chair and Chief Officer are continuing. Progress is being made with the development of the cross system focus on "Home First" and these actions will be incorporated into the Transformation plan that underpins "Partners in Care" |
| **Rationale for Risk Appetite:** | The Board, staff and providers across Moray are all committed to ensuring high standards of clinical care & governance through operational policies. Innovation and new ways of working may mean traditional regulations do not exist, or are contradictory.<br><br>We will only take regulatory risks knowingly, following consultation with the relevant regulatory body and where we have clear risk mitigation in place. |
| **Controls:** | • Integration Scheme.<br>• Strategic Plan ""Partners in Care" 2019 to 2029<br>• Governance arrangements formally documented and approved by MIJB January 2021.<br>• Agreed risk appetite statement.<br>• Performance reporting mechanisms.<br>• Consultation with legal representative for all reports to committees and attendance at committee for key reports.<br>• Standing orders have been reissued to all members |

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| **Mitigating Actions:** | Induction sessions are held for new IJB members.<br>IJB member briefings are held regularly.<br>Conduct and Standards training held for IJB Members in December 2020 with updates provided by Legal Services as appropriate.<br><br>SMT regular meetings and directing managers and teams to focus on priorities.<br><br>Regular development sessions held with IJB and System Leadership Group<br>Strategic Plan and locality management structure is in place and wider system re-design and transformation governance structures are being developed for implementation.   The work that has been progressed through the Covid19 response has escalated developments in some areas as a matter of priority.  This has been done through collaborative working with partner organisations and the third sector. |
| **Assurances:** | • Audit, Performance and Risk Committee oversight and scrutiny.<br>• Internal Audit function and Reporting<br>• Reporting to Board. |
| **Gaps in assurance:** |  The Covid 19 Response has caused a delay in producing the Transformation Plans which in turn has impacted on communication and engagement with staff and partners in respect of the intended outcomes.  Work has been undertaken and will further progress over the next quarter to address this gap. |
| **Current performance:** | Scheme of administration is reported when any changes are required.  An initial meeting was held with legal advisors to establish the governance requirements for the review of the integration scheme in relation to the proposed delegation of Children's and Criminal Justice Services.<br>Report presenting the Strategic Plan, Communication Strategy, Organisational Development and Workforce Plans, Performance Framework and the draft Transformational Plan were presented and approved at MIJB on 28 November 2019<br>Appointment of Standards Officer agreed by IJB September 2020.<br>Members Handbook has been updated and circulated to all members in June 2021.<br>Governance Framework was approved by IJB 28 January 2021<br>A request to amend the Scheme to increase voting members from 3 to 4 from each partner was submitted to Scottish Government in May 2021, a response was received requiring some other amendments to the previously agreed scheme, which are being addressed and it will then been necessary to submit to Moray Council and NHS Grampian Board for agreement before it can be resubmitted to Scottish Government. |
| **Comments:** | Strategic Planning and Commissioning Group approved the generic Terms of Reference and Chairs of the transformation boards at the meeting on 19 December 2019.  It was intended that these boards would be established by April 2020 however this work has been on hold due to Covid19 and is being restarted but will incorporate the |

| | changes Covid is causing on ways of working and will recommend a revised way forward.  The Strategic Planning and Performance Lead is now taking this forward.<br><br>The Scheme of Integration requires to be amended to incorporate the agreed increase in membership.  The public consultation completed on 5 March 2021 and Moray Council Legal services are progressing with Scottish Government for ratification. |
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| **Description of Risk:** *Financial* | There is a risk of MIJB financial failure in that the demand for services outstrips available financial resources.  Financial pressures being experienced both by the funding Partners and Community Planning Partners will directly impact on decision making and prioritisation of MIJB. |
| **Lead:** | Chief Officer/Chief Financial Officer |
| **Risk Rating**: | Low/ medium/ high/ very high |

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| | Low/ medium/ high/ very high | **VERY HIGH** |
| **Risk Movement:** | Increase/ decrease/ no change | **NO CHANGE** |

| **Rationale for Risk Rating:** | Whilst the 2019/20 and 2020/21 settlement saw additional investment for health and social care that was passed through to the MIJB, there remains a significant pressure  as much of the new investment related to new commitments. Financial settlements are set to continue on a one year only basis, which does not support sound financial planning.  In addition, many uncertainties have arisen through the Covid reponse and continue as we continue to remobilise.  The full impact is not yet quantifiable.

Demand on services is greater than before and the IJB has no remaining general reserves.  There is however earmarked reserves of £4.7m that will be used to support the Covid response and Primary Care Improvement Plan

The unaudited annual accounts werepresented to the IJB meeting of 24 June 2021 and show a surplus of £6.3m  This in the main is derived from late allocation as payment in advance from Scottish Government in relation to Covid spend in 2021/22.  The available general reserve of £1.5m has been utilised in balancing the revenue budget for 2021/22 as approved by the IJB in March 2021.  Audited Accounts will be presented to the IJB on **25 November 2021 for approval prior to publishing.** |
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| **Rationale for Risk Appetite:** | The Board recognises the financial constraints all partners are working within. While we are cautious and open about accepting financial risks this will be done:<br>• Where a clear business case or rationale exists for exposing ourselves to the financial risk<br>• Where we can protect the long term sustainability of health & social care in Moray<br><br>Covid-19 continues to place additional risk on the MIJB finances as we continue through the pandemic and remobilise |
| **Controls:** | Chief Finance Officer appointed - this role is crucial in ensuring sound financial management and supporting financial decision making, budget reporting and escalation.<br>The CFO and Senior Management Team continue to work together to address further savings which will be presented to the Board for approval during the 2021/22 financial year.  A revised Financial Framework will be developed during the year to support the emerging situation |
| **Mitigating Actions:** | Risk remains of the challenge that the MIJB can deliver transformation and efficiencies at the pace required.<br>Financial information is reported regularly to both the MIJB, Senior Management Team and System Leadership Group. |

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| | The Chief Officer and Chief Financial Officer (CFO) continue to engage in finance discussions with key personnel of both NHS Grampian and Moray Council.  These conversations have continued through the pandemic phase.<br><br>Chief Officer and CFO will continue to engage with the partner organisations in respect of the financial position throughout the year. Cross partnership performance meetings are in  with partner CEOs, Finance Directors and the Chair/Vice Chair of the IJB.<br><br>The focus for 2021/22 will be close monitoring to assess the continuing impacts of Covid-19 and the costs of remobilisation in addition to identifying further efficiencies and seeking IJB approval |
| **Assurances:** | MIJB oversight and scrutiny of budget.  Reporting through MIJB, NHS Grampian Board and Moray Council. |
| **Gaps in assurance:** | None known |
| **Current performance:** | For the 2021/22 financial year an overspend will be reported at the end of the first quarter.  This will be reported to the IJB on 30 September 2021  In the previous year, reliance has been place on Covid – 19 funding to support under-delivery of savings will has beendrawn-down  to create a general reserve.  This has been  required to support a balanced budget for 2021/22 and it is yet unknown whether SG will provide support for this in the current year. |
| **Comments:** | Senior managers to work with Chief Officer and Chief Financial Officer to address the continuing financial challenge, continuing to seek efficiencies and opportunities for real transformation and forecast overspend as we progress through the current pandemic.  Through reporting, regular updates will be provided to the MIJB, Moray Council and NHS Grampian as part of the risk sharing arrangement in place. |

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| **Description of Risk:** *Human Resources (People):* | Inability to recruit and retain qualified and experienced staff to provide and maintain sustainable, safe care, whilst ensuring staff are fully able to manage change resulting from response to external factors such as the impact of  Covid and the actions that will arise from the recommendations from the Independent Review of Adult Social Care 2021. |
| **Lead:** | Chief Officer |
| **Risk Rating**: | Low/ medium/ high/ very high | **HIGH** |
| **Risk Movement:** | Increase/ decrease/ no change | **NO CHANGE** |

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| **Rationale for Risk Rating:** | There continues to be issues with recruitment to some front line services that require specific skills and experience. This has been the case for some time now and continues to place pressure on existing staff. Allied Health Professions and Social Work are two particular areas experiencing difficulties with obtaining people with the appropriate skills and training. There are additional tasks to be undertaken which include flu immunisation and this is using considerable resource which will not be available to support other frontline services over winter. |
| | The roll out of the Covid vaccine placed a significant strain on the Partnerships resources across frontline and support functions and this has resulted in delays for the progress of projects relating to the achievement of strategic objectives. |
| | The Care Homes in Moray have continued to do well to maintain their staffing levels throughout the pandemic and whilst the difficulty with recruitment and retention of staff to caring roles is still being experienced there has not been a direct impact on HSCM teams for additional support from contractors. Neither has Covid 19 cause significant disruption to staffing as a result of positive cases or notification of Test, Trace and Isolate . |
| | There have been some achievements in the recent appointment to the Geriatrician post, and recruitment to agreed models for orthapedics, anaesthetics, general surgery and the emergency department in Dr Grays. There is further work being undertaken to develop the model for General medicine. The benefit of these appointments are being felt across the whole system. |
| | The transition from EU membership has not presented any specific concerns for workforce and this will continue to be monitored. |
| | The impact of budgetary decisions by the Council in relation to reducing staffing levels has reduced levels of support provided in some key areas for Health and Social Care Moray (HSCM), such as ICT, HR, Legal and design. Committee Officer support has been reinstated for APR and CCG committees with effect from August 2021. |
| **Rationale for Risk Appetite:** | Safety risks that could result in harm to service users, staff or the public are inherent in Health & Social Care services. The safety of individuals is paramount therefore standards of safety management and clinical care have to be high, and the Board will continue to seek assurances this is the case. |
| | The Board's ambition is for health & social care to be people centred. This means supporting people in decision making about their own health & care, which may expose individuals to higher risk where they make an informed decision. |
| | The Board will also seek to balance individual safety risks with collective safety risks to the community. |
| **Controls:** | Management structure in place with updates reported to the MIJB. Organisational Development plan in place and Workforce Plans are being updated to align to the new strategic plan. |

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| | Continued activity to address specific recruitment and retention issues. The chief social worker reviewed the situation with managers and employed a Consultant Practitioner to develop options for addressing some of the particular issues affecting social work services in Moray and to provide support to managers and staff. There continues to be pressures around Social Work as more requests for assessment are being received from the community and an additional 3.68 FTE have been approved for recruitment for a temporary period to progress outstanding reviews.<br><br>Management competencies continue to be developed through Kings Fund training although this is suspended due to Covid19.<br><br>Communications & Engagement Strategy was approved in November 2019 and is being implemented.<br><br>Council and NHS performance systems in operation with HSCM reporting being further developed and information relating to vacancies, turnover and staff absences is integral to this. This has been expanded to collate details of staff shielding or isolating so arrangements can be made to utilise staff resources as effectively as possible.<br><br>SMT review vacancies and approve for recruitment.<br><br>Managers are highlighting any areas of concern and where appropriate this is identified in operational risk registers.<br><br>HSCM services have commenced twice weekly reporting of workforce sit reps for Senior Management Team oversight highlighting vacancies, annual leave, sickness absence and Covid impacts so that issues can be identified and assessed quickly. |
| **Mitigating Actions:** | System re-design and transformation.<br><br>Organisational Development Plan and Workforce plan have been updated and approved by MIJB in November 2019 and they are being progressed by the Workforce Forum. Workforce planning has recommenced and an initial draft was prepared and submitted in April 2021. This will be taken forward alongside plans for NSHG and Moray Council with a detailed version being prepared for March 2022.<br><br>Staff Wellbeing is a key focus and there are many initiatives being made available to all staff including training, support, information and access to activities. .<br><br>Locality Managers are developing the Multi-disciplinary teams in their areas and some project officer support has been provided to develop the locality planning model across Moray.<br><br>Lead Managers are involved in regional and national initiatives to ensure all learning is adopted to improve this position.<br><br>Lead Managers and Professional Leads are linked to University Planning for intakes and programmes for future workforce development.<br><br>Close monitoring of Covid infection rates and potential impacts for services are considered at the weekly Response Group meeting. |
| **Assurances:** | Operational oversight by Moray Workforce Forum has resumed and will report to MIJB in accordance with the agreed Governance framework.<br><br>The HSCM Response Group has been in place over the whole period of the Covid19 pandemic providing focussed leadership around emerging issues and resolving them. |

| Gaps in assurance: | Further work required to develop workforce plans to reflect strategic plan implementation programmes once they are agreed. |
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| Current performance: | The full IMatter surveys did not take place during 2020 however an IMatter pulse survey was undertaken in September 2020 to get a snap shot of what staff are feeling. Results were published 20 November 2020 and although there was a lower response rate of the 36% the "working within the organisation satisfaction" score was 6.91 compared with 6.94 in 2019. Work is underway in preparation fo the Imatter survey that will take place during July/August<br>Discussions are underway with HR in both Council and NHS to develop access to appropriate HR information at a summarised level to facilitate the necessary workforce planning and subsequent monitoring of plans. |
| Comments: | Staffing issues are owned by the Systems Leadership Group who will work collaboratively across the system to seek opportunities to make jobs more attractive where it has proved difficult to recruit in the past.<br><br>Collaborative working has resulted in streamlining the appointment and training of 10 Care at Home staff to which will enable them to start their role on 9 August 2021, a couple of weeks earlier than originally envisaged.<br><br>For some professions there is a potential risk that staff move from one position to a new position within HSCM will just move the vacancy to elsewhere in the system, so Senior Management Team are aware of this risk and taking it into account in considerations for vacancies. |

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| **Description of Risk:**<br>*Reputation:* | Inability to demonstrate effective governance and effective communication and engagement with stakeholders. |
| **Lead:** | Chief Officer |
| **Risk Rating**: | low/medium/high/very high | **MEDIUM** |
| **Risk Movement:** | increase/decrease/no change | **INCREASING** |
| **Rationale for Risk Rating:** | Locality planning assessed as medium in relation to ability to work at the pace required and current workforce capacity.<br><br>Performance framework to be further developed from a planning perspective to show the links through operational service delivery to strategic objectives. |

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| | The Third Sector rep stood down from MIJB and the substitute is only able to commit to attending until August 2021 so there is a need to recruit.<br><br>Recent engagement with individuals representing their communities or third sector organisations in a variety of forums is highlighting that problems with their capacity to fulfil our needs so more co-ordination and clearer focus is required to ensure that the communication, engagement and outcomes are meeting identified needs. |
| **Rationale for Risk Appetite:** | The Board is cautious but open about risks that could damage relationships with different stakeholders. It recognises many of our aspirations depend on effective collaboration, coproduction and partnership working with a range of stakeholders. The appetite also recognises that while the aspiration is to be a co-operative partner, some partners will not be able to move at the same pace as us all the time.<br><br>We will seek to protect relationships in the long term and will not set out to antagonise stakeholders deliberately. For example, we must not be seen to exclude or prevent participation in the design of services where there is an appetite to do this.<br><br>We must be mindful that repairing relationships is easier when there is already a well of goodwill to draw on, and that further damage to an already damaged relationship will not be conducive to good long term outcomes.<br><br>Traditional methods of engagement are not possible at present as social distancing rules apply however alternative mechanisms for engaging with stakeholders are being used along with social media |
| **Controls:** | Governance Framework approved by IJB January 2021<br>Communication and Engagement Strategy approved November 2019<br>Annual Governance statement produced as part of the Annual Accounts 2019/20 and submitted to External Audit.<br>Annual Performance Report for 2019/20 was published in August 2020<br>Performance reporting mechanisms in place and being further developed through performance support team, home first group and system leadership team.<br>Community engagement in place for key projects areas such as Forres and Keith with information being made available to stakeholders and the wider public via HSCM website.<br>Participation of stakeholders in Home First project meetings. |
| **Mitigating Actions:** | Schedule of Committee meetings and development days in place and implemented.<br><br>Good working relationship established with Audit Scotland, the MIJB's appointed external auditors since 16/17.<br><br>Annual Performance Report for 2019/20 published in August 2020. |

|  | Social media is actively used as a method of engaging with the public, with short videos focussing on particular services being trialled.<br><br>SMT have considered the existing arrangements for engagement with stakeholders and work is being undertaken to align our framework with the Scottish Government "Planning with people guidance" and ensure that mechanisms are in place across services to evidence and evaluate their impact. |
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| **Assurances:** | Oversight and scrutiny by Clinical and Care Governance Committee, Audit Performance and Risk Committee and MIJB.<br>Summary reports of minutes of MIJB meetings are submitted to Council committee and NHS Board. |
| **Gaps in assurance:** | Progress on implementation of the Communication and Engagement Strategy has been impacted by the Covid 19. Due to the impact of COVID and requirement for social distancing the normal mechanism for engagement are not all available.  More use is being made of social media and Microsoft teams and other options and methods for engagement with staff are being used via NHSG such as videos on Youtube and one question surveys. |
| **Current performance:** | Communications Strategy was reviewed approved by IJB November 2019.<br>Annual Performance Report 2019/20 published August 2020.  Audited Accounts for 2019/20 were publicised by deadline 30 September 2020<br><br>Due to Covid19 there have been increased levels of briefings to staff, the public and Chair/Vice Chair of MIJB with a focus on the key elements of the response.<br>Staff have been involved in co-ordinating services for and communicating with shielded and vulnerable people. |
| **Comments:** | A communication cell was established as part of the Local Resilience Partnership response with representation from Councils, HSCP and NHSG.  This was led by Aberdeen City Council and was an example of the collaborative working that took place.  This forum provides assurance that messages to all stakeholders are consistent.  It also ensures that there is support for our Communications Officer and resilience provided with the access to other communication officers.<br>There has been representation from the Home first project at the Wellbeing forum to facilitate sharing of information and seeking views. |

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| **Description of Risk:** *Environmental:* | Inability to cope with unforeseen external emergencies or incidents as a result of inadequate emergency and resilience planning. |
| **Lead:** | Chief Officer |
| **Risk Rating**: low/medium/high/very high | **HIGH** |
| **Risk Movement:** increase/decrease/no change | **NO CHANGE** |
| **Rationale for Risk Rating:** | Due to the response requirements for Covid 19 progress has been made in a number of areas. SMOC information is updated, control room guidance updated and expanded, control centre protocols were implemented and remain in place and management teams have responded in an agile, responsive and collaborative way under very challenging conditions.<br><br>HSCM did not have a collectively approved list of critical functions at the start of the response however this was quickly completed and used to prioritise allocation of resources to the response. This list has been recently reviewed to take into account remobilised services and the winter/surge action plan has been further defined and implemented<br><br>Whilst the rates of Covid infection in Moray at the moment are relatively low the situation could change. Risk identification, assessment and initial response plans have been developed for potential impacts across the whole system.<br><br>MIJB will be redefined as a Category 1 responder under the Civil Contingencies (Scotland) Act and there are additional requirements for preparadness that is being taken forward in partnership with NHSG and Moray Council emergency planners. |
| **Rationale for Risk Appetite:** | The MIJB understand the requirement to meet the statutory obligations set out within the Civil Contingencies Act and the Category 1 status applied in March 2021, and work with partner organisations to meet these obligations |
| **Controls:** | Winter/Surge Plan updated and was tested alongside NHSG plans for winter with participation from officers in cross system table top exercises. Further work is being undertaken to identify learning from recent incidents to strengthen plans.<br>HSCM Civil Contingencies group established and meeting regularly to address priority subjects.<br>NHS Grampian Resilience Standards Action Plan approved (3 year).<br>Business Continuity Plans in place for most services although overdue a review in some areas.<br>Knowledge of critical functions and ability to respond quickly and effectively has been in evidence during recent incidents such as Gas outages in Keith and Covid response – debriefs carried out and learning identified |
| **Mitigating Actions:** | Information from the updated BIA/BCP has informed elements of the Winter Plan (Surge plan).<br><br>A Friday huddle is in place which gathers the status of services across the whole system to provide information and contact details to the Senior Manager on Call (SMOC) over the weekend. |

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| | NHS Grampian have amended their approach to Pandemic preparation so HSCM Pandemic plan requires redrafting and testing |
| | Lesson learnt from the response to Covid will be incorporated into the Surge (Winter) Plan and training needs identified will be addressed. |
| | Practitioner group established for Moray with representation from HSCM, Dr Grays, Moray Council and NHSG to discuss matters arising from the Local Resilience Forum and within our respective organisations.  In addition it will provide a forum for discussion of the linkages between organisational response plans to ensure there are no gaps or over reliance on particular local resources. |
| | HSCM continues to monitor the local situation regarding Covid-19 and  is engaged with NHSG emergency planning arrangements and Council Response and Recovery management team to be ready to escalate response if required.  There is work underway with partners within NHSG, Aberdeenshire HSCP and Aberdeen City HSCP to look at Surge flows and establish a mechanism that will provide easy identification of "hot spots" across the whole system in Grampian, to facilitate a collaborative approach to addressing the issues through the use of a common Operational Pressure Escalation approach.  This work could underpin surge responses in winter and at other times of pressure and having a standard approach across Grampian would aid communication and understanding. |
| **Assurances:** | Audit, Performance and Risk Committee and NHS Grampian Civil Contingencies Group oversight and scrutiny. |
| **Gaps in assurance:** | Recent experience has highlighted the need for additional staff to be trained to be control centre managers, loggists and general awareness of response structures and meeting protocols.  This will be incorporated into training schedules going forward.  It has also highlighted the need for a more robust arrangement for out of hours contact and clarity of roles and responsibilities across the system which is being progressed with partners in Moray. |
| | Some table top exercises have been completed but the intended programme for 2020 will require to be rescheduled once we are out of response phase. |
| | Progress has been made however further work is required to address the targets in the implementation plan that have not been met and the Resilience standards as identified by the NHSG Civil Contingencies Group. |
| | Pandemic flu plans will require to be updated with the learning from this incident |
| | The debrief reports following the gas outages from a Moray perspective and the Grampian Local Resilience Partnership (LRP), highlighted some issues for clarification in relation to the Care for People agenda.  To address the local issues ameeting has taken place with representation from Moray Council and HSCM and steps to re-establish the Care for |

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| | People group and update the Care for People response plan are in progress. The next meeting will be in September 2021. |
| **Current performance:** | The Senior Management Team participated in Strategic Leadership in a Crisis training in 2020 and a programme of further training for the wider management team is scheduled.<br><br>Many services have business continuity arrangements and some are overdue for an update. Work has progressed in identification of a critical functions list for agreement by System Leadership Group that will inform planning arrangements going forward. There will need to be changes made to business continuity plans following the implementation of additional ICT resources in services which have provided a greater deal of resilience for some services and functions – albeit reliant on electricity supply.<br><br>Annual report on progress against NHS resilience standards was reviewed by APR committee on 25 March 2021. |
| **Comments:** | Once the response phase is complete the HSCM Civil Contingencies group will schedule and review progress in achieving the NHSG resilience standards, reporting updates to System Leadership Group. |

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| **Description of Risk:** *Regulatory* | Risk to MIJB decisions resulting in litigation/judicial review.  Expectations from external inspections are not met. | | |
| **Lead:** | Chief Officer | | |
| **Risk Rating**: | low/medium/high/very high | **MEDIUM** | |
| **Risk Movement:** | increase/decrease/no change | **INCREASING** | |
| **Rationale for Risk Rating:** | Considered medium risk due to the impact of Covid-19 and resultant efforts required to remobilise services and/or the increase in workloads stretching a workforce that has been under sustained pressure for a considerable time. | | |
| **Rationale for Risk Appetite:** | The Board, staff and providers across Moray are all committed to ensuring high standards of clinical care & governance through operational policies.  Innovation and new ways of working may mean traditional regulations do not exist and require to be developed, no longer apply,or are contradictory.<br><br>We will only take regulatory risks knowingly, following consultation with the relevant regulatory body and where we have clear risk mitigation in place. | | |
| **Controls:** | Clinical and Care Governance (CCG) Committee established and future reporting requirements identified<br>High and Very High operational risks are reviewed by System Leadership Group monthly and a review of all risks will be undertaken as part of the risk management framework.<br>Complaints and compliments procedures in place and monitored.<br>Clinical incidents and risks are being reviewed on a weekly basis to ensure processes are followed appropriately and consistently and responses are recorded in a timely manner.<br>Adverse events and duty of candour procedures in place and being actioned where appropriate and summary reports submitted to CCG committee.<br>Reports from external inspections reported to appropriate operational groups and by exception to SMT for subsequent reporting to CCG or Audit Performance and Risk Committee as appropriate, albeit there has been a reduction in some areas of external inspection reporting during the Covid period due to social distancing restrictions<br><br>Care Home Oversight Group was meeting daily but now three times a week to oversee and manage risks in care homes.<br>Children and Adult Protection services are being delivered and reported to their respective committee on a regular basis. | | |
| **Mitigating Actions:** | This risk is discussed regularly by the three North East Chief Officers.<br><br>Additional resource has been allocated to support the analysis of information for presentation to CCG committee | | |

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| | Process for sign off and monitoring actions arising from Internal and External audits has been agreed |
| **Assurances:** | Audit, Performance and Risk and Clinical and Care Governance Sub-Committees oversight and scrutiny. Governance Framework in place and operational. |
| **Gaps in assurance:** | Process for highlighting recurring themes or strategic expectations from external inspections requires further development to ensure Committee has sight of significant issues. There has been a reduction in staff resources around clinical and care governance due to the need to deploy staff to the vaccination team. This is being addressed. |
| **Current performance:** | External inspection reports are reviewed and actions arising are allocated to officers for taking forward. A summary of inspections was included in the Annual Performance report in 2020. |
| **Comments:** | No major concerns have been identified for HSCM services in any audits or inspections this year. The equipment store has received a follow up internal audit and the initial verbal feedback was positive. |

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| **Description of Risk:** *Operational Continuity and Performance:* | Inability to achieve progress in relation to national Health and Wellbeing Outcomes. Performance of services falls below acceptable level. | |
| **Lead:** | Chief Officer | |
| **Risk Rating:** | low/medium/high/very high | **HIGH** |
| **Risk Movement:** | increase/decrease/no change | **NO CHANGE** |
| **Rationale for Risk Rating:** | Potential impacts to the wide range of services in NHS Grampian and Moray Council commissioned by the MIJB arising from reductions in available staff resources as budgetary constraints impact. Unplanned admissions or delayed discharges place additional cost and capacity burdens on the service. | |

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| | The level of delayed discharges has fluctuated over the last two months but reduced in recent weeks and has reflected the sustained focus and collective efforts by all those working in the pathway. However this is a complex area and will require continued effort to continue reductions and maintain them. |
| **Rationale for Risk Appetite:** | The Board is cautious but open about risks that could affect outcomes that are priorities for people in Moray. There is a slightly higher appetite to risks that may mean nationally set outcomes – that by design are not given a high priority in Moray - are not met.<br><br>This will only be accepted where there is a clear rationale, and preferably also a way of demonstrating what the IJB is doing to meet the aspiration the outcome was created for. |
| **Controls:** | Performance Management reporting framework.<br>2019 to 2029 "Partners in Care" Strategic Plan approved and Transformation Plan being developed.<br>Performance regularly reported to MIJB. Revised Scorecard being developed to align to the new strategic priorities.<br>Best practice elements from each body brought together to mitigate risks to MIJB's objectives and outcomes.<br>Chief Officer and SMT managing workload pressures as part of budget process. |
| **Mitigating Actions:** | Service managers monitor performance regularly with their teams and escalate any issues to the System Leadership Group (SLG) for further discussion to provide wider support, developing shared ownership and a greater understanding across the whole system.<br><br>Key operational performance data is being circulated daily to all managers in a "Performance Flow" dashboard to ensure any potential issues are identified quickly so action can be taken. This dashboard is being reviewed and will be further developed with the intention of further dashboards to provide a whole system overview. This has been discussed at SLG and agreed. |
| **Assurances:** | Audit, Performance and Risk Committee oversight.<br>Operationally managed by service managers, summary reports to Practice Governance and clinical and care governance group and to System Leadership Group. Strategic direction provided by Senior Management Team.<br><br>HSCM Response Group continues to meet and reviews the key performance information and actions that are required to deliver the priority services. |
| **Gaps in assurance:** | Development work in performance to establish clear links to describe the changes proposed by actions identified in the Strategic Plan has recommenced but is at an early stage. Progress will be reported to future Board meetings. |

| Current performance: | Covid19 has impacted on all areas of the service and work is underway to take the learning and experience gained during the response to collate performance information in dashboards to support mangers interpret the impact of Covid19 on their services, now and going forward.<br>There are likely to be changes to ways of working and this may also have impact on the performance information required. |
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| Comments: | Work has progressed with development of performance monitoring and reporting of key performance indicators for locality managers.<br>The delayed discharge group has produced an action plan for implementation and progress is being made.<br>Practice Governance have been reviewing their operational performance requirements.<br>The Home First priorities are being taken forward and updates are reported to this committee or MIJB on a regular basis.<br>Progress in this area has been hampered due to the increased demand for urgent or critical services requiring staff resource to be prioritised to frontline service delivery. |

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| **Description of Risk:**<br>*Transformation* | Inability to progress with delivery of Strategic Objectives and Transformation projects. | |
| **Lead:** | Chief Officer | |
| **Risk Rating**: | low/medium/high/very high | **HIGH** |
| **Risk Movement:** | increase/decrease/no change | **NO CHANGE** |
| **Rationale for Risk Rating:** | There are many issues that will impact on the ability to progress to deliver Strategic Objectives.<br><br>The Strategic Planning & Commissioning group is to be refreshed and re-launched and key work is being progressed that will report into this forum. This will provide as structure for oversight, prioritisation and assurance in relation to key developments, their fit with IJB strategy and enabling elements.  The appointment of the Strategic Planning and Performance Lead provides additional capacity to take this forward and to align the priorities arising nationally, Grampian-wide and locally.<br><br>The remobilisation plan for HSCM services that were suspended or reduced is progressing with Providers services and social work implementing the IJB decision to return to delivery of both substantial and critical eligibility criteria.  Work has progressed and  risk assessments are completed and assessments have been or are in the process of being reviewed | |

|  | to ensure equality.  The restrictions of social distancing on services mean that capacity for services is impacted which means that service users will not have the same level as before Covid however it is anticipated that a hybrid service will be offered which will facilitate tailoring of services to meet specific individual outcomes where this is appropriate.<br>The time period and extent of Covid 19 the impact on the population of Moray will not be fully understood until well after the response is over.  It is therefore not possible to predict the extent of the impact on the ability to progress with delivery of Strategic Objectives.  There are some aspects that have progressed very well such as introduction of Near Me consultations but there are others that are more difficult to progress.<br><br>There is concern that due to the workloads and challenges over the last year that teams are weary and/or do not have capacity at this moment in time, to progress with delivery of development plans at this moment in time.  In addition the pandemic is still present in the community so services are still responding to the impacts it has for the population of Moray.  Managers are working with teams to establish "readiness" and their capacity and sense of wellbeing and the collated output will inform plans going forward.<br><br>One key aspect to facilitate transformation is the need for progress in relation to ICT infrastructure, data sharing and data security across the whole system.   Work was undertaken by NHS GRAMPIAN and partners to address the needs for ICT kit and  information during the response to Covid and it is hoped that this progress can be built on |
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| **Rationale for Risk Appetite:** | The Board has a high appetite for risks associated with delivery of transformational redesign. The following should be considered when accepting these risks:<br>• We understand and can mitigate other risk types that may arise, e.g. safety or financial within appetite<br>• Service users are consulted and informed of changes in an open & transparent way<br>• We will monitor the outcome and change course if necessary |
| **Controls:** | Home First strategic theme is being progressed across the whole system and a local Home First Group is meeting fortnightly. The Home First Transformation Board has also been established for Grampian – the output of these meetings will go through appropriate governance frameworks.  A newsletter is being produced to keep staff and partners informed.<br><br>It is recognised that there will be significant changes taking place in Social Work practice with the implementation of the Self Directed Support standards and the move to outcomes based services, so governance arrangements are being set up to facilitate the same type of oversight and communication that is in place for the Home First programme. |
| **Mitigating Actions:** | Integrated Infrastructure Group established, with ICT representation from NHSG and Moray Council, to consider and provide solutions to data sharing issues and ICT infrastructure matters.  Linkages to Infrastructure board and Information sharing groups have been established albeit these meetings are not taking place regularly at the moment |

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| | Data sharing groups for Grampian and Health and Social Care Moray have been established and meetings were held regularly but have not taken place for several months due to Covid.  These meetings have oversight of any issues arising from Data protection and GDPR matters from either Council or NHS systems. |
| **Assurances:** | Strict ICT and data sharing policies and protocols in place with NHS Grampian and Moray Council. |
| **Gaps in assurance:** | Transformation/implementation planning is in development and will inform outcomes and performance reporting on the delivery of the strategic plan.<br><br>Protocol for access to systems by employees of partner bodies to be documented.<br>Information Management arrangements to be developed and endorsed by MIJB.<br>Process of identification of issue and submission to data sharing group requires to be reinforced to ensure matters are progressed.<br><br>Meetings have not been taking place due to Covid. |
| **Current performance:** | Training programme to be developed on records management, data protection and related issues for staff working across and between partners. |
| **Comments:** | Where national systems are involved it may not be possible to identify a solution however the issues will be able to be raised at the appropriate level via the Grampian Data Sharing Group where all three partnerships are represented. |

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| **Description of Risk:**<br>*Infrastructure* | Requirements for support services are not prioritised by NHS Grampian and Moray Council. |
| **Lead:** | Chief Officer |
| **Risk Rating**: | low/medium/high/very high | **HIGH** |
| **Risk Movement:** | increase/decrease/no change | **NO CHANGE** |
| **Rationale for Risk Rating:** | Changes to processes and necessary stakeholder buy-in still bedding in.<br><br>Moray Council is undertaking a Property review of office and depot accommodation and the potential impact for HSCM services requires consideration.  The output was anticipated in October 2019 however due to changes with roles and responsibilities within the Council however the paper has been out for consultation.  The changes required to places of work as a result of Covid19 continue to restrict the number of people that can use an office.  These decisions are being made by NHSG and Moray Council and we await their development of policy regarding workspace and availability of facilities going forward as highlighted in the Premises Strategy report to MIJB in May 2021.  NHSG have advised that staff should aim to work from home until December 2021 although and update will be provided in August 2021.<br><br>ICT infrastructure service plans in NHS Grampian and Moray Council are not yet visible to HSCM and development of communication and engagement process is required.<br><br>The impact of Covid has resulted in a change in ICT strategy for Moray Council.  Staff requiring mobile technology have now been provided with it and many staff are working from home.  This is a necessity where the number of desks available in offices has been reduced due to implementation of social distancing guidance.<br><br>There is still an issue with availability of kit for NHS employed staff which has been escalated |
| **Rationale for Risk Appetite:** | Low tolerance in relation to not meeting requirements. |
| **Controls:** | Chief Officer has regular meetings with partners<br>Computer Use Policies and HR policies in place for NHS and Moray Council and staff are required (through and automated process) to confirm they have read these every 6 months<br><br>PSN accreditation secured by Moray Council |

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| | Infrastructure Programme Board was established with Chief Officer as Senior Responsible Officer/Chief Officer member of CMT. Process for submission of projects to the infrastructure board approved and implemented to ensure appropriate oversight of all projects underway in HSCM. The Board is not meeting at present, so in the interim, project requests are being processed via Senior Management Team. |
| **Mitigating Actions:** | Membership of the Board was reviewed and revised to ensure representation of all existing infrastructure processes and funding opportunities.<br>Process for ensuring infrastructure change/investment requests developed<br>Interim Infrastructure Manager in post and linking into other Infrastructure groups within NHSG & Moray Council to ensure level of 'gatekeeping'.<br>Dr Gray's site development plan is being produced collaboratively with input from NHSG and HSCM management<br>Work is progressing on identification of needs for some services with regard to accommodation which will be communicated with partners to find the most effective solution. |
| **Assurances:** | Infrastructure Programme Board functions to provide robust governance and assurance that proposed projects have a robust business case and meets requirements of the respective partner organisations. This board reports to Strategic Planning and Commissioning Group. Both of these groups are being refreshed and remobilised.<br><br>Workforce Forum meeting regularly with representation of HR and unions from both partner organisations |
| **Gaps in assurance:** | Further work is required on developing the process for approval for projects so that they are progressed timeously. Need to review all existing processes in relation to infrastructure changes/projects/investments and streamline to avoid duplication of effort.<br><br>Infrastructure Board is in development and priority issues are being addressed in relation to infrastructure and premises risk.<br><br>Legal services have reduced capacity to provide support due to budget cuts so any requests may take longer.<br><br>Recruitment for vacancies takes considerable time due to various factors and is presenting a strain on services to maintain normal service whilst covering vacancies. There have been several posts that have had to go out to advert more than once extending the time other staff are covering gaps. |
| **Current performance:** | The Infrastructure Board is currently suspended. Its purpose is for highlights/exceptions to be taken to SLG for communication and information purposes. |

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| | Access to support for development of HSCM priorities is difficult at time because projects/requests are prioritised against all other services in the partner organisations. The challenges and impact on the ability to adopt efficient working processes for HSCM staff and managers whilst have to use networks/systems from two organisations, which cannot be accessed by all members of teams due to data sharing, matters is very significant. |
| **Comments:** | Existing projects will be reviewed as part of the development of the transformation plans for the Strategic Plan to ensure resources are being dedicated appropriately and aligned to the emerging Strategic priorities. Our requirements for support will be communicated via appropriate channels |