





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 and providing capacity to deliver on planned strategic aims.
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 Assessment Table – Multiply likelihood score by impact score to determine the risk rating (score).

Risk Heading	Lead Officer	Current Risk Rating	Target Risk Rating	Last Reviewed	Position Change
Financial Sustainability	Chief Finance Officer	20	9	23/1/24	

Key	
	Risk improvement
	No change to risk
	Risk deterioration

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.

Consequence: MIJB is unable to deliver its strategic priorities, statutory services and identified projects.

Rationale for Risk Appetite	<p>The Board recognises the financial constraints all partners are working within. MIJB has a low risk appetite to financial failure and recognises the significance of achieving a balanced budget. The Board also acknowledges the statutory requirements to provide services within the allocated budget. The cost of current service delivery is higher than available budgeted resources.</p> <p>Those risks will only be considered:</p> <ul style="list-style-type: none"> • Where a clear business case or rationale exists for exposing ourselves to the financial risk • Where we can protect the long term sustainability of health & social care in Moray
Rational for Risk Rating	<p>If the IJB's strategic plan and medium term financial plan are not prepared on a sustainable basis, there is a risk that the recurring cost base could exceed future funding allocations resulting in an underlying deficit. This will adversely affect both current and future service provision and will impact on the IJB's ability to deliver its strategic priorities and vision. Given the current level of uncertainty associated with civil unrest across the globe, cost of living crisis, tight financial settlements for local government and health and the impact of increasing demand, the magnitude of the potential costs involved represent a continuing significant financial risk. Additional consequential have ceased and any recurring costs will have to be met from existing baseline budgets. National Care Service legislation also introduces a new area of financial uncertainty</p>

Untreated Likelihood	Untreated Impact	Untreated Score	Mitigations / Current controls in place	Current Likelihood	Current Impact	Current Score
5	5	25	<ol style="list-style-type: none"> 1. Budgets delegated and managed by Service Managers with Head of Service oversight. 2. Vacancy controls via the Resource Management Group (RMG), <i>High cost packages are now reviewed by an oversight group with recommendations made to RMG</i> 3. Chief Finance Officer (CFO) and Senior Management Team (SMT) working to continuously identify additional savings. 	4	5	20

		<p>4. A reviewed Financial Framework was presented to MIJB on 30 March 2023, and a further update will be presented in <i>June</i> 2024.</p> <p>5. Financial information is reported regularly to MIJB, SMT and Operational Management Team (OMT).</p> <p>6. The CO and CFO continue to regularly engage in finance discussions with key personnel of both NHS Grampian and Moray Council.</p> <p>7. The CO and CFO will continue to engage with partner organisations in respect of the financial position throughout the year. Cross partnership performance meetings are with partner CEOs, Finance Directors and Chair/Vice Chair of MIJB.</p>			
Assurances:	MIJB and Audit, Performance and Risk oversight and scrutiny of budget Reporting through MIJB, NHS Grampian and Moray Council				
Gaps in Assurance:	<p><i>Some of the financial savings will take planning, engagement and implementation. SMT and OMT are in the process of identifying capacity within the current workforce to support this work.</i></p> <p><i>Capacity to manage the redesign work required has yet to be realised.</i></p> <p><i>Releasing capacity to manage the work required to realise the financial savings could impact on other service delivery / priorities.</i></p> <p><i>Financial savings need to be aligned to the themes set out in Partners in Care 2022-2032</i></p> <p><i>Whilst prioritising the financial savings there is a risk that other commitments may need to be paused.</i></p>				

Further Controls Required	Further Controls Owner	Target Date
Regular financial workshops with Service Leads to identify further savings	Chief Financial Officer	2/2/24 - Completed
Financial development session with MIJB members	Chief Officer	7/3/24 - Completed
Reporting from RMG to SMT for oversight of agreed spend	Chief Officer	4/3/24 - Completed
Financial workshops with OMT looking at savings options	Head of Service	2/2/24 - Completed
<i>Additional Drop in finance sessions have been arranged for managers to speak with senior leaders and the CFO regards any proposed savings plans.</i>	<i>Chief Finance Officer</i>	<i>31/5/24</i>

<i>Capacity within current staffing has been identified to support the collation and oversight of the financial savings plan for 2024/25</i>	<i>SMT</i>	<i>31/5/24</i>
<i>Engagement and consultation with stakeholders is required before any decisions are made</i>	<i>SMT</i>	<i>31/10/24</i>
<i>Engagement and consultation is required with stakeholders where interdependencies may exist</i>	<i>SMT</i>	<i>31/10/24</i>

Review Date	Review Notes / Decisions
8/3/24	A Recovery plan was submitted to IJB in January 2024, a development session took place to discuss options in 7/3/24 with the recovery plan going back to IJB in March 2024.
29/4/24	A Development Session was held with Service Managers, SMT and MIJB members (hybrid) on 18/4/24 to discuss the proposed savings plan, some topics were discussed with Q&A session for MIJB

Likelihood – What is the likelihood of the risk occurring? Assess using the criteria below.

Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost Certain (5)
Don't believe this event would happen Will only happen in exceptional circumstances	Not expected to happen but definite potential exists Unlikely to occur	May occur occasionally Has happened before on occasions Reasonable chance of occurring	Strong possibility that this could occur Likely to occur	This is expected to occur frequently/ in most circumstances more likely to occur than not

Impact – What could happen if the risk occurred? Assess for each category and use the highest score identified.

The impact scale is from an organisational level perspective. It reflects the key areas that if impacted could prevent the organisation achieving its priorities and objectives. The scale is a guide and cannot cover every type of impact therefore judgement is required.

Category	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
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Patient or Service user Experience	Reduced quality patient experience/clinical outcome not directly related 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 less than 1wk	Unsatisfactory patient experience /clinical outcome, long term effects - expect recovery over more than 1week	Unsatisfactory patient experience/clinical outcome, continued ongoing long term effects
Objectives/ Project	Barely noticeable reduction in scope/quality/ schedule	Minor reduction in scope/quality/schedule	Reduction in scope/quality/project objectives or schedule	Significant project overrun	Inability to meet project/corporate objectives, reputation of organisation seriously damaged
Injury /illness (physical and psychological) to patient/service user/visitor/staff/carer	Adverse event leading to minor injury not requiring first aid	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 /disability (e.g. loss of limb), requiring, medical treatment and/or counselling	Incident leading to death(s) or major permanent incapacity
Complaints/Claims	Locally resolved verbal complaint	Justified written complaint peripheral to clinical care	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/service provision	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 invoked	Permanent loss of core service/ facility Disruption to facility leading to significant “knock on” effect -- to function
Staffing and Competence	Short term low staffing level temporarily reduces service	Ongoing low staffing level reduces service quality	Late delivery of key objective/service /care due to lack of staff	Uncertain delivery of key objective/service/care due to lack of staff	Non-delivery of key objective/ service/care due to lack of staff.

	quality (less than 1 day) Short term low staffing level (>1 day), where there is no disruption to patient care	Minor error due to lack of/ ineffective training/ implementation of training	Moderate error due to lack of/ ineffective training / implementation of training Ongoing problems with staffing levels	Major error due to lack of/ ineffective training / implementation of training	Loss of key staff Critical error due to lack of/ ineffective training/ implementation of training
Financial (including Damage/Loss/Theft/Fraud)	Negligible organisational/ personal financial loss up to £1k	Minor organisational/ personal financial loss of £1-10K	Significant organisational/personal financial loss of £10-100k	Major organisational/personal financial loss of £100k-1m)	Severe organisational financial loss of more than £1m
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 Improvement Notice	Enforcement/prohibition 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 attitudes	Local media – long term adverse publicity Significant effect on staff morale/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 media/ adverse publicity, more than 3 days MSP/MP/SEHD concern (Questions in Parliament) Court Enforcement/Public Enquiry/FAI

Likelihood	Consequences/Impact				
	Negligible	Minor	Moderate	Major	Extreme
Almost Certain	Medium	High	High	V High	V High
Likely	Medium	Medium	High	High	V High
Possible	Low	Medium	Medium	High	High
Unlikely	Low	Medium	Medium	Medium	High
Rare	Low	Low	Low	Medium	Medium

Review Timescales – When a risk rating has been assigned the criteria below should be used to assess the review timescales.

Very High or High	Requires monthly monitoring and updates.
Medium	Requires quarterly monitoring and updates.
Low	Requires 6 monthly monitoring and updates.