

HEALTH AND SOCIAL CARE MORAY STRATEGIC RISK REGISTER

AS AT MARCH 2019

1

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 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: <i>Political</i> | 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 |
| Risk Movement: | Increase/ decrease/ no change NO CHANGE |
| Rationale for Risk Rating: | Changes in membership of IJB committees have settled down and members have all attended more than one cycle of meetings. Moray Council political balance has remained consistent since July 2018. |
| Rationale for Risk Appetite: | The MIJB has zero appetite for failure to meet its legal and statutory requirements and functions. |
| Controls: | <ul style="list-style-type: none"> • Integration Scheme. • Strategic Plan. • Governance arrangements formally documented and approved. • Agreed risk appetite statement. • Performance reporting mechanisms. • Consultation with legal representative for all reports to committees and attendance at committee for key reports. |
| Mitigating Actions: | <p>Induction sessions are held for new IJB members. IJB voting member briefings are held regularly. Conduct and Standards training held for IJB Members July 18</p> <p>SMT regular meetings and directing managers and teams to focus on priorities.</p> <p>Regular development sessions held with IJB, Operational Management Team and SMT</p> <p>Strategic Plan is being developed for implementation. New organisation structure and wider system re-design and transformation governance structures being developed for implementation at the same time and will be presented to IJB in June 2019 for consideration</p> |
| Assurances: | <ul style="list-style-type: none"> • Audit, Performance and Risk Committee oversight and scrutiny. • Internal Audit function and Reporting • Reporting to Board. |

| | |
|-----------------------------|---|
| Gaps in assurance: | None known |
| Current performance: | Scheme of administration is reported when any changes are required. Report outlining the development of the transformation plan and the Strategic Planning and Commissioning Group providing oversight was presented and approved by MIJB on 29 November 2018. Report on Standards Officer submitted to IJB for consideration March 2019 |
| Comments: | Draft Performance Management Framework, aligned to strategic planning and resources was presented to MIJB (Jan 18). Framework is under further development and Implementation is being 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. A report will be submitted to MIJB in June 2019 as part of the suite of reports outlining the direction and governance arrangements for the IJB. |

| 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 VERY HIGH |
| Risk Movement: | Increase/ decrease/ no change NO CHANGE |
| Rationale for Risk Rating: | <p>The impact of funding cuts from both Moray Council and NHS Grampian in previous years are still being felt. 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 sound financial planning</p> <p>Demand on services continues to rise and the IJB has no remaining reserves to be utilised. At the end of Qtr 3 in the 2018/19 financial year the IJB is showing a £2.8m overspend on core services. At Qtr 3 the financial forecast to the end of the financial year shows an overspend on core services of £3.1m and after consideration of slippage on strategic funds this is reduced to £1.5m. A recovery plan has been developed and agreed with the Finance Directors in the partner organisations. This was presented to the MIJB in November 2018 and will be monitored closely. The financial risk to the Partners in the event of an overspend has been agreed and the split of the final overspend to be met by the partners will be 63% NHSG and 37% Moray council. The MIJB Chair has written to the two Chief Exec's accordingly.</p> |

| | |
|-------------------------------------|--|
| Rationale for Risk Appetite: | <p>MIJB recognises the pressures on the funding partners but 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.</p> |
| Controls: | <p>Chief Finance Officer appointed - this role is crucial in ensuring sound financial management and supporting financial decision making, budget reporting and escalation. Corrective action has been implemented through correspondence with budget holders and increased scrutiny at senior management level. Recovery Plan agreed and to be monitored regularly</p> |
| Mitigating Actions: | <p>Risk remains that the MIJB can deliver transformation and efficiencies at the pace required. Financial information is reported regularly to both the MIJB and Senior Management Team.</p> <p>The Chief Officer and Chief Financial Officer (CFO) have continued to engage in the budget setting processes of both NHS Grampian and Moray Council ahead of the 2019/20 budget setting to ensure the MIJB perspective is considered as part of the budget setting processes of the Partners.</p> <p>In an attempt to lessen the anticipated overspend – budget restrictions have been applied and communicated to all service managers for onward distribution to budget managers. Budget restrictions include the implementation of a higher level of authorisation for single items of expenditure over 5k (head of service) and 10k (senior management team). Senior management team scrutiny of vacancies and emerging pressures.</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>The MIJB is acutely aware of the recurring overspend on its core services. In addition to the Recovery Plan, service reviews will be carried out during 2019/20 to ensure services are prioritised in accordance with the Strategic Plan whilst working within the funding allocated.</p> |
| Assurances: | <p>MIJB oversight and scrutiny of budget. Reporting through MIJB, NHS Grampian Board and Moray Council.</p> |
| Gaps in assurance: | <p>None known</p> |
| Current performance: | <p>Indicative budget for 2018/19 was approved to allow service 4.5m. A further paper was presented to the board on 28 June 2018 displaying a reduced budget shortfall of £3.3m. The forecast overspend to the end of the financial year as at Qtr 3 after consideration of strategic funds is £1.5m. Plans are being progressed in relation to service planning and financial review during 2019/20.</p> |

| | |
|------------------|--|
| Comments: | Senior managers to work with Chief Officer and Chief Financial Officer to address the continuing financial challenge and forecast overspend. Through reporting, regular updates will be provided to the MIJB, Moray Council and NHS Grampian as part of the risk sharing arrangement in place. |
|------------------|--|

| | |
|---|---|
| 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 MEDIUM |
| Risk Movement: | Increase/ decrease/ no change NO CHANGE |
| Rationale for Risk Rating: | <p>Increasing workload experienced – being managed by recruiting to senior posts however the process for recruitment is proving time consuming through NHS processes, due to the number of posts required to be filled time as a result of the short term transformation funding.</p> <p>The impact of budgetary decisions by the Council in relation to reducing staffing levels, may result in reduced levels of support provided in some key areas for Health and Social Care Moray (HSCM), such as ICT, HR, Legal and design. Until the Council services affected have determined what elements of service provision has to reduce we will not know if there are changes to our level of support. .</p> |
| Rationale for Risk Appetite: | The MIJB is acutely aware of the lean management team in place and the strain this can place on the wider system. |
| Controls: | <p>Management structure in place with updates reported to the MIJB.</p> <p>Organisational Development and Workforce Plans have been developed and aligned with service priorities.</p> <p>Continued activity to address specific recruitment and retention issues.</p> <p>Management competencies being developed.</p> <p>Communications Strategy developed and approved in June 2017 with the associated commitments are progressing as anticipated.</p> <p>Incident reporting procedures in place per NHSG and Moray Council arrangements.</p> <p>Council and NHS performance systems in operation with HSCM reporting being further developed.</p> <p>SMT review vacancies and approve for recruitment</p> |

| | |
|-----------------------------|---|
| Mitigating Actions: | <p>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 through the Moray Alliance</p> <p>The Management Structure has been progressed and an update will be presented to the MIJB meeting on 28 March 2019</p> <p>Joint Workforce Planning.</p> <p>Lead Managers are involved in regional and national initiatives to ensure all learning is adopted to improve this position.</p> <p>Lead Managers and Professional Leads are linked to University Planning for intakes and programmes for future workforce development.</p> |
| Assurances: | <p>Operational oversight by Moray Workforce Forum and reported to MIJB.</p> <p>Organisational Steering Group is overseeing the management structure review</p> |
| Gaps in assurance: | <p>Joint or single system not yet agreed for incident reporting.</p> <p>Organisational Development Plan presented and approved at MIJB in January 2018 is overdue for update.</p> |
| Current performance: | <p>iMatter survey undertaken during July 2018 across all operational areas. Insufficient responses from some services has meant that action plans have not been developed. This is to be addressed through Operational Management Team.</p> <p>Representation on NHS Grampian's HSE Expert Group and operational H&S meeting established in HSCM</p> |
| Comments: | <p>Regular reporting and management control in place</p> <p>The Workforce plan will be developed and aligned with the strategic plan 2019- 2022</p> |

| | | |
|-------------------------------------|--|------------------|
| 4 | | |
| Description of Risk: | Inability to demonstrate effective governance and effective communication with stakeholders. | |
| <i>Regulatory:</i> | | |
| Lead: | Chief Officer | |
| Risk Rating: | low/medium/high/very high | MEDIUM |
| Risk Movement: | increase/decrease/no change | NO CHANGE |
| Rationale for Risk Rating: | <p>Locality planning assessed as medium in relation to ability to work at the pace required and current workforce capacity.</p> <p>Performance framework to be further developed from a planning perspective to show the links through operational service delivery to strategic objectives.</p> | |
| Rationale for Risk Appetite: | The MIJB has a low risk appetite to failure. | |

| | |
|-----------------------------|---|
| Controls: | <p>Annual Governance statement produced as part of the Annual Accounts 2017/18 and submitted to External Audit by the statutory deadline, in hand for 2018/19</p> <p>Performance reporting mechanisms in place and being further developed through performance management group.</p> <p>Community engagement in place for key projects areas such as Forres with information being made available to stakeholders and the wider public via HSCM website.</p> |
| Mitigating Actions: | <p>Schedule of Committee meetings and development days in place and taking place.</p> <p>Good working relationship established with Audit Scotland, the MIJB's appointed external auditors since 16/17.</p> <p>The second Annual Performance Report published in August 2018. Lessons learnt will be addressed and incorporated into the approach for the production of the 2018/19 Report.</p> |
| Assurances: | <p>Oversight and scrutiny by Clinical and Care Governance Committee, Audit Performance and Risk Committee and MIJB.</p> <p>A recent internal audit has been carried out by PricewaterhouseCoopers. The findings will be reported to a future meeting of the Audit, Performance and Risk committee following scrutiny by NHSG Audit Committee.</p> |
| Gaps in assurance: | <p>Following discussions at the development session held by Clinical and Care Governance Committee on 29 November 2018 to identify areas that they wish to see covered at Committee in future reports a programme will be developed for 2019/20.</p> |
| Current performance: | <p>Communications Strategy developed and approved by MIJB in June 2017.</p> <p>Annual Performance Report 2017/18 published August 2018</p> <p>Draft Annual Accounts (2017/18) published by the statutory deadline of 30 June. Audited Accounts published 27 September 2018</p> |
| Comments: | <p>NHS Grampian Senior Leadership Team are developing their framework for governance and HSCM are fully engaging and participating in this process.</p> <p>HSCM are progressing with setting out the Governance framework for their functions across services (ie Health and Safety, Civil Contingencies, Risk Management, Performance Management etc) and linkages with NHS and Council groups to facilitate communication flows.</p> <p>PwC Internal Audit of Health Governance completed</p> |

| 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 HIGH |
| Risk Movement: | increase/decrease/no change INCREASED |
| Rationale for Risk Rating: | <p>Resilience standards and implementation plan agreed however progress is behind target.</p> <p>Potential impact of Brexit is being assessed at a National level and have highlighted key areas for assessment. Work is being undertaken by NHS Grampian and Moray Council to assess potential issues on workforce and potential impacts resulting from supply chain disruption (medical supplies, energy/fuel supplies) as well as potential for increased civil disruption.</p> <p>Scottish Government will set up a response co-ordination unit with effect from 18 March and requests for information will be made to Local Authorities and NHS. As yet it is not clear what information will be required and from whom. HSCM are being guided by colleagues in Moray Council and NHSG. There is no specific requirement for any HSCM staff involvement at this stage, however this may change.</p> |
| Rationale for Risk Appetite: | The MIJB understand the requirement to meet the statutory obligations set out within the Civil Contingencies Act. |
| Controls: | <p>Surge Plan in place and has been tested alongside NHSG plans for winter.</p> <p>Lead Officer identified working alongside Emergency Planner.</p> <p>Local resilience plan developed.</p> <p>NHS Grampian Resilience Standards Action Plan approved (3 year).</p> <p>Business Continuity Plans in place for most services.</p> <p>Surge Plan developed and approved by MIJB 29 November 2018</p> |
| Mitigating Actions: | <p>Meeting of HSCM resilience group held on 4 December to consider and prioritise actions in relation to the Resilience standards. Next meeting will be on 25 March 2019.</p> <p>Pandemic awareness briefing by Maha Saeed, Consultant Lead, scheduled for 12 December for service managers across HSCM.</p> <p>Practitioner group established for Moray with representation from HSCM, Dr Grays, Moray Council and NHSG to discuss matters arising from the Local Resilience Forum and within our respective organisations. In addition it will</p> |

| | |
|-----------------------------|--|
| | <p>provide a forum for discussion of the linkages between organisational response plans to ensure there are no gaps or over reliance on particular local resources.</p> <p>Participation in NHSG exercise Pices on 19 March which will test the setup of our control room and communication channels with NHSG as part of preparation for EU Exit.</p> |
| Assurances: | Audit, Performance and Risk Committee and NHS Grampian Civil Contingencies Group oversight and scrutiny. |
| Gaps in assurance: | <p>Programme and implementation of Table top exercises for business continuity.</p> <p>Some progress has been made however further work required to address the targets in the implementation plan that have not been met and the Resilience standards as identified by the NHSG Civil Contingencies Group.</p> <p>Identification of staff resource to support managers in reviewing business continuity arrangements is being considered to progress completion.</p> <p>In addition to preparation for normal business continuity arrangements, the three HSCP in Grampian have been requested by NHSG Civil Contingencies group to complete their pandemic flu plans by end of April 2019.</p> |
| Current performance: | Many services have business continuity arrangements however the majority are overdue for an update. These updates will include consideration of the impact of a Pandemic following the briefing session held on 12 December 2018. |
| Comments: | The HSCM resilience group will schedule and review progress in achieving the NHSG resilience standards, reporting updates to Operational Management Team and by exception to Senior Management Team. |

| | | |
|--|---|------------------|
| 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 | MEDIUM |
| Risk Movement: | increase/decrease/no change | NO CHANGE |
| Rationale for Risk Rating: | Considered medium risk due to the reporting arrangements being relatively new | |
| Rationale for Risk Appetite: | <p>The MIJB has some appetite for reputational risk relating to testing change and being innovative.</p> <p>The MIJB has zero appetite for harm happening to people.</p> | |
| Controls: | <p>Clinical and Care Governance (CCG) Committee established and future reporting requirements identified</p> <p>Links for operational Risk Registers being developed</p> <p>Complaints procedure in place</p> <p>Adverse events and duty of candour procedures in place and being actioned where appropriate.</p> <p>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.</p> | |
| Mitigating Actions: | <p>This is discussed regularly by the three North East Chief Officers.</p> <p>Additional resource has been allocated to support the analysis of information for presentation to CCG committee</p> <p>Process for sign off and monitoring actions arising from Internal and External audits is being set out as part of the HSCM governance arrangements.</p> | |
| 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: | <p>External inspection reports are reviewed and actions arising are allocated to officers for taking forward.</p> <p>Internal Audits by Price Waterhouse Cooper on Health and Safety Governance and Unscheduled Care Discharge Process have not raised any significant issues.</p> | |
| Comments: | Self-Directed Support Thematic review by the Care Inspectorate took place during October 2018, awaiting the report | |

| 7 | |
|---|--|
| Description of Risk: <i>Operational Continuity and Performance:</i> | Inability to achieve progress in relation to national Health and Wellbeing Outcomes. Performance of services falls below acceptable level. |
| Lead: | Chief Officer |
| Risk Rating: | low/medium/high/very high MEDIUM |
| Risk Movement: | increase/decrease/no change NO CHANGE |
| Rationale for Risk Rating: | Potential impacts to the wide range of services in NHS Grampian and Moray Council commissioned by the MIJB arising from reductions in available staff resources as budgetary constraints impact. Unplanned admissions or delayed discharges place additional cost and capacity burdens on the service and currently there is no reduction in the levels being experienced. |
| Rationale for Risk Appetite: | Zero tolerance of harm happening to people as a result of action or inaction. |
| Controls: | Performance Management reporting framework. 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: | Service managers monitor performance regularly. Performance Management Group are reviewing key performance indicators across HSCM services Delayed discharges and associated indicators are monitored closely locally via weekly "huddle" meetings and there is a monthly focus on aspects of unscheduled care. In addition HSCM are contributing information to a review by Chief Officers Group Health and Social Care Scotland, working with Scottish Government, in relation to reducing Delayed Discharges. |

| | |
|-----------------------------|--|
| Assurances: | Audit, Performance and Risk Committee oversight. Operationally managed by OMT, receiving reports from Performance management group (which has a specific focus on performance). Strategic direction provided by SMT. |
| Gaps in assurance: | Development work will be undertaken to establishing clear links to performance that describe the changes proposed by actions identified in the new Strategic Plan |
| 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. Work is progressing with performance monitoring and reporting with key performance indicators and appropriate owners being identified in Mental Health, Drug and Alcohol and Provider Services. Development of the Ministerial Steering Group indicators and links to local indicators that underpin them is underway. |

| | |
|---|--|
| 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 MEDIUM |
| Risk Movement: | increase/decrease/no change INCREASED |
| Rationale for Risk Rating: | 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. Impact of Brexit may result in disruption to energy supplies which could impact on continuity of ICT operations in the short term |
| Rationale for Risk Appetite: | 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 and staff are required (through and automated process) to confirm they have read these every 6 months Business Continuity Plans being updated to fully reflect ICT disruption. |

| | |
|-----------------------------|---|
| | <p>PSN accreditation secured by Moray Council Guidance regularly issued to staff. Guidance on effective data security measures issued to staff.</p> |
| Mitigating Actions: | <p>Protocol for access to systems by employees of partner bodies to be developed. Information Management arrangements to be developed and endorsed by MIJB.</p> <p>Integrated Infrastructure Group established, with ICT representation from NHSG and Moray Council, to consider and provide solutions to data sharing issues and ICT infrastructure matters. Linkages to Infrastructure board and Information sharing groups have been established.</p> <p>Data sharing groups for Grampian and Health and Social Care Moray have been established and meetings are held regularly. They will have oversight of any issues arising from Data protection and GDPR matters from either Council or NHS systems.</p> |
| 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: | Business Continuity arrangements are being reviewed with ICT colleagues with a focus on impact of loss of energy and consequential impact on ICT |

| | |
|--|--|
| 9 | |
| Description of Risk: <i>Infrastructure</i> | 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 |
| Risk Movement: | increase/decrease/no change NO CHANGE |
| Rationale for Risk Rating: | <p>Changes to processes and necessary stakeholder buy-in still bedding in.</p> <p>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.</p> |

| | |
|-------------------------------------|---|
| | Interim Premises, Infrastructure and Digital Manager in place to provide additional leadership in relation to major infrastructure projects. |
| 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. Process for submission of projects to the infrastructure board has been refined and in process for approval to ensure appropriate oversight of all projects underway in HSCM. |
| 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 Infrastructure Manager linked into other Infrastructure groups within NHSG & Moray Council to ensure level of 'gatekeeping' |
| 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. |
| 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 Infrastructure Board met on 5 March and carried out an initial review of existing projects. Meetings will initially take place more frequently to embed the new processes. |
| Comments: | The prioritisation of existing projects will be reviewed as part of the revised process, to ensure resources are being dedicated appropriately and aligned to the emerging Strategic priorities. |