

HEALTH AND SOCIAL CARE MORAY STRATEGIC RISK REGISTER

AS AT SEPTEMBER 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:	<p>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.</p> <p>The strategic plan is due for renewal and as the strategic objectives and expected outcomes are integral to this. The risk will remain high until the strategic direction is approved.</p>	
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 2016 to 2019. • 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.</p> <p>IJB voting member briefings are held regularly.</p> <p>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 October 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 agreed by IJB 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 October 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 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 1 the recovery plan is on target to deliver, however, there remains an overspend. In November 2019, the Quarter 2 position will be reported to the IJB together with a forecast for the full financial year.</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 have commenced and outcomes will be reported to the IJB.
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) continue to engage in finance discussions with key personnel of both NHS Grampian and Moray Council. These conversations will 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 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:	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.
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	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 were developed and aligned with service priorities and 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 is reviewing the situation with managers and considering options for addressing the particular issues affecting social work services.</p> <p>Management competencies continue to be developed through Kings Fund training.</p> <p>Communications Strategy approved in June 2017, currently being reviewed as part of Strategic plan suite of papers.</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>	

	SMT review vacancies and approve for recruitment
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 presented to the MIJB meeting on 28 March 2019 and then to Moray Council Full Council for information on 27 June 2019 has progress with ring fenced staff being appointed. Closing date for the remaining 3 Locality manager posts is Friday 13 September, with interviews later in the month.</p> <p>Joint Workforce Planning and re-establishment of the joint workforce forum in September 2019.</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 due for update – to be reported to MIJB in October 2019.</p> <p>Workforce plan is due for update – to be reported to MIJB in October 2019</p> <p>Communications strategy is due for update – to be reported to MIJB in October 2019</p>
Current performance:	iMatter survey undertaken during July 2018 across all operational areas. Insufficient responses from some services has meant that action plans have not been developed. The survey for July 2019 has been undertaken and whilst there was an improvement in response rate there are still teams that need to progress. This is to be addressed through Senior Management Team and Systems Leadership Group, the new joint group replacing the previous OMT.
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:	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 published in August 2019. Lessons learnt were incorporated into the approach for the production of the 2018/19. Report was published on 2 August 2019 against a target of 31 July 2019.	
Assurances:	Oversight and scrutiny by Clinical and Care Governance Committee, Audit Performance and Risk Committee and MIJB. Internal audit of Health Governance was 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.	
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.	
Current performance:	Communications Strategy developed and approved by MIJB in June 2017. Annual Performance Report 2017/18 published August 2018. Draft Annual Performance Report 2018/19 due for publication on 31 July 2019 Draft Annual Accounts (2018/19) published by the statutory deadline of 30 June. Audited Accounts for 2018/19 due for publication by 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	

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. It is likely Scottish Government will establish the same arrangements that were in place from 18 March for EU exit when a date is provided by UK Government.</p> <p>The Grampian Emergency Planning unit that has 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.</p> <p>HSCM Business Impact Analysis (BIA) and Business Continuity Plans (BCP) are largely overdue for update and work is ongoing to establish the system wide understanding of the critical functions.</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:	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, currently being updated for 2019 and exercise dates established.</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 many areas .</p>	
Mitigating	HSCM resilience group met 31 May and agreed the recommendation that all BIA and BCP to be updated by 31 July	

Actions:	<p>2019.</p> <p>Information from the updated BIA/BCP will inform elements of the Winter Plan (Surge plan).</p> <p>Pandemic awareness briefing by Maha Saeed, Consultant Lead, held 12 December for service managers across HSCM. Pandemic plan in draft and requires 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 NHSG Civil Contingencies Unit for HSCM managers on 10 September 2019.</p>
Assurances:	<p>Audit, Performance and Risk Committee and NHS Grampian Civil Contingencies Group oversight and scrutiny.</p>
Gaps in assurance:	<p>Programme and implementation of Table top exercises for business continuity. Table top exercises scheduled in HSCM to test loss of electricity (2 September 2019) and command and control arrangements (18 November 2019) in the first instance. In addition table tops are scheduled for the winter/surge plan in Moray and Grampian.</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>In addition to preparation for normal business continuity arrangements, the three HSCP in Grampian were requested by NHSG Civil Contingencies group to complete their pandemic flu plans by end of April 2019. This has been progressed however cannot be finalised until the Scottish Government guidance has been finalised.</p>
Current performance:	<p>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.</p> <p>Annual report on progress against NHS resilience standards to be submitted to a future meeting.</p>
Comments:	<p>The HSCM resilience group will schedule and review progress in achieving the NHSG resilience standards, reporting updates to System Leadership Group.</p>

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 further developed</p> <p>Complaints procedure in place.</p> <p>Clinical risks being reviewed on a weekly basis to ensure processes are followed appropriately and consistently and responses are recorded in a timely manner.</p> <p>Adverse events and duty of candour procedures in place and being actioned where appropriate and summary reports submitted to Clinical Care & Governance committee.</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 has been agreed</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</p>	

	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. 2016-19 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:	<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. These indicators and associated performance information are monitored closely locally via weekly “huddle” meetings and there is a monthly focus on aspects of unscheduled care. In addition HSCM have contributed information to a review by Chief Officers Group Health and Social Care Scotland, working with Scottish Government, in relation to reducing Delayed Discharges. A workshop was held on 23 July 2019 with representatives from all services involved in elderly patient care in hospital and on into the community to work collaboratively to identify potential opportunities for improvement. The output from these sessions will be collated into actions that will be fed into the transformational 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 2019-22 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.</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>	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	NO CHANGE
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 will be updated to fully reflect ICT disruption. PSN accreditation secured by Moray Council Guidance regularly issued to staff. Guidance on effective data security measures issued to staff.	
Mitigating Actions:	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. 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.	
Assurances:	Strict policies and protocols in place with NHS Grampian and Moray Council.	
Gaps in assurance:	Protocol for access to systems by employees of partner bodies to be documented. Information Management arrangements to be developed and endorsed by MIJB.	
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 in NHS and Moray Council with a focus on prioritisation of critical systems and the potential 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> <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:	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	Further work is required on developing the process for approval for projects so that they are progressed timeously.	

assurance:	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 meets regularly and highlights/exceptions are taken to OMT for communication and information purposes.
Comments:	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.