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**REPORT TO: MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 30 JUNE 2022**

**SUBJECT: STRATEGIC RISK REGISTER – JUNE 2022**

**BY: CHIEF OFFICER**

**1. REASON FOR REPORT**

1.1 To provide an overview of the current strategic risks, along with a summary of actions which are in place to mitigate those risks, updated June 2022.

**2. RECOMMENDATION**

**2.1 It is recommended that the Audit, Performance and Risk Committee (APR) agree to:**

- i) consider and note the updated Strategic Risk Register included in APPENDIX 1; and**
- ii) note the Strategic Risk Register will be further refined to align with the transformation and redesign plans as they evolve**

**3. BACKGROUND**

3.1 The strategic risk register is reviewed regularly by the Senior Management Team as part of a robust risk monitoring framework, to identify, assess and prioritise risks related to the delivery of services in relation to delegated functions, particularly any which are likely to affect the delivery of the Strategic Plan.

3.2 The Moray Integration Joint Board (MIJB) Strategic Risk Register is attached to this report at **APPENDIX 1** and sets out the inherent risks being faced by the MIJB, together with a current assessment on the level of the risks and mitigating actions being taken to reduce the impact of the risks. This report is presented to Audit Performance and Risk committee for their oversight and comment.

3.3 Risk scores are weighted, based on assessment according to their likelihood and corresponding impact, as per Section 5 of the MIJB Risk Policy.

3.4 The Strategic Risks received an initial review to ensure they align to the Moray Partners in Care 2019-2029 strategic plan which was agreed at MIJB on 28 November 2019 (para 13 of the minute refers).

#### **4. KEY MATTERS RELEVANT TO RECOMMENDATION**

4.1 The Risk Management Framework review was completed and outcome was approved by the Board on 25 June 2020 (para 9 of the minute refers). The approved Risk Appetite Statements have been included in **APPENDIX 1**.

4.2 Work initially overseen by NE Partnership continues to progress locally, in line with our Strategic Plan objectives. Hospital without Walls and Hospital at Home themes are being developed and will be progressed through the Home First programme. These workstreams are required to progress a new approach to delivering person-focussed clinical services to people, for the benefit of individuals through a person centred approach and to maximise best use of available staff resources which continue to be stretched.

4.3 The impact of covid continues to be felt across some services from staff absences and is of particular concern in areas where there is a limitation on options for cover for staff, such as in specialist residential care e.g. Woodview as an example. Contingency plans are in place but there continues to be significant pressure on safe staffing levels in this area. Managers continue to reiterate the necessity for correct use of PPE, ventilation, hand hygiene and lateral flow testing for all staff.

4.4 Progression of development work had slowed during the increased pressure on services across our system during the first quarter of the year as a result of Covid. Whilst there are still significant pressures in some areas of the system, there are signs that other services are beginning to feel less in crisis. There continues to be a significant demand for social work assessments from the community and there are high levels of unmet need for care provision in the community which have been subject of separate reports to Clinical and Care Governance Committee which have been escalated to Moray Integration Joint Board ( 31 March 2022, para 9 of the minute refers). Managers are working with teams daily to try to meet the greatest needs through a variety of means but there are still those who are not receiving a service. These increases in demands for service are being faced by staffing resource that is reduced due to increasing sickness absence, staff vacancies, annual leave and the continued need for some staff redeployment.

4.5 The continued safe delivery of services is a priority and as such a considerable amount of management time is being directed to support oversight of operational risks to ensure they are managed and prioritised across the whole system. NHSG are reviewing the arrangements that were developed during Operation Iris to determine what meetings structure is required going forward , however the work that was undertaken to develop Grampian Operational Escalation System (GOPES) will be maintained to assist in the identification of pressure points across the whole system so that they can be addressed and prioritised appropriately.

4.6 There continues to be significant financial risk in the system which was highlighted at the MIJB development session on 6 June 2022. There have

been significant additional supports provided during the last two years and whilst some of the additional funding is recurring, there is a recurring £3m deficit that is forecast for 2023/24 which will require to be addressed in order to be able to set a balanced budget. Additional funding has been made available by Scottish Government to support the increased pressures in the system, including those presented by the winter period and performance metrics are being identified to highlight progress in the key areas the funds have been provided for. These will be incorporated into future reports to this committee. The senior management team have, and continue to, assess where the funds should be applied for greatest benefit and approvals will be sought as appropriate.

- 4.7 Recruitment and selection to staff vacancies continues to prove challenging across several services. These challenges remain as previously reported regarding lack of appropriate applications for some posts and also the time taken to for the recruitment process in employing organisations to be followed. The recruitment cell in Care at Home services has been very successful when 31 new staff have been recruited in the period in comparison to 12 over same period in 2021, 16 in 2020 and 8 in 2019. They have implemented a rolling advert, weekly interviews and alignment of training schedules to make the process as efficient as possible and their efforts have also facilitated releasing management time to focus on service delivery. Staff wellbeing continues to be a key priority and a significant emphasis is being placed on ensuring that everyone is provided with the support that is readily available, where it is required. The issues that have been identified will be factored into the developing workforce plan and collaborative work will be progressed with partners across Grampian for recruitment.
- 4.8 Work is progressing with Allied our partner for care at home on the outcome based commissioning approach. Whilst it was recognised by all involved that it will be challenging to deliver these developments in the context of the continued impact of the pandemic it was also recognised that change is needed to create the capacity to meet the demand. Delivering on outcomes, rather than a time and task approach, underpins the MIJB strategic principles of Home First and supports people having choice of how and where they are cared for. However many current care packages are larger than those delivered prior to the pandemic and there is a lot more 2 to 1 care being provided at home, where previously the individual would have gone to residential or nursing care. This represents an increase in demand for services but unfortunately, despite best efforts, internal Care at home services and Allied have not been able to increase staffing levels to meet demand. Internal services have been recruiting successfully there have been many staff who have reduced their contracted hours to gain a better work life balance and more choice of hours they work. In addition there are less people choosing Option 1 for Self Directed Support (direct payment or organisation of their choice) and limited people choosing Option 2 which would be delivered by the four other care providers in the market locally. This places more demand for SDS Option 3 which is delivered by internal partnership. Due to the factors above currently capacity is not meeting demand which is demonstrated in the increase in unmet need. This situation is not likely to improve in the short term as there are still more people awaiting assessment which is likely to increase the demand for care in the community.

- 4.9 NHSG moved out of Operation Iris, the management strategy in response to Omicron, on 31 March 2022, services are no longer under emergency powers as determined by Scottish Government and there has been a de-escalation of Covid-19 infection prevention and control measures. Further work is being taken forward by the NHSG weekly connect meeting to identify, establish and embed any changes made over the last two years that are considered to have improved service delivery. Governance arrangements implemented during the Covid response are being reviewed and either adopted as business as usual or ceased.
- 4.10 With the confirmation of the NHSG Portfolio arrangements across Grampian and the likely delegation of Children and Families and Criminal Justice services to MIJB, there will be a need for alignment of the governance frameworks and a transition phase to accomplish this to ensure that staff are clear of the priorities and that information flow remains effective.
- 4.11 As plans evolve, the Strategic Risk Register will be updated to ensure that it reflects any barriers to realising the ambitions we are not enacting, to achieve the vision set out in our Strategic Plan.

## **5. SUMMARY OF IMPLICATIONS**

**(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan “Moray Partners in Care 2019-2029”**

The MIJB requires effective governance arrangements for those services and functions delegated to it and Risk Management systems are integral to this.

**(b) Policy and Legal**

As set out in the terms of reference, the Board has responsibility to provide assurance of the adequacy of the risk management framework.

There are no legal implications arising from this report.

**(c) Financial implications**

There are no direct financial implications arising from this report however the Board should note the failure to manage risks effectively could have a financial impact for the MIJB.

**(d) Risk Implications and Mitigation**

This report forms part of the governance arrangements for identifying and managing strategic risks of the MIJB. The risks are outlined in the body of the report in section 4.

**(e) Staffing Implications**

There are no additional staffing implications arising from this report. Senior Management Team have considered areas of high risk and are seeking to redeploy staff to address these as a matter of urgency.

**(f) Property**

There are no property implications arising from this report.

**(g) Equalities/Socio Economic Impact**

An Equalities Impact Assessment is not required because there are no service, policy or organisational changes being proposed.

**(h) Climate Change and Biodiversity Impacts**

There are no impacts arising from this report.

**(i) Directions**

None arising from this report.

**(j) Consultations**

Consultations have been undertaken with the Senior Management Team, Chief Internal Auditor and Tracey Sutherland, Committee Services Officer and comments have been incorporated in this report.

**6. CONCLUSION**

**6.1 This report and appendices contains proposed risk appetite statements that, when approved, will underpin the MIJB approach to strategic decision making.**

**6.2 The report also outlines the current position in relation to the impact of COVID-19 on progress with transformation plans, and recommends the Board note the revised and updated version of the Strategic Risk Register.**

Author of Report: Jeanette Netherwood, Corporate Manager  
Background Papers: held by author  
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