RISK SUMMARY – JUNE 2024

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 No	Lead Officer	Current Risk Rating	Last Reviewed	Position Change
1	Chief Officer	Medium	13/6/24	⟷
2	Chief Finance Officer	Very High	13/6/24	⟷
3	Senior Management Team	High	13/6/24	⟷
4	Senior Management Team	Medium	13/6/24	⟷
5	Chief Officer	High	13/6/24	⟷
6	Senior Management Team	Medium	13/6/24	⟷
7	Chief Officer	High	13/6/24	⟷
8	Senior Management Team	High	13/6/24	⟷
9	Chief Officer	High	13/6/24	⟷

Key	
⬆	Risk improvement
⟷	No change to risk
⬇	Risk deterioration

Description of Risk 1: 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.	Risk Rating: Medium
Consequence: Legal and Regulatory Implications, Stakeholder Trust, Resource Challenges, Service Disruption, Not delivering Health Outcomes	Risk Movement: ⬄

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. We will only take regulatory risks knowingly, following consultation with the relevant regulatory body and where we have clear risk mitigation in place.
Rational for Risk Rating	The strategic plan "Partners in Care 2022 to 2032" was approved by MIJB in November 2022. An amendment to the Scheme to increase membership by one from each of the partner organisations was ratified in March 2022 by the Scottish Government following due process and approval by Moray Council and NHS Grampian Board. There is a schedule of weekly meetings with the Chairs/Vice Chair *of MIJB and Committees*, Chief Officer, Chief Financial Officer, *Heads of Service and* Corporate Manager. The delivery plan for the new Strategic Plan "Partners in Care" 2022-32 was presented to MIJB in September 2023.

Untreated Likelihood	Untreated Impact	Untreated Score	Mitigations / Current controls in place	Current Likelihood	Current Impact	Current Score
4	5	20	Integration Scheme is in place	2	2	4
			Strategic Plan "Partners in Care" 2022-32			
			Governance arrangements formally documented and approved by MIJB January 2021.			
			Performance reporting mechanisms.			

			Consultation with legal representative for all reports to committees and attendance at committee for key reports.			
			Standing orders have been reissued to all members			
			Induction sessions are held for any new IJB members. Further sessions are arranged for new appointees. Conduct and Standards training held for IJB Members in June 2022 _and February 2024_ provided by Legal Services.			
			SMT regular meetings and directing managers and teams to focus on priorities.			
			Regular development sessions held with IJB and _Operational Management Team_			

Assurances:	Audit, Performance and Risk Committee oversight and scrutiny. Internal Audit function and Reporting Reporting to Board. The Moray Transformation Board and Strategic Planning and Commissioning Groups have recommended and will support an oversight of planned business across HSCM.
Gaps in Assurance:	The new strategic delivery plan will incorporate the work being taken forward for Self-Directed support, Hospital at Home and Locality Planning. Mapping of the recently delegated services will take place to ensure the statutory governance requirements and those of MIJB are robust.
Current Performance:	The Scheme of Administration is reported when any changes are required. The Governance Framework was approved by IJB 28 January 2021. Re-appointment of Standards Officer agreed by IJB 28 March 2024. Members Handbook has been updated and circulated to all members in June 2022.
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. _The financial savings programme will utilise the SPCG for decision making where appropriate._

Further Controls Required m			Further Controls Owner	Target Date	Target Likelihood	Target Impact	Target Score
	Target Impact	Target Score					

Review Date	Review Notes / Decisions

Description of Risk: Financial	Risk Rating: Very High
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: Inability to deliver its strategic priorities, statutory services and identified projects. Risk of overspend affecting financial stability.	**Risk Movement:** ⬄

Rationale for Risk Appetite	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. Those risks will only be considered: • 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	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 consequentials 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

Untreated Likelihood	Untreated Impact	Untreated Score	Mitigations / Current controls in place	Current Likelihood	Current Impact	Current Score
5	5	25	1. Budgets delegated and managed by Service Managers with Head of Service oversight. 2. Vacancy controls via the Resource Management Group 3. CFO and SMT working to continuously identify additional savings.	4	4	16

	4. A reviewed Financial Framework was presented to MIJB on 30 March. 5. Financial information is reported regularly to MIJB, Senior Management Team and Operational Management Team. 6. The CO and CFO continue to regularly engage in finance discussions with key personnel of both NHS Grampian and Moray Council. 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. 8. A Project Office has been set up to support the Financial Recovery Savings work presented in May 2024.	
Assurances:	MIJB and Audit, Performance and Risk oversight and scrutiny of budget Reporting through MIJB, NHS Grampian and Moray Council A Project Office will support the Financial Recovery Savings work that was presented in May 2024.	
Gaps in Assurance:	Some of the financial savings will take planning, consultation and implementing. SMT are identifying capacity within the current workforce to support this work.	
Current Performance:	A working budget was approved by MIJB on 28 March 2024. The Revenue Budget Outturn for 2023/24 was presented with a balanced position and agreed by MIJB 30 May 2024 together with a comprehensive Revenue Budget and Recovery Plan for 2024/25 to address the significant funding gap. The recovery plan was approved by the board close monitoring will continue and be presented to the board at regular intervals, A Project Office has been established to manage the comprehensive plans to allow for regular and concise reporting to both Senior Management and the board.	
Comments:		

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 Resource Management Group 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
Drop in finance sessions have been arranged for managers to speak with senior leaders and the CFO regards any proposed savings plans.	*Chief Finance Officer*	*31/5/24 - Completed*
Capacity within current staffing has been identified to support the collation and oversight of the financial savings plan for 2024/25	*SMT*	*31/5/24 - Completed*

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

Description of Risk 3: Inability to recruit and retain qualified and experienced staff to provide safe care and providing capacity to deliver on planned strategic aims.	Risk Rating: High
Consequence: Service disruption, Increased Workload, Financial impact, Poor Staff Morale, Risk to Patient Safety, Negative Public Perception	Risk Movement: ⟷

Rational 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.
Rationale for Risk Rating (change over once approved with appetite boxes)	There continues to be issues with recruitment to front line services that require specific skills and experience. This continues to place pressure on existing staff. Allied Health Professions, Social Work and Nursing are some of the particular areas experiencing difficulties with obtaining people with the appropriate skills and training. Care at Home staffing levels are pressured for Internal services and externally with local providers all experiencing the same difficulties. There are also impacts on recruitment of Dentists and other graduates arising from the Covid-19 pandemic as the numbers graduating have reduced during that period. The various impacts of Covid-19 has 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. HSCM continues to review the large number of fixed term and seconded posts. This will continue as temporary contracts conclude. It is hoped that this will improve some of the instability within teams. This will also *align with the significant transformation required to meet the financial recovery savings that are required across the partnership.* This will continue to be reviewed by the Senior Management Team. Care Homes in Moray continue to face difficulties with recruitment and retention of staff. Efforts are being made to provide support but the situation remains challenging. The transition from EU membership has not presented any specific concerns for workforce and this will continue to be monitored.

<table>
<tr><td colspan="3"></td><td>Capacity within the system will be required to effectively deliver the transformation required to meet the financial challenges of 2024/25. With no additional resource to effect the changes required this may require reallocation of roles for staff already in post.

The impact of budgetary decisions by the Council in relation to reducing staffing levels has reduced levels of support provided in some key areas Health and Social Care Moray (HSCM), such as ICT, HR, Legal and design.
The lack of suitable housing for Health and Social Care staff has contributed to people not being able to take up posts in Moray.

GP sustainability remains a national issue.</td></tr>
</table>

Untreated Likelihood	Untreated Impact	Untreated Score	Mitigations / Current controls in place	Current Likelihood	Current Impact	Current Score
5	5	25	Management structure in place with updates reported to MIJB	3	2	6
			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.			
			Managers are highlighting any areas of concern and where appropriate this is identified in operational risk registers.			
			Moray Council are carrying out a study of accommodation needs, including people working in the Health and Care sector.			
			Staff Wellbeing is a key focus and there are many initiatives being made available to all staff, support, information and access to activities.			
			Locality Managers have developed Multi-disciplinary teams in their areas and project officer support was been provided to develop the locality planning model across Moray.			
			Lead Managers are involved in regional and national initiatives to ensure all learning is adopted to improve this position.			
			Lead Managers and Professional Leads are linked to University Planning for intakes and programmes for future workforce development.			

			Incentives have been secured to try and attract additional NHS dentists and dental practices to our area. The Scottish Dental Access Initiative now includes Moray, with grants of £50,000 and above available to allow dental practices to be established or extended– provided there is a seven-year commitment to providing NHS treatment. A recruitment and retention bonus is also being offered to eligible new dentists in Moray			
			GP sustainability Group and Primary Care Vison for the Future Groups now progressing across Grampian.			
			Work is underway across the system to consider and implement the Health and Care (Staffing) (Scotland) Act 2019.			
Assurances:			Operational oversight by Moray Workforce Forum has resumed and will report to MIJB in accordance with the agreed Governance framework. The HSCM Response Group continues to focus on leadership around emerging issues and resolving them, including staffing. The Heads of Service are co-ordinating and escalate to SMT where necessary. These meetings have been increased as service needs dictate.			
Gaps in Assurance:			*Further capacity will be required to develop and implement workforce plans to reflect updated delivery plans to reflect the financial savings required.* *Due to the various checks on vacancies, there continues to be a delay in recruitment processes often taking in excess of 8 weeks which causes additional pressure on staff and service delivery.* *There is often a lack of suitable applicants for various posts which is impacting on ability to appoint for some roles.*			
Current Performance			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. The iMatter survey results for 2023 were received by managers for review and action plans are now in place for implementation and review.			
Comments			*Staffing issues are owned by the Operational Management Team (OMT) 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.* *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. This needs to be considered when fixed term contracts and secondments are planned,*			

	consideration needs to be given to the whole of HSCM and not services in isolation. Many of our staff may have transferrable skills and experience.

Further Controls Required		Further Controls Owner	Target Date	Target Likelihood	Target Impact
iMatter survey results for 2023/24 will be released in June 2024 and managers will need to review and consult with staff to create actions plans for the forthcoming year.		Team Leads/Managers	31/8/24		
Communications & Engagement Strategy was approved in November 2019 and requires updating.		Corporate Manager/ Corporate Programme Lead	31/12/24		

Review Date	

Description of Risk 4: Inability to demonstrate effective governance and effective communication and engagement with stakeholders.	Risk Rating: Medium
Consequence: Poor patient outcomes, reduced trust, legal and regulatory risks, workforce dissatisfaction, missed opportunities	Risk Movement: ⟺
Rationale for Risk Appetite	The Board is aware of the importance of good relationships with stakeholders. It recognises many of our ambitions require effective collaboration, co-production and partnership working with a range of stakeholders. The board also recognises that not all partners will be able to move at the same pace, all the time. We are aware of the need to protect and maintain good working relationships with all partners and stakeholders in order to deliver the outcomes set out in our strategic plan.
Rational for Risk Rating	Performance framework to be further developed from a planning perspective to show the links through operational service delivery to strategic objectives, *whilst aligning with the financial savings plan.* Feedback from community representatives and third sector organisations, across a variety of forums, highlighted issues. Clear focus and communications is required to ensure engagement and outcome needs are met.

Untreated Likelihood	Untreated Impact	Untreated Score	Mitigations / Current controls in place	Current Likelihood	Current Impact	Current Score
4	3	12	*Annual Governance statement is produced as part of the Annual Accounts 2023/34 and submitted to External Audit. The unaudited accounts and governance statement for 2023/24 will be presented to MIJB June 2024 and the audited accounts will return to committee in September 2024 for agreement.*	2	3	6
			Annual Performance Report for 2023/24 will be published in September 2024.			

| | | | Performance reporting mechanisms in place and being further developed through performance support team, home first group and *operational management* team.

Community engagement in place for key projects areas such as Forres, Keith and Lossiemouth with information being made available to stakeholders and the wider public via HSCM website. | | | |
			Participation of stakeholders in a variety of meetings such as Home First project, carer strategy, Strategic, Planning and Commissioning groups.			
			Social media is actively used as a method of engaging with the public, with short videos focussing on particular services being trialled.			
			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 *updated 2024,* and ensure that mechanisms are in place across services to evidence and evaluate their impact. *The Public Engagement Communications Officer will work closely with the Corporate Programme Lead to ensure all programmes follow this criteria.*			

Assurances:	Oversight and scrutiny by Clinical and Care Governance Committee, Audit Performance and Risk Committee and MIJB. 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 was impacted by the Covid 19. 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.

Going forward there *we will continue to use hybrid opportunities Where possible to ensure access is available to all, whilst accepting this can also be challenging to facilitate and manage at times due to infrastructure available to us within Moray.* |
| Current Performance | Communication, Engagement & Participation Framework was approved by IJB November 2019. This will be reviewed by the Public Engagement and Communication Officer during 2024.

The Unaudited Accounts for 2023/24 are being presented to MIJB and APR Committee in June 2024 they will then go for audit, with the audited accounts to be presented in September 2024. The Annual Performance Report for 2023/24 will be published in September 2024 after being presented to MIJB in September 2024. |
| Comments | A communication cell is now established as part of the Local Resilience Partnership response with representation from Emergency Services, Councils, HSCP and NHSG. This forum provides assurance that messages to all stakeholders are consistent. |

	Early conversations are planned to discuss a Grampian partnership communications group to ensure consistent messaging regards service redesign and changes, ensuring a consistent message to all citizens of Grampian, in particular for area wide changes.

Further Controls Required	Further Controls Owner	Target Date	Target Likelihood	Target Impact

Review Date	

Description of Risk 5: Inability to cope with unforeseen external emergencies or incidents as a result of inadequate emergency and resilience planning.	Risk Rating: High
Consequence: Potential to cause disruption of services, resource shortages, financial strain and increased vulnerability to service users and staff	Risk Movement: ⟷

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.
Rational for Risk Rating	Senior Manager on Call (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. Teams continue to do their best but there are still areas where staffing versus service delivery is challenging in areas during response where they still feeling overwhelmed and service delivery is challenging. With effect from March 2021 MIJB is defined as a Category 1 responder under the Civil Contingencies (Scotland) Act and there are additional requirements for preparedness that is being taken forward in partnership with NHSG and Moray Council emergency planning and civil contingency teams. *Whilst there is a constant focus on improving our responses to the responsibilities of the Act, the potential impact remains high.*

Untreated Likelihood	Untreated Impact	Untreated Score	Mitigations / Current controls in place	Current Likelihood	Current Impact	Current Score
5	4	20	Winter Preparedness Plans are being updated (but not tested as in previous years) with a delivery element sitting alongside the strategic plans. This is being rolled out via monthly meetings across all operational teams. Annual planning continues to dovetail with NHSG plans, and addressing the priorities outlined by Scottish Government.	3	3	9
			HSCM Civil Contingencies group meeting *quarterly* to address priority subjects. *Updates are also provided at OMT on a regular basis.*			

	NHS Grampian Resilience Standards Action Plan approved (3 year). New standards are being drafted by Scottish Government and these are expected in 2025 and will replace the current standards.		
	Business Continuity Plans are now updated for most services and this review continues across HSCM.		
	A Resilience Newsletter is now embedded as part of the winter planning *providing information to staff regards personal and service resilience.*		
	Work continues across various groups in Grampian to improve response to power outages.		
	A review of the Festive season arrangements has now become business as usual for any extended holiday periods and all services are now required to share service cover information over holiday long weekends which enables a more collaborative and supportive approach.		
	Daily Response Group continues, this allows the status of services across the whole system to provide information and contact details to the Senior Manager on Call (SMOC) over the weekend. If any potential issues are highlighted the relevant Persons at Risk Data is compiled and if appropriate, shared with relevant personnel. *A short life working group will be established during the summer of 2024 to ensure all services delegated to HSCM to ensure oversight of all processes for the winter of 2024.*		
	NHSG have introduced system wide daily huddles to manage the flow and allocation of resources which require attendance from Dr Grays and HSCM. The format and regularity of these are under review.		
	A System Networking Over Winter (SNOW) Event took place 28 September, the event was attended by health and social care partners across Grampian and also some Local Resilience Partner Agencies. A tabletop exercise event was carried out to exercise how the partners might work together. *This has continued to develop throughout 2024.*		
Assurances:	Audit, Performance and Risk Committee and NHS Grampian Civil Contingencies Group oversight and scrutiny. HSCM Civil Contingencies group review specific risks and action plans to mitigate, developing plans and testing arrangements in partnership with NHSG and Council		

Gaps in Assurance:	Moray Integrated Joint Board (MIJB) was designated as a Category 1 responder under the Civil Contingencies Act 2004 from March 18th 2021. That designation imposed a number of statutory duties in terms of the Act and the associated Scottish Regulations[1]. MIJB has no dedicated, specialist in post and is reliant on the Corporate Manager covering this increasingly demanding role in addition to other duties without the relevant background, knowledge, skills and experience. This presents a potential organisational risk in terms of compliance, and our ability to provide assurance on discharging our civil contingency arrangements. This has been highlighted to the Chief Officer and MIJB. The 'Care for People' strategic document was approved by HSCM SMT and CMT. It was presented to MIJB in September 2023. A further delivery response plan was presented to MIJB in November 2023. An information session including the 'Care for People' element was delivered on 2 May 2023, to senior managers who carry out the role of SMoC, this included input from Moray Council Emergency Planning Officer and NHS Grampian. An additional session was delivered 26 September 2023, with a specific focus on the draft Care for People framework. A further tabletop exercise was delivered in November 2023. A number of Table top style exercises were carried out and support continues to be provided to Service Managers where required. Development of a HSCM Persons at Risk Database (PARD) continues and all partners are now involved, looking to improve the quality of the data held. HSCM is also working with Aberdeen City, Aberdeenshire and NHS Grampian at a system wide approach. *The system that currently records the data used for PARD is to be replaced, this function is integral to responding to incidents.*
Current Performance	*The Senior Management Team have undertaken 'Strategic Leadership in a Crisis' training since 2020 and continue to do so as the programme scheduling and capacity allows .* A schedule of review and exercising of business impact assessments and plans has been scheduled for this year across services. All services have been requested to prioritise their Business Continuity planning with a particular lens on power outages. Annual report on progress against NHS resilience standards was presented to the APR committee on 30 March 2023. *New standards are anticipated in 2025 and an updated report will be presented to the APR committee in due course.* Report on the implications and risks of the designation as a Category 1 responder was presented to MIJB 25 November 2021.
Comments	The requirements of a Category 1 Responder continue to increase in demand placing increased pressures across already overstretched services and managers. The Manchester Arena Inquiry has resulted in a focus on Category 1 responders'

[1] Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005

	responsibilities, together with an increase of additional policies and procedures to be written and implemented with no additional resource. MIJB does not have a subject matter expert leading on these topics. *Any replacement to the Care First database is crucial to the development of any improved PARD process and has been highlighted to the Head of Service and Project Officer.*

Further Controls Required	Further Controls Owner	Target Date	Target Likelihood	Target Impact

Review Date	

Description of Risk 6: Risk to MIJB decisions resulting in litigation/judicial review. Expectations from external inspections are not met.	Risk Rating: Medium
Consequence: Public Reputation and confidence, legal challenges, judicial scrutiny, resource allocation	Risk Movement: ⬌

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. We will only take regulatory risks knowingly, following consultation with the relevant regulatory body and where we have clear risk mitigation in place.
Rational for Risk Rating	Resources are stretched across all services (internal and external) so there is a potential risk of expected standards not being achieved despite the best efforts of all concerned.

Untreated Likelihood	Untreated Impact	Untreated Score	Mitigations / Current controls in place	Current Likelihood	Current Impact	Current Score
5	4	20	Clinical and Care Governance (CCG) Committee established and future reporting requirements identified Clinical Risk Management and Practice Governance group has oversight of their respective professional standards and links into Clinical and Care Governance Group, which escalates to CCG Committee as necessary.	3	3	9
			High and Very High operational risks are reviewed by NHS Grampian Clinical Risk Management and *the Operational Management Team* monthly and a review of all risks will be undertaken as part of the risk management framework.			
			A session on Risks and Risk Management was delivered to a wide ranging group of managers in HSCM in September 2023 by the NHSG Risk Advisor.			

			A trial has been started to transfer service risks onto the Datix Risk Register platform to give oversight of all operational risk registers. This will be reviewed before rolling out across all services. *IT access and training will be required to facilitate this if it is progressed.*			
			Complaints, compliments and enquiry procedures are in place and are being reviewed and monitored.			
			Adverse events and duty of candour procedures in place and being actioned where appropriate and summary reports submitted to CCG committee.			
			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.			
			Care Home Collaborative Support Group meets to oversee and manage risks in care homes.			
			Children and Adult Protection services are being delivered and reported to their respective committee on a regular basis.			
			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. *The Clinical and Care Governance Framework was refreshed and presented to CCG Committee in November 2023.*
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.
Current Performance:	External inspection reports are reviewed and actions arising are allocated to officers for taking forward. The national tool, Day of Care Survey took place across Moray on 25th and 26th January, 2023 respectively. The findings of these events were compiled and outcomes are assessed by the relevant service leads and SMT. A summary of inspections is included in the Annual Performance report.
Comments:	No major concerns have been identified for HSCM services in any audits or inspections during 2023/24. Following an inspection carried out by Healthcare Improvement Scotland of Dr Gray's Hospital, a number of learning points have been shared across nursing services in Moray Portfolio. An inspection of Children's Services commenced in August 2023, the final report was presented to the board and a Service Improvement plan has been commenced and will be reported to APR on a quarterly cycle.

Further Controls Required	Further Controls Owner	Target Date	Target Likelihood	Target Impact
Focus on the strong links of Practice Governance Board and Clinical Care Governance	*Head of Service*	*31/7/24*		

Review Date	

Description of Risk 7: **Inability to achieve progress in relation to national Health and Wellbeing Outcomes.**	**Risk Rating: High**
Consequence: Health Inequalities, Loss of public trust, reputational damage	**Risk Movement:** ⬌

| 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. There is new focus on addressing positive risk taking to ensure the most appropriate and timely measure of care for the population of Moray, this is being supported through various work streams across the system.

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. |
|---|---|
| Rational 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 and delayed discharges place additional cost and capacity burdens on the service. The level of delayed discharges has remained challenging, reflecting the sustained pressure in the system and the lack of availability of care in the community. There are sustained focussed and collective efforts by all those working in the pathway. However this is a complex area and will require continued effort to realise reductions and maintain them.
The financial recovery plan will require services to be redesigned to meet outcomes in alternative ways. It is hoped that this will always provide an improved service but it must be recognised that public expectations may be different to what can be delivered. |

Untreated Likelihood	Untreated Impact	Untreated Score	Mitigations / Current controls in place	Current Likelihood	Current Impact	Current Score
4	4	16	Performance Management reporting framework.
2022 to 2032 "Partners in Care" Strategic Plan was approved and the delivery plan is now complete and was presented to MIJB in September 2023.	3	3	9
			Performance is regularly reported to MIJB. A Revised Scorecard is being developed to align to the new strategic priorities.			

			Best practice elements from each body brought together to mitigate risks to MIJB's objectives and outcomes.			
			Chief Officer and SMT managing workload pressures as part of budget process.			
			A daily Huddle and write up circulates the picture on performance across community and acute services for the Portfolio and service managers have a shared understanding of the pressures in the system and mitigations taking place. Work continues on refinement of G-OPES (Grampian Operating Pressures and Escalation System) led by NHSG but being developed locally to identify the triggers and resultant actions required in services to respond to pressure points.			
			Service managers monitor performance regularly with their teams and escalate any issues to the Operational Management Team for further discussion to provide wider support, developing shared ownership and a greater understanding across the whole system.			
			Key operational performance data is collated and circulated daily to all managers. A Daily dashboard is held on illuminate for managers to access 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 OMT and agreed.			
			Performance information is presented to the Performance sub group of Practice Governance Group to inform Social Care managers of the trends in service demands so that resources can be allocated appropriately.			
Assurances:			Audit, Performance and Risk Committee oversight. Operationally managed by service managers, summary reports to Practice Governance and Clinical and Care Governance Group (CCGG) and to OMT. Strategic direction is provided by the Senior Management Team. 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. This will be progressed as the revised outcomes are determined and associated KPI are identified. Progress will be reported to future Board meetings. Review of systems and processes will commence across HSCM to ensure they are fit for purpose and ensure that there are no indirect consequences of structure changes resulting in any gaps in assurance processes.			
Current Performance			Services continue to recover from the pandemic and discover a new 'battle rhythm', taking into account all new learning and experience from the pandemic.			

	There are likely to be changes to ways of working and this may also have impact on the performance information required. The Unmet need report continues to show improvement in a number of Performance Indicators, with a number of them now showing continued improvement over the longer-term.
Comments	Locality profile information has been provided to Locality Steering Group/Locality Manager to inform potential priorities for consideration in Localities and work will be taken forward regarding development of performance monitoring and reporting of key performance indicators in relation to Localities once it has been determined what the intended outcomes are. Locality plans are now scheduled to report to MIJB on a quarterly basis. The Home First priorities are being taken forward and updates are reported to this committee or MIJB on a regular basis. This work is being undertaken across the Moray Portfolio to improve wider system flow. 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. The Council has procured new modules for their performance reporting system Pentana and HSCM performance team have been developing its use for reporting. HSCM are working in partnership with the Rural Centre of Excellence on transformation projects, the foundation of planning is addressing how we can improve the delivery of health and wellbeing outcomes and also the strategic aims of 'Partners in Care'.

Further Controls Required	Further Controls Owner	Target Date	Target Likelihood	Target Impact

Review Date	

Description of Risk: 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.	Risk Rating: High
Consequence: MIJB is unable to deliver its strategic priorities, statutory services and identified projects as outlined in the Strategic Plan published 2023.	**Risk Movement:** ⟺

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: We understand and can mitigate other risk types that may arise, e.g. safety or financial within appetite Service users are consulted and informed of changes in an open & transparent way We will monitor the outcome and change course if necessary
Rational for Risk Rating	There are many issues that will impact on the ability to progress to deliver Strategic Objectives. The Strategic Planning & Commissioning group has been refreshed and re-launched and key work is being progressed. There was an initial meeting held on 22 September 2021 to consider terms of reference and the proposed structure for oversight, prioritisation and assurance in relation to key developments, their fit with IJB strategy and enabling elements. 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.

Untreated Likelihood	Untreated Impact	Untreated Score	Mitigations / Current controls in place	Current Likelihood	Current Impact	Current Score
5	5	25	Integrated Infrastructure Group with representation from NHSG and Moray Council to consider and provide solutions to data sharing issues and ICT Infrastructure matters which is an areas that will be taken forward alongside the Moray Growth Deal projects.	3	4	12
			The Moray Transformation Board has recently restarted and will link to all relevant groups.			
			The Strategic Delivery Plan has been developed by the Heads of Service and Service Managers			

Assurances:	Strict ICT and data sharing policies and protocols in place with NHS Grampian and Moray Council. A Moray Portfolio Infrastructure Programme Board has been established to support the operational delivery of the aims and objectives set e.g. Analogue to Digital changeover, Buildings and Assets oversight and Smarter Working will support this agenda.				
Gaps in Assurance:	Protocol for access to systems by employees of partner bodies are in place. *HSCM will taking on a collaborative role with Aberdeen City HSCP (ACHSCP) around Strategic Planning and Performance. The current lead for ACHSCP will employ and line manage the dedicated role for HSCM.*				
Comments:	*Where national systems are involved it may not be possible to identify a solution however the issues will be raised at the appropriate level via the Grampian Data Sharing Group where all three partnerships are represented.*				
Current Performance:	*Training to promote records management, data protection and related issues for staff working across and between partners using the learning and development resources of NHS Grampian and Moray Council.*				

Further Controls Required	Further Controls Owner	Target Date
Financial Savings plan will align with the Strategic Themes as set out in the Partners in Care 2022-2032, however new IT system requirements currently have no allocated funding identified	*Chief Financial Officer*	*31/10/24*
Self-Directed Support standards move to outcomes based services – governance arrangements are being set up to facilitate the same oversight and communication that is in place for Home First programme	Chief Social Work Officer	30/6/24
Collaborative approach to Strategic Planning and Performance, with ACHSCP employing and line managing the Performance Lead for HSCM.	*Chief Officer & ACHSCP Lead*	*31/7/24*

Review Date	Review Notes / Decisions

Description of Risk 9: Requirements for support services are not prioritised by NHS Grampian and Moray Council.	Risk Rating: High
Consequence: Legal challenge from citizens of Moray and Staff, challenge from Scottish Government, Failure of some services e.g. IT	Risk Movement: ⟷

Rationale for Risk Appetite	Low tolerance in relation to not meeting requirements.
Rational for Risk Rating	Changes to processes and necessary stakeholder buy-in still bedding in.

Moray Council has now concluded its Smarter Working review and a number of HSCM staff have now relocated from Southfield to Moray Council Headquarters.
NHSG have advised that staff should continue to work from home at present whilst policies and protocols are developed.
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.
Both parent organisations are facing their own financial and staffing issues and there is a real risk that the available support provided to HSCM is less than is required. Many of the support services provided by parent organisations are specialist subjects such as Human Resources, IT, Legal and result in high consequences. |

Untreated Likelihood	Untreated Impact	Untreated Score	Mitigations / Current controls in place	Current Likelihood	Current Impact	Current Score
5	4	20	Chief Officer has regular meetings with partners.	3	3	9
			Computer Use Policies and HR policies in place for NHS and Moray Council and staff.			
			PSN accreditation secured by Moray Council			
			Infrastructure Programme Board was established with Chief Officer as Senior Responsible Officer/Chief Officer is also a 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 has only recently restarted, so in the interim, project requests are being processed via Senior Management Team.			
			Membership of the Board was reviewed and revised to ensure representation of all existing infrastructure processes and funding opportunities.			
			Process for ensuring infrastructure change/investment requests developed			
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 have been recently refreshed and remobilised. 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. *The Infrastructure Board continues to develop and priority issues are being addressed in relation to infrastructure and premises risk.* Due to staff changes this work will now be incorporated into other roles. This will likely mean that this work will compete with other priorities of already busy roles. *Legal services have reduced capacity to provide support due to budget cuts and vacancies so any requests are taking longer.* Internal Audit Services have indicated that their capacity to complete all work required by MIJB may be an issue. This is being discussed with Moray Council. 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			No update.			
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			

	The delegation of Childrens and Families and Justice Services should continue to be supported by the corporate services within Moray Council.

Further Controls Required	Further Controls Owner	Target Date	Target Likelihood	Target Impact

Review Date	

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)
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	Adverse event leading to minor	Minor injury or illness, first aid treatment required	Agency reportable, e.g. Police (violent and aggressive acts)	Major injuries/long term incapacity /disability (e.g. loss of limb),	Incident leading to death(s) or major permanent incapacity

patient/service user/visitor/staff/carer	injury not requiring first aid		Significant injury requiring medical treatment and/or counselling	requiring, medical treatment and/or counselling	
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 quality (less than 1 day) Short term low staffing level (>1 day), where there is no disruption to patient care | Ongoing low staffing level reduces service quality Minor error due to lack of/ ineffective training/ implementation of training | Late delivery of key objective/service /care due to lack of staff Moderate error due to lack of/ ineffective training / implementation of training Ongoing problems with staffing levels | Uncertain delivery of key objective/service/care due to lack of staff Major error due to lack of/ ineffective training / implementation of training | Non-delivery of key objective/ service/care due to lack of staff. 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.