

HEALTH AND SOCIAL CARE MORAY STRATEGIC RISK REGISTER

AS AT NOVEMBER 2019

RISK SUMMARY

1. The Moray Integration Joint Board (MIJB) does not function as set out within the Integration Scheme, Strategic Plan and in-line with Standing Orders and fails to deliver its objectives or expected outcomes.
2. There is a risk of MIJB financial failure in that the demand for services outstripping available financial resources. Financial pressures being experienced by the funding Partners will directly impact on decision making and prioritisation of MIJB
3. Inability to recruit and retain qualified and experienced staff to provide safe care whilst ensuring staff are fully able to manage changes resulting from integration.
4. Inability to demonstrate effective governance and effective communication and engagement with stakeholders.
5. Inability to deal-cope with unforeseen external emergencies or incidents as a result of inadequate emergency and resilience 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. Inability to progress with delivery of Strategic Objectives and Transformation projects as a result of Risk of major disruption in continuity of IGT operations inability to resolve data sharing and including data security requirements being compromised.
9. Requirements for support services IGT 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 MEDIUM
Risk Movement:	Increase/ decrease/ no change REDUCED
Rationale for Risk Rating:	Membership of IJB committees has been stable and the majority of members have attended several cycles of meetings. Moray Council political balance has remained consistent since July 2018. The strategic plan has been reviewed and the strategic objectives and expected outcomes are integral to this. .
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 “Partners in Care” 2019 to 2029 • 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 with updates provided by Legal Services as appropriate.</p> <p>SMT regular meetings and directing managers and teams to focus on priorities.</p> <p>Regular development sessions held with IJB and System Leadership Group Strategic Plan has been developed. New management structure is in place and wider system re-design and transformation governance structures being developed for implementation at the same time. The proposed governance structure for the Transformation Boards will be presented to IJB in January 2020 for consideration</p>
Assurances:	<ul style="list-style-type: none"> • Audit, Performance and Risk Committee oversight and scrutiny.

	<ul style="list-style-type: none"> • Internal Audit function and Reporting • Reporting to Board.
Gaps in assurance:	None known
Current performance:	<p>Scheme of administration is reported when any changes are required.</p> <p>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.</p> <p>Report on Standards Officer agreed by IJB March 2019</p>
Comments:	. A report has been submitted to MIJB in November 2019 which introduces the suite of reports outlining the proposed direction and governance arrangements for the IJB including Communication Strategy, Performance Framework, Organisational Development and Workforce plans and amendments to Strategic Risk Register.

2	
Description of Risk: <i>Financial</i>	There is a risk of MIJB financial failure in that the demand for services outstrips 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>Previous funding cuts from Moray Council have been significant 2017/18 (£1.3m) and 2018/19 (£1.759m Gross). The 2019/20 settlement saw additional investment for health and social care. Although this was passed through to the MIJB there remains a significant funding gap as much of the new investment related to new commitments. 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.</p> <p>At the end of Qtr 4 in the 2018/19 financial year the IJB had an overspend of £1.2m This deficit was requested to be funded by the partners in the agreed proportionate split as per the Integration Scheme. This resulted in NHSG contributing £751k and Moray Council £441k. The recovery plan has been developed and was agreed with the Finance Directors in the partner organisations and presented to the MIJB in November 2018. The Recovery Plan will be monitored and reported to the MIJB throughout 19/20. At the end of Quarter 2 the recovery plan is broadly on target to deliver, however, overspending is occurring in other areas. As at month 6 (Q2) the MIJB is forecast an overspend to the end of the year of £1.6m</p>

Rationale for Risk Appetite:	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.
Controls:	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. Service reviews are underway and outcomes will be reported to the IJB.
Mitigating Actions:	<p>Risk remains of the challenge that the MIJB can deliver transformation and efficiencies at the pace required. Financial information is reported regularly to both the MIJB, Senior Management Team and System Leadership Group.</p> <p>The Chief Officer and Chief Financial Officer (CFO) continue to engage in finance discussions with key personnel of both NHS Grampian and Moray Council. These conversations continue in preparation of the 2020/21 budget setting process to ensure the MIJB perspective is considered as part of the budget setting processes of the Partners. This MIJB has seen a definite benefit as a result of this process in the 2019/20 budget setting process and allocations.</p> <p>Chief Officer and CFO will continue to engage with the partner organisations in respect of the financial position throughout the year with a focus on the progress of the recovery plan. Quarterly partnership meetings with a focus on finance have been put in place with partner CEOs, Finance Directors and the Chair/Vice Chair of the IJB.</p> <p>The MIJB is acutely aware of the recurring overspend on its core services. In addition to the Recovery Plan, service reviews are being carried out to ensure services are prioritised in accordance with the Strategic Plan whilst working within the funding allocated.</p>
Assurances:	MIJB oversight and scrutiny of budget. Reporting through MIJB, NHS Grampian Board and Moray Council.
Gaps in assurance:	None known
Current performance:	Budget Outturn for 2018/19 saw an overspend after consideration of strategic funds of £1.2m. This was met by NHSG and MC in the agreed proportions of 63% / 37% respectively as per the Integration Scheme. Plans are being progressed in relation to service planning and financial review during 2019/20. The current forecast to the end of 2019/20 is £1.6m overspend
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.
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3	
Description of Risk: <i>Human Resources (People):</i>	Inability to recruit and retain qualified and experienced staff to provide safe care, whilst ensuring staff are fully able to manage change resulting from Integration
Lead:	Chief Officer
Risk Rating:	Low/ medium/ high/ very high HIGH
Risk Movement:	Increase/ decrease/ no change INCREASING
Rationale for Risk Rating:	<p>Some front line services are experiencing difficulties with recruitment to vacancies requiring specific skills and experience, and this places pressure on existing staff.</p> <p>The impact of budgetary decisions by the Council in relation to reducing staffing levels has reduced levels of support provided in some key areas for Health and Social Care Moray (HSCM), such as ICT, HR, Legal and design. Council services are still determining what elements of service provision need to reduce and we are working with these services to establish our level of support.</p> <p>Some social work services are experiencing high levels of sickness absence and difficulties with recruitment with associated impacts on service delivery. This is also an identified issue in Mental Health where recruitment to a key clinical post has been out to advert five times without successful appointment.</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 are being updated to align to the new strategic plan.</p> <p>Continued activity to address specific recruitment and retention issues. The chief social worker has reviewed the situation with managers and have instigated action to employ a Consultant Practitioner to considering options for address some of the particular issues affecting social work services.</p> <p>Management competencies continue to be developed through Kings Fund training.</p> <p>Communications Strategy has been reviewed and is being presented to IJB in November 2019 for approval as part of the Strategic plan suite of papers.</p>

	<p>Incident reporting procedures in place per NHSG and Moray Council arrangements. Council and NHS performance systems in operation with HSCM reporting being further developed. 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>Appointments to the Management Structure presented to the MIJB meeting on 28 March 2019 and then to Moray Council Full Council for information on 27 June 2019 have progressed and all Locality Managers will be in post with effect from January 2020. Joint Workforce Planning is being undertaken and the joint workforce forum was re-established in September 2019.</p> <p>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.</p>
Assurances:	<p>Operational oversight by Moray Workforce Forum and reported to MIJB. Organisational Steering Group is overseeing the management structure review</p>
Gaps in assurance:	<p>Joint or single system not yet agreed for incident reporting. Organisational Development Plan and Workforce plan has been updated and presented to MIJB in November 2019.</p>
Current performance:	<p>iMatter survey undertaken during July 2019 across all operational areas showed improvement in response rate although there are still some teams that require to engage. Managers have worked with teams and developed action plans with 64% completed by the deadline in comparison to 50% in previous year.. The Systems Leadership Group will be taking forward the implementation of the Organisational Development once approved. .</p>
Comments:	<p>Regular reporting and management control in place</p>

4		
Description of Risk:	Inability to demonstrate effective governance and effective communication and engagement 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:	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.
Rationale for Risk Appetite:	The MIJB has a low risk appetite to failure.
Controls:	Annual Governance statement produced as part of the Annual Accounts 2018/19 and submitted to External Audit by the statutory deadline Performance reporting mechanisms in place and being further developed through performance management group. Community engagement in place for key projects areas such as Forres and Keith with information being made available to stakeholders and the wider public via HSCM website.
Mitigating Actions:	Schedule of Committee meetings and development days in place and implemented. Good working relationship established with Audit Scotland, the MIJB's appointed external auditors since 16/17. Annual Performance Report for 2018/19 published in August 2019. Lessons learnt from previous years were incorporated into the approach for the production of the report that was published on 2 August 2019 against a target of 31 July 2019. Social media is actively used as a method of engaging with the public, with short videos focussing on particular services being trialled.
Assurances:	Oversight and scrutiny by Clinical and Care Governance Committee, Audit Performance and Risk Committee and MIJB. Internal audit of Health Governance was 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.
Gaps in assurance:	Discussions at the development session held by Clinical and Care Governance Committee on 29 November 2018 identified areas to be covered at Committee in future reports. A programme of reports to Clinical Governance Group has been developed and exception reports will be submitted to CCG Committee. A workshop will be held in January 2020 to self assess the mechanisms in place for Clinical and Care Governance to identify any areas for improvement and to provide evidence that there is a robust assurance process in place.
Current performance:	Communications Strategy has been reviewed and has been presented to IJB November 2019 for approval. Annual Performance Report 2018/19 published August 2019. . Audited Accounts for 2018/19 were publicised by deadline 30 September 2019
Comments:	NHS Grampian System Leadership Team are developing their framework for governance and HSCM are fully engaging and participating in this process. 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. PwC Internal Audit of Health Governance completed
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5	
Description of Risk: <i>Environmental:</i>	Inability to cope with unforeseen external emergencies or incidents as a result of inadequate emergency and resilience planning.
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 assessed at a National level who then highlight key areas for assessment locally. Work has been 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.. Reporting mechanisms to both Council and NHS Grampian will be established when the date is known.</p> <p>The Grampian Emergency Planning unit that provided specialist advice, support and planning resource for Emergency Planning across Grampian was disbanded in August 2019. This has altered response mechanisms for the Moray Council and a review of protocols for communication has been undertaken. The new Emergency Planning officer will take up post on 25 November 2019 and links will be established.</p> <p>Progress is being made in updating HSCM Business Impact Analysis (BIA) and Business Continuity Plans (BCP) are and work is ongoing to establish the system wide understanding of the critical functions that will underpin all emergency and disruptive incident planning.</p> <p>Scottish Government have published the national Mass Casualties Plan for implementation by 1 September that has implications for Chief Officers and senior teams of all Health and Social Care Partnerships. NHS Grampian Civil Contingencies unit are leading on the distribution of information and briefing of this subject.</p>
Rationale for Risk Appetite:	<p>The MIJB understand the requirement to meet the statutory obligations set out within the Civil Contingencies Act.</p> <p>Some services are experiencing pressures resulting in business continuity arrangements being invoked, such as</p>

	<p>Homecare services in Forres and Cullen, Care at Home Reablement Team (START) (increased demand and high levels of staff sickness last week)</p>
Controls:	<p>Winter/Surge Plan updated and has been tested alongside NHSG plans for winter and officers have participated in exercises.</p> <p>HSCM Civil Contingencies group established and meeting regularly to address priority subjects.</p> <p>NHS Grampian Resilience Standards Action Plan approved (3 year).</p> <p>Business Continuity Plans in place for most services although overdue a review in some areas .</p>
Mitigating Actions:	<p>Outstanding BIA/BCP have been escalated to System leadership group for actioning and progress is being made.</p> <p>Information from the updated BIA/BCP has informed elements of the Winter Plan (Surge plan).</p> <p>A Friday huddle has been implemented to gather the status of services across the whole system to provide information and contact details to the Senior Manager on Call (SMOC) over the weekend.</p> <p>Pandemic awareness briefing by Maha Saeed, Consultant Lead, held 12 December 2018 for service managers across HSCM. NHS Grampian have amended their approach and HSCM Pandemic plan requires redrafting and testing</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 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>Briefing for Mass Casualties Plan held by NSHG Civil Contingencies Unit for HSCM managers on 10 September 2019. Officers have attended a Business Continuity Workshop, Winter Plan cross Grampian exercise and training in writing contingency plans</p>
Assurances:	<p>Audit, Performance and Risk Committee and NHS Grampian Civil Contingencies Group oversight and scrutiny.</p>
Gaps in assurance:	<p>Some table top exercises have been completed but a programme requires to be set out for 2020</p> <p>Progress has been made however further work is 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>Pandemic flu plans require to be progressed</p>
Current	<p>Many services have business continuity arrangements and some are overdue for an update. Work is progressing to</p>

performance:	collate a critical functions list for agreement by System Leadership Group that will inform planning arrangements going forward. Annual report on progress against NHS resilience standards to be submitted in March 2020.
Comments:	The HSCM resilience group will schedule and review progress in achieving the NHSG resilience standards, reporting updates to System Leadership 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 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:	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 future reporting requirements identified Links for operational Risk Registers being further developed Complaints procedure in place. Clinical incidents and risks are being reviewed on a weekly basis to ensure processes are followed appropriately and consistently and responses are recorded in a timely manner. Adverse events and duty of candour procedures in place and being actioned where appropriate and summary reports submitted to Clinical Care & Governance 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.
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 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.
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. Internal Audits by Price Waterhouse Cooper on Health and Safety Governance and Unscheduled Care Discharge

	Process have not raised any significant issues.
Comments:	Report was published in June 2019 for the Self-Directed Support Thematic review by the Care Inspectorate that took place during October 2018. The report makes very positive comment on the progress being made and the level of understanding of the staff at the core of this service. An area for further development was highlighted in regard to training of staff going forward and for increasing Health staff knowledge about the process and signposting opportunities.

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. 2019 to 2029 “Partners in Care” Strategic Plan approved and Transformation Plan being developed. Performance regularly reported to MIJB. Revised Scorecard 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.
Mitigating	Performance Management Framework is being reviewed and updated.

Actions:	<p>Service managers monitor performance regularly with their teams and escalate any issues to the Performance Management Group for further discussion to provide wider support, developing shared ownership and a greater understanding across the whole system.</p> <p>Performance Management Group are reviewing key performance indicators across HSCM services to align with the revised strategic plan.</p> <p>A key area of focus where performance data is below target relates to Delayed discharges. Input has been gathered from across the system and the output from the workshop in July has been used to inform actions, that have been introduced where possible, with some actions to feature in the Transformation Plan</p>
Assurances:	<p>Audit, Performance and Risk Committee oversight.</p> <p>Operationally managed by service managers, receiving reports from Performance management group (which has a specific focus on performance). Strategic direction provided by Systems Leadership Group.</p>
Gaps in assurance:	<p>Development work will be undertaken to establishing clear links to performance that describe the changes proposed by actions identified in the new Strategic Plan</p>
Current performance:	<p>Close monitoring and performance management in place.</p> <p>The process for production of the Strategic Plan 2019-29 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.</p>
Comments:	<p>Regular and ongoing reporting.</p> <p>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.</p>

8	
Description of Risk: <i>ICT</i>	Inability to progress with delivery of Strategic Objectives and Transformation projects as a result of inability to resolve data sharing and data security requirements.
Lead:	Chief Officer
Risk Rating:	low/medium/high/very high MEDIUM
Risk Movement:	increase/decrease/no change NO CHANGE
Rationale for Risk	Corporate Information Security policies in place and staff are required to complete training and confirm they have read,

Rating:	understood and accept the terms of use.
Rationale for Risk Appetite:	MIJB has a low tolerance in relation to not meeting requirements.
Controls:	<p>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</p> <p>PSN accreditation secured by Moray Council</p> <p>Guidance regularly issued to staff.</p> <p>Guidance on effective data security measures issued to staff.</p>
Mitigating Actions:	<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:	<p>Protocol for access to systems by employees of partner bodies to be documented.</p> <p>Information Management arrangements to be developed and endorsed by MIJB.</p> <p>Process of identification of issue and submission to data sharing group requires to be reinforced to ensure matters are progressed.</p>
Current performance:	Training programme to be developed on records management, data protection and related issues for staff working across and between partners.
Comments:	Where national systems are involved it may not be possible to identify a solution however the issues will be able to be raised at the appropriate level via the Grampian Data Sharing Group where all three partnerships are represented.

9	
Description of Risk: <i>Infrastructure</i>	Requirements for support services 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 is undertaking a Property review of office and depot accommodation and the potential impact for HSCM services requires consideration. ICT infrastructure service plans in NHS Grampian and Moray Council are not visible to HSCM and development of communication and engagement process is required.</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> <p>Interim Premises, Infrastructure and Digital Manager in place to provide additional leadership in relation to major infrastructure projects.</p>
Rationale for Risk Appetite:	Low tolerance in relation to not meeting requirements.
Controls:	<p>Chief Officer has regular meetings with partners</p> <p>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 approved and implemented to ensure appropriate oversight of all projects underway in HSCM.</p>
Mitigating Actions:	<p>Dedicated project Manager in place – monitoring/managing risks of the Programme</p> <p>Membership of the Board reviewed and revised to ensure representation of all existing infrastructure processes and funding opportunities.</p> <p>Process for ensuring infrastructure change/investment requests developed</p>

	<p>Infrastructure Manager linked into other Infrastructure groups within NHSG & Moray Council to ensure level of 'gatekeeping'.</p> <p>Dr Grays site development plan is being produced collaboratively with input from NHSG and HSCM management.</p>
Assurances:	<p>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.</p>
Gaps in assurance:	<p>Further work is required on developing the process for approval for projects so that they are progressed timeously.</p> <p>Need to review all existing processes in relation to infrastructure changes/projects/investments and streamline to avoid duplication of effort.</p> <p>Attendance at Infrastructure Board by NHS Grampian officers has reduced resulting in discussions at meetings being incomplete.</p>
Current performance:	<p>The Infrastructure Board meets regularly and highlights/exceptions are taken to SLG for communication and information purposes.</p>
Comments:	<p>Existing projects will be reviewed as part of the development of the new Strategic Plan process to ensure resources are being dedicated appropriately and aligned to the emerging Strategic priorities.</p>