



Item 5

Appendix 1

HEALTH AND SOCIAL CARE MORAY STRATEGIC RISK REGISTER

AS AT SEPTEMBER 2018

RISK SUMMARY

1

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 whilst ensuring staff are fully able to manage changes resulting from integration.
4. Inability to demonstrate effective governance and effective communication with stakeholders.
5. Inability to deal with unforeseen external emergencies or incidents as a result of inadequate emergency planning and resilience.
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. Risk of major disruption in continuity of ICT operations including data security being compromised.
9. Requirements for ICT and Property are not prioritised by NHS Grampian and Moray Council.

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

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

1

Description of Risk: *Political:*
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

HIGH

Rationale for Risk Rating:
Change in membership of IJB committees following change in Moray Council political balance.
Management capacity to fully complement structure could be a potential risk.

Risk Movement: increase/decrease/no change

NO CHANGE

Rationale for Risk Appetite:
The MIJB has zero appetite for failure to meet its legal and statutory requirements and functions.

Controls:

- Integration Scheme.
- Strategic Plan.
- Governance arrangements formally documented and approved.
- Agreed risk appetite statement.
- Performance reporting mechanisms.
- Business Management Team being developed.

Mitigating Actions:

Induction sessions will be held for new IJB members. IJB voting member briefings are held regularly. Conduct and Standards training held for IJB Members July 18

SMT regular meetings and directing managers and teams to focus on priorities.

System re-design and transformation.

Assurances:

- Audit, Performance and Risk Committee oversight and scrutiny.
- Reporting to Board.

Gaps in assurance: None known

Current performance:
Current milestones being met with the exception of the Annual

Comments:
Draft Performance Management Framework, aligned to strategic planning and resources has been presented to MIJB (Jan 18).

Performance Report 2017/18 published late, on 20 August 2018.	Framework is under further development and Implementation will be progressed through HSCM Performance meetings. The Framework will continue to be developed as we confirm our new organisational structure and alignment to the new Strategic Plan will be a key focus.
---	---

2	
Description of Risk: <i>Financial:</i> 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	
Lead: Chief Officer/Chief Financial Officer	
Risk Rating: low/medium/high/very high	Rationale for Risk Rating:
VERY HIGH	The impact of funding cuts from both Moray Council and NHS Grampian in previous years are still being endured. Funding cuts from Moray Council have been significant 2017/18 (£1.3m) and 2018/19 (£1.759m Gross). NHS Grampian provided no uplifts for pay and price increases in 2017/18 creating increased pressure. Financial settlements are set to continue on a one year only basis which does not support financial planning Demand on services continues to rise and the IJB has no remaining reserves to be utilised. At the end of Qtr 1 in the 2018/19 financial year the IJB is showing a £1m overspend. The financial forecast at the end of the 6 month period will be key in establishing the full year pressure.
Risk Movement: increase/decrease/no change	Rationale for Risk Appetite:
NO CHANGE	MIJB recognises the pressures on the funding partners. However the MIJB also recognises the significant range of statutory services and nationally agreed contracts it is required to deliver on within that finite budget. MIJB has expressed a zero appetite for risk of harm to people.
Controls: Chief Finance Officer appointed - this role is crucial in ensuring sound financial information and supporting sound financial decision making, budget reporting and escalation.	Mitigating Actions: Risk remains the MIJB can deliver transformation and efficiencies at the pace required.

<p>Savings Plan presented to MIJB in March 2018. Further Savings have been presented in June 2018 in progression towards a balanced budget for 2018/19.</p>	<p>Financial information is reported regularly to both the MIJB and Senior Management Team.</p> <p>The Chief Officer and Chief Financial Officer (CFO) have engaged in the budget setting processes of both NHS Grampian and Moray Council to outline the significance of reduced funding and the subsequent risk to the partners as part of the risk sharing arrangement that exists.</p> <p>In an attempt to lessen the anticipated overspend – correspondence to all budget managers/holders has been prepared and will be circulated during September 18.</p> <p>Chief Officer and CFO will continue to engage with the partner organisations in respect of the forecast of overspend, corrective action and a recovery plan during 2018/19.</p>
<p>Assurances: MIJB oversight and scrutiny of budget. Reporting through MIJB, NHS Grampian Board and Moray Council.</p>	<p>Gaps in assurance: None known</p>
<p>Current performance: Indicative budget for 18/19 was approved to allow services to continue on 29 March 2018 by MIJB members. The indicative budget showed a budget shortfall of £4.5m. A further paper was presented to the board on 28 June 2018 displaying a reduced budget shortfall of £3.3m. The budget currently displays a shortfall of £3m (as at August 18)</p>	<p>Comments: Senior managers to work with Chief Officer and Chief Financial Officer to address the budget shortfall and provide regular update reports to the MIJB, Moray Council and NHS Grampian as part of the risk sharing arrangement in place .</p>

3	
Description of Risk: <i>Human Resources (People):</i> Inability to recruit and retain qualified and experienced staff whilst ensuring staff are fully able to manage change resulting from Integration	
Lead: Chief Officer	
Risk Rating: low/medium/high/very high	Rationale for Risk Rating:
MEDIUM	Risk assessed as moderate given existing controls. Increasing workload experienced – being managed by effectively recruiting to senior posts.
Risk Movement: increase/decrease/no change	Rationale for Risk Appetite:
NO CHANGE	The MIJB has zero appetite for harm happening to people.
Controls: Management structure in place with updates reported to the MIJB. Organisational Development and Workforce Plans have been developed and aligned with service priorities. Continued activity to address specific recruitment and retention issues. Management competencies being developed. Communication Strategy developed and approved in June 2017 with the associated commitments are progressing as anticipated. Incident reporting procedures in place per NHSG and Moray Council arrangements. Council and NHS performance systems in operation with HSCM reporting being further developed.	Mitigating Actions: System re-design and transformation. Support has been provided from NHSG with transformation and our co-ordinated working with Dr Grays in a one system – one budget approach. Management Structure continues to be progressed Joint Workforce Planning. 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.
Assurances: operational oversight by Moray Workforce Forum and reported to MIJB.	Gaps in assurance: joint or single system not yet agreed for incident reporting.
Current performance: iMatter survey undertaken during July 2018 across all operational areas. Action plans to be developed and progressed when results	Comments: Regular reporting and management control in place The Workforce plan will be developed and aligned with the strategic

<p>are available. Representation on NHS Grampian's HSE Expert Group and operational H&S meeting established in HSCM Organisational Development Plan presented and approved at MIJB in January 2018.</p>	<p>plan 2019- 2022</p>
---	------------------------

4	
Description of Risk: <i>Regulatory:</i> Inability to demonstrate effective governance and effective communication with stakeholders.	
Lead: Chief Officer	
Risk Rating: low/medium/high/very high	Rationale for Risk Rating:
MEDIUM	Locality planning assessed as medium in relation to ability to work at the pace required and current workforce capacity. Performance framework to be further developed from a planning perspective to show the links through operational service delivery to strategic objectives.
Risk Movement: increase/decrease/no change	Rationale for Risk Appetite:
NO CHANGE	The MIJB has a low risk appetite to failure.
Controls: Annual Governance statement produced as part of the Annual Accounts 2017/18 and submitted to External Audit by the statutory deadline Performance reporting mechanisms in place. Community engagement in place for key projects areas such as Forres.	Mitigating Actions: Schedule of Committee meetings and development days in place and taking place. Good working relationship established with Audit Scotland, the MIJB's appointed external auditors since 16/17. The second Annual Performance Report published in August 2018. Lessons learned will be addressed and incorporated into the approach for the production of the 2018/19 Report.
Assurances: Oversight and scrutiny by Clinical and Care Governance Committee, Audit Performance and Risk Committee and MIJB.	Gaps in assurance: None known
Current performance: Communications Strategy developed and approved by MIJB in June	Comments: Regular and ongoing reporting.

2017.

Annual Performance Report 2017/18 published August 2018
Draft Annual Accounts (2017/18) published by the statutory deadline
of 30 June. Audited Accounts due for publication 27 September
2018

5	
Description of Risk: <i>Environmental:</i> Inability to deal with unforeseen external emergencies or incidents as a result of inadequate emergency planning and resilience.	
Lead: Chief Officer	
Risk Rating: low/medium/high/very high	Rationale for Risk Rating:
MEDIUM	Resilience standards and implementation plan agreed. Business Continuity Plans in place for most services.
Risk Movement: increase/decrease/no change	Rationale for Risk Appetite:
NO CHANGE	The MIJB understand the requirement to meet the statutory obligations set out within the Civil Contingencies Act.
Controls: Lead Officer identified working alongside Emergency Planner. Local resilience plan developed. NHS Grampian Resilience Standards Action Plan approved (3 year).	Mitigating Actions: Table top exercise for MIJB to be undertaken in Autumn 2018 focusing on business continuity planning. Table top exercises to test winter planning scheduled during September 2018
Assurances: Audit, Performance and Risk Committee and NHS Grampian Civil Contingencies Group oversight and scrutiny.	Gaps in assurance: Some progress has been made however further work required to address the targets in the implementation plan that have not been met. NHSG Civil Contingencies Group have highlighted some areas for action in relation to the Resilience standards Training needs to be reviewed and plan for roll out and will be co-ordinated via Moray's Civil Contingencies Group.

6	
Description of Risk: <i>Reputational:</i> 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	Rationale for Risk Rating:
MEDIUM	Considered medium risk due to the reporting arrangements being relatively new and testing required in first full year of operation.
Risk Movement: increase/decrease/no change	Rationale for Risk Appetite:
NO CHANGE	The MIJB has some appetite for reputational risk relating to testing change and being innovative. The MIJB has zero appetite for harm happening to people.
Controls: Clinical and Care Governance (CCG) Committee established and has overview of inspection processes and reports. Operational Risk Register being reviewed. Complaints procedure in place	Mitigating Actions: This is discussed regularly by the three North East Chief Officers. Additional resource has been allocated to support the analysis of information for presentation to CCG committee
Assurances: Audit, Performance and Risk and Clinical and Care Governance Sub-Committees oversight and scrutiny.	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 identified.	Comments: Self Directed Support Thematic review has commenced with Care Inspectorate visits planned for October 2018.

7	
Description of Risk: <i>Operational Continuity and Performance:</i> Inability to achieve progress in relation to national Health and Wellbeing Outcomes. Performance falls below acceptable level.	
Lead: Chief Officer	
Risk Rating: low/medium/high/very high	Rationale for Risk Rating:
MEDIUM	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.
Risk Movement: increase/decrease/no change	Rationale for Risk Appetite:
NO CHANGE	Zero tolerance of harm happening to people as a result of action or inaction.
Controls: Performance Management reporting framework in place. Strategic Plan and Implementation Plan developed and approved. Performance regularly reported to MIJB. Revised Scorecard being developed. 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.	Mitigating Actions: The introduction of significant changes in working practices has the potential to cause major disruption to service delivery. Unplanned admissions or delayed discharges place additional cost and capacity burdens on the service.
Assurances: Audit, Performance and Risk Committee oversight. Operationally managed by OMT with strategic direction provided by SMT.	Gaps in assurance: None known
Current performance: Close monitoring and performance management in place. The process for production of the Strategic Plan 2019-22 is underway and will facilitate further linkages across operational, Local and National Performance Indicators with progress in delivery of the National Outcomes as a clear focus.	Comments: Regular and ongoing reporting. Performance monitoring and reporting under review to identify key performance indicators and appropriate owners.

8	
Description of Risk: <i>ICT:</i> Risk of major disruption in continuity of ICT operations including data security being compromised	
Lead: Chief Officer	
Risk Rating: low/medium/high/very high	Rationale for Risk Rating:
LOW	Corporate Information Security policies in place and staff are required to complete training and confirm they have read, understood and accept the terms of use
Risk Movement: increase/decrease/no change	Rationale for Risk Appetite:
NO CHANGE	MIJB has a low tolerance in relation to not meeting requirements.
Controls: Computer Use Policies and HR policies in place for NHS and Moray Council. Business Continuity Plans being updated to fully reflect ICT disruption. PSN accreditation secured. Guidance regularly issued to staff. Guidance on effective data security measures issued to staff.	Mitigating Actions: Protocol for access to systems by employees of partner bodies to be developed. Information Management arrangements to be developed and endorsed by MIJB. Integrated Infrastructure Group has been established, with ICT representation from NHSG and Moray Council, to consider and provide solutions to data sharing issues and ICT infrastructure matters.
Assurances: Strict policies and protocols in place with NHS Grampian and Moray Council.	Gaps in assurance: None known
Current performance: Training programme to be developed on records management, data protection and related issues for staff working across and between partners.	Comments: Data sharing groups for Grampian and Health and Social Care Moray have been established and meetings held. They will have oversight of any issues arising from Data protection and GDPR matters from either Council or NHS systems.

9

Description of Risk: *Infrastructure:*
Requirements for ICT and Property are not prioritised by NHS Grampian and Moray Council.

Lead: Chief Officer

Risk Rating: low/medium/high/very high

HIGH

Rationale for Risk Rating:

Changes to processes and necessary stakeholder buy-in still bedding in.

Moray Council, in predicting a budget deficit for the current financial year have implemented special arrangements to ensure only essential expenditure is incurred. This includes the consideration to the deferring of projects already in the Capital plan.

Dedicated project manager on long term sick

Risk Movement: increase/decrease/no change

INCREASED

Rationale for Risk Appetite:
Low tolerance in relation to not meeting requirements.

Controls:
Chief Officer has regular meetings with partners

Infrastructure Programme Board established with Chief Officer as Senior Responsible Officer/Chief Officer member of CMT

Mitigating Actions:
Dedicated project Manager in place – monitoring/managing risks of the Programme
Membership of the Board reviewed and revised to ensure representation of all existing infrastructure processes and funding opportunities.
Process for ensuring infrastructure change/investment requests developed
Project Manager linked into other Infrastructure groups within NHSG & Moray Council to ensure level of ‘gatekeeping’

Assurances: Infrastructure Programme Board function to provide robust governance and decision-making through collaboration, and reports to Strategic Planning and Commissioning Group.

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.

Current performance:

The board has not met in the past quarter. A meeting will be arranged in the next quarter to review progress.

Comments:

The development of the processes around the Infrastructure Board and its governance positioning are still a work in progress. Interim Premises, Infrastructure and Digital Development manager appointed as lead with further resource being funded by NHS to take forward transformation projects in the next 12 months.