NHS
Health
Scotland

BOARD MEETING: 22 JUNE 2017

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ANNUAL RISK REPORT

Recommendation/action required

The Board is asked to note the contents of the paper, and to consider the Corporate Risk Register 2017/18 updates (Appendix 3) to ensure they are sufficiently assured by the actions taken or proposed to mitigate these risks.

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13 June 2017

ANNUAL RISK REPORT

Purpose

1.   The purpose of this paper is to report to the Board on the Risk Management arrangements within NHS Health Scotland, to provide assurance that risk is adequately and appropriately managed.

Background

2.   The Risk Protocol requires that the annual report includes;

    a)   An update on what improvements have been made to risk management.

    b)   An update on any changes following review of the risk protocol or policy.

    c)   A statement of what further developments are planned for the next year including target dates.

3.   The management of risk within NHS Health Scotland has improved significantly. The way in which risk is used continues to mature and is subject to continuous improvement and refinement.

4.   There is still work to do to fully embed risk at all levels, but progress continues to be made and risk is currently adequately and appropriately managed. This was reflected in the Internal Audit of Risk Management (April 2017) which categorised NHS Health Scotland Risk Management as B (Broadly Satisfactory).

Key Highlights

5.   Key highlights;

    a)   We have started an improvement project for the Master Risk Register (MRR) to improve the usefulness of our approach to risk and the information recorded. This involves a complete refresh of the risks recorded in the MRR.

    b)   Our Corporate Risk Register (CRR) is more accurate, better integrated into planning and performance, and the risks more transparently governed, by revising our approach to developing, tracking and reporting on the CRR during 2016/17.

    c)   Senior Policy and Risk Officer in post, Policy and Risk Officer in post.

Policy and Protocol

6.   The Management of Risk Policy was last reviewed and updated in April 2017, reflecting discussions and decisions that had been taken throughout 2016 within the organisation. The Management of Risk Policy is reviewed on a biennial basis, and is therefore due for review by April 2019.

7. The Protocol for the Management of Risk was last reviewed in April 2015, but the Protocol has now been reviewed, updated and was approved by the Audit Committee at their meeting on 9th June 2017. The majority of the updates were minor clarifications, including updated job descriptions and contacts. The Board's new Risk Appetite Statements have also been incorporated into the updated protocol, along with updated Impact/Consequences definitions.

8. The updates to the both the Management of Risk Policy and Protocol included the recommendation from the Internal Audit to refer to the involvement of the Board and CMT in the process of drafting the CRR. Both documents now contain the Board's new Risk Categories and associated Risk Appetites.

Corporate Risk Register (CRR) 2016/17

9. In line with the previous decision of the Board, the CRR was reviewed and updated in-year by the nominated leads for each risk. Updates were presented to the meetings of the relevant Governance Committees, and an update to the entire CRR presented to the Board as part of the Quarterly Performance Report.

10. An end of year review of the CRR 2016/17 is included as Appendix 1.

Further Improvements

11. The Corporate Management Team (24/01/2017, 07/02/2017), the Corporate Leadership Forum (31/10/2016) and the Board (07/10/2016 and 25/11/2016) developed and agreed a new Corporate Risk Register for 2017/18.

12. A different approach to the CRR was adopted for 2016/17, with each risk on the CRR being reported to a nominated Governance Committee and having an assigned corporate lead, to ensure more regular monitoring and reporting of risk management practices and outcomes. We included an overall update on the entire CRR in quarterly performance reports to the Board. Following the success of this approach last year, we are continuing this approach for 2017/18. The CRR 2017/18 has been included as Appendix 2.

13. We are currently refreshing the MRR, by Directorate, starting with the Strategy Directorate. Once all MRR risks have been identified and accurately described, they will be added to the Corporate Planning Tool (CPT). This will enable reporting on the MRR by staff to occur on the CPT rather than on excel documents, as currently happens. Reporting on the CPT will reduce the time taken for reporting, remove version control issues and make more useful live MRR information available to staff through the CPT. Following the rollout of the revised MRR approach to the Strategy Directorate, this approach will be followed across the rest of NHS Health Scotland one Directorate at a time, to be completed by the end of the financial year.

14. The Communications and Engagement team has in the past year undertaken a review of the organisation's approach to reputational risk. This resulted in the launch in February 2017 of the 'Effective Influence Protocol' – a positive, proactive and pragmatic piece of guidance designed to increase our influence

and impact. Reputational risk assessment forms a central part of the protocol, with seven risk assessment questions to be followed to establish the level of risk and guidance around potential actions to mitigate against risk. One of these actions is to ensure that the relevant people in the Scottish Government are aware of the work and to facilitate this we have developed a matrix of policy leads which partners up NHS Health Scotland leads with key contacts at the Scottish Government across 40 different policy areas. The Effective Influence Protocol is a key device by which we ensure that the Board's appetite for risk in this area is satisfied while protecting the reputation and credibility of the organisation and strengthening our relationship with decision makers and policy makers within the Scottish Government.

Corporate Risk Register (CRR) 2017/18

15. All risks from the CRR 2017/18 have been updated for this Board meeting (Appendix 3).

16. Following this Board meeting, CRR updates will be reported to meetings of the relevant Governance Committees, with a full CRR 2017/18 update included as part of the Quarterly Performance Report.

Finance and Resource Implications

17. There are no identified finance or resource implications.

Staff Partnership

18. There are no identified staff partnership implications.

Communication and Engagement

19. There are no identified communications or engagement implications, with the Corporate Risk Register published annually on the NHS Health Scotland website and the Source.

Corporate Risk

20. This annual report provides assurance that risk within the organisation is being managed appropriately and we continue to improve the management of risk.

Promoting Fairness

21. There are no identified promoting fairness issues.

Sustainability and Environmental Management

22. There are no identified Sustainability and Environmental Management issues.

Action/Recommendations

23. The Board is asked to note the contents of the paper, and to consider the Corporate Risk Register 2017/18 updates (Appendix 3) to ensure they are sufficiently assured by the actions taken or proposed to mitigate these risks.

Duncan Robertson
Senior Policy and Risk Officer
13 June 2017

Appendix 1 – NHS Health Scotland Corporate Risk Register 2016/17 End of Year Report
CRR 16/17 End of Year Report Risk 16-1

Risk 16-1
As a result of ineffective organisational performance management:
- Our performance doesn't improve.
- We don't deliver our corporate priorities on time and on scope.

End of Year (2016/17) Narrative
- Performance monitoring through the year identified the leading cause of non-delivery to be staff capacity planning.
- We have implemented a new approach to staff time recording and are continuing to monitor how we use this.
- We have also sought to strengthen approaches to planning and performance through a new Corporate Planning and Performance Group and continuing to strengthen the commissioning and workforce planning processes.
- We have reviewed planning process for 2016/17 and identified improvement themes for 2017/18.
- Relevant issues from this risk continue into CRR 17-5.

CRR 16/17 End of Year Report Risk 16-2

Risk 16-2
As a result of not aligning staffing and financial resources to corporate and in year emerging priorities:
- We do not make the best use of our resources
- and we have less impact than we might
- our reputation is damaged.

End of Year (2016/17) Narrative
- We enhanced the role of Workforce Review Group in making in year staffing decisions in relation to current budget spend and have started to develop closer connections between this group and the Commissioning Group (CG).
- The Commissioning Group also now has a formal role in determining and responding to in year emerging priorities.
- The Board have signed off as satisfactory the Q4 performance report and the account of performance against resources and priorities in the Annual Accounts is also satisfactory.
- Relevant issues from this risk continue into CRR 17-3 and 17-5

CRR 16/17 End of Year Report Risk 16-3

Risk 16-3

Because the knowledge we produce and share about health inequalities is correct but sometimes as a result of not ensuring that our knowledge is actionable:
- We do not give the people who can act to reduce health inequalities what they need when they need it
- and so they do not act to reduce health inequalities.

End of Year (2016/17) Narrative

- Delivery commitment submissions for 2017/18 were required to provide information on the customers for the delivery commitment outputs, how the customer's needs are known and how the customer will use the outputs.
- We realigned resources within the Health Equity to create the capacity to provide KIA consultancy to NHS Health Scotland Projects/Programmes.
- We have identified specific improvements to prioritise within the new Knowledge into Action Improvement project and these will be carried forward in 2017/18.
- Our publication error rate for 2016/17 was <1% (2 instances within a total of 220 publications).
- Relevant issues from this risk continue into 17-4.

CRR 16/17 End of Year Report Risk 16-4

Risk 16-4

As a result of our inability to quickly respond to the new political administration and changing landscape:
- We fail to meet expectations of our funders and stakeholders.
- We lose the ability to secure our national position.

End of Year (2016/17) Narrative

- We undertook regular analysis of parliamentary, political and public affairs and improved our processes for sharing this intelligence with staff and with the Board.
- The strategic priorities signed off by the Board in March 2017 reflect our analysis of political manifestos and Programme for Government.
- We met with the Minister for Public Health and Sport to discuss our future strategy.
- The Strategic Framework for Action 2017-22 and Delivery Plan were approved by NHS Health Scotland board in March 2017 and by Scottish Government in June 2017.
- Relevant issues from this risk continue into 17-1.

CRR 16/17 End of Year Report Risk 16-5

Risk 16-5

As a result of not responding quickly enough to our changing financial situation:
- We do not act quickly enough to deliver against strategic opportunities
- and we do not meet our financial targets.

End of Year (2016/17) Narrative
- We engaged in early planning in the longer term (5 year financial plans), working with Scottish Government and colleagues in other Boards to help identify any strategic opportunities which may arise in the longer term (5 years), shorter term (3 years), 1 year annual plan and also during the current financial year.
- All corporate financial targets were met during the year.
- We achieved a performance of 70% of full completion against outputs, indicating a satisfactory balance between planned work and in-year priorities.
- We ended the financial year within planned contingencies.
- Relevant issues from this risk continue into 17-5.

CRR 16/17 End of Year Report Risk 16-6

Risk 16-6

As a result of not aligning and adapting our language to the prevailing public and political discourse:
- There is a risk that we lose our ability to influence our key stakeholders.
- and therefore fail to make an impact.

End of Year (2016/17) Narrative
- We commissioned effective monitoring for our public affairs and media presence.
- We identified policy influence skills as a key improvement area and undertook a range of work, including a revision of the Effective Influence Protocol and a session with senior civil servants to improve understanding of policy work.
- We undertook a range of horizon scanning sessions, for example in relation to the public health implications of Brexit.
- Our Communications and Engagement Lead experienced a shadowing placement in the First Minister's Policy Unit.
- Relevant issues from this risk continue into 17-1 and 17-2.

CRR 16/17 End of Year Report Risk 16-7

Risk 16-7
As a result of ineffective engagement and/or decision making with regards to our next strategy:
- We will not be effectively positioned for a national leadership position on health inequalities for the next five years.

End of Year (2016/17) Narrative
- An internal and external communications and engagement plan is in place and a stakeholder engagement strategy approved for 2017/18.
- The Corporate Management Team (CMT), the Board, Corporate Leadership Forum (CLF) and staff engagement group were all actively engaged in the development of the new Strategic Framework for Action 2017-22.
- The Strategic Framework for Action 2017-22 and Delivery Plan were approved by NHS Health Scotland board in March 2017 and by Scottish Government in June 2017.
- Relevant issues from this risk continue into 17-2.

CRR 16/17 End of Year Report Risk 16-8

Risk 16-8
As a result of lack of capacity in the Web and Digital team:
- They cannot deliver in response to demand.
- resulting in failure for the organisation to deliver on commitments.

End of Year (2016/17) Narrative
- The Band 5 Systems Support Developer is vacant following the resignation of one member of staff who returned to her previous employer. A new Band 6 Systems Developer posts is also vacant and we have been unsuccessful in recruiting to it.
- Recruitment remains a concern because it remains challenging to attract the right calibre of candidates and the situation has not improved in Q4 (Recruitment and retention of digital staff is a national issue recognised in the SG's new Digital Strategy).
- Work continued with HR colleagues to seek new avenues to advertise vacancies and attract high calibre candidates.
- However, retention of recruited staff is now significantly improved.
- This risk is not continuing as a corporate risk for 2017/18, but will remain a Directorate level risk for Health Equity.

CRR 16/17 End of Year Report Risk 16-9

Risk 16-9
As a result of not properly concluding the functional realignment:
- There is a risk that we don't see the improvements we expect from it as quickly as we need.

End of Year (2016/17) Narrative
- The realignment and associated job description refresh is now complete. This removes the risk that ongoing completion of the process delays the organisation moving on and benefiting from the changes. Examination of the effectiveness of the changes is a separate issue, being picked up in 2017/18.
- This risk is therefore concluded as closed, but the learning with regards to staff engagement will be part of the mitigation of 17-6

CRR 16/17 End of Year Report Risk 16-10

Risk 16-10
As a result of not having structured but flexible approaches to project management:
- There is a risk that we don't deliver on time, scope and budget
- resulting in not delivering on our commitments.

End of Year (2016/17) Narrative
- The new CPT was effective in tracking the progress of all products and services.
- We improved the performance information shared with directors and senior managers.
- We improved the use of data on current year performance to inform future planning.
- We agreed a strategic change improvement priority on 'whole product life cycle' improvements to project management.
- Relevant issues from this risk continue into 17-5.

CRR 16/17 End of Year Report Risk 16-11

Risk 16-11

As a result of financial and workforce related issues linked to the partnership-based delivery of Healthy Working Lives services:
- We may fail to meet the expectations of our customers in terms of the responsiveness of our services.
- We may not achieve the outcomes we have agreed with our stakeholders.

End of Year (2016/17) Narrative
- The Programme Board and Implementation Group monitored progress with the new delivery model throughout the year.
- The National Team provided support to boards and worked towards establishing more direct contact with customers through the Adviceline and online.
- There was some slippage in planned marketing campaigns to February 2017, which had an impact on employers accessing services to date.
- This specific risk is not continuing as a corporate risk for 2017/18. However, the impact of changes in Healthy Working Lives on stakeholder relationships will be one of the elements monitored through 17-4 and also through the Healthy Working Lives Directorate risk register.

Appendix 2 – NHS Health Scotland Corporate Risk Register 2017/18

Risk 17-1

As a result of not being able to capitalise fully on the policy direction laid out in the Scottish Government's Health & Social Care Delivery Plan and other national policy developments:

- Momentum for reducing health inequalities stalls.
- Our influence, and impact in improving health equitably, is reduced.

Risk Category: Business

Governance Committee: Health Governance Committee

Risk Owner: CEO / Director of Strategy

Response Co-ordinator: Head of Strategic Change and Engagement

Risk 17-2

As a result of not being sufficiently astute or open in the management of our relationships with key national partners, including Scottish Government, in supporting the development of the new public health body:

- We harm our reputation and opportunities for influence.
- We do not make the most of the opportunities available in consolidating and building expertise, leadership and impact in improving Scotland's health equitably.

Risk Category: Reputation and Quality

Governance Committee: Health Governance Committee

Risk Owner: Director of Strategy / Director of Public Health Science / Director of Health Equity

Response Co-ordinator: Head of Strategic Change and Engagement

Risk 17-3
As a result of failing to engage with and effectively influence changes in the way roles are agreed and resources are allocated across NHSScotland national boards:
- We miss out on opportunities for greater efficiency and better ways of working.
- Our ability to deliver on our ambitions is hampered.
- Our organisational strengths, such as producing high quality information and evidence, are under-valued, under-played or misrepresented.

Risk Category: Finance and Governance

Governance Committee: Audit Committee

Risk Owner: Director of Health Equity / Head of Finance and Procurement

Response Co-ordinator: Director of Health Equity / Head of Finance and Procurement

Risk 17-4
As a result of ineffective management of our stakeholder relationships:
- We limit our ability to influence key stakeholders to make the best use of the knowledge we generate.
- We do not meet the expectations of key customers and other stakeholders in terms of responsiveness of service.
- We do not maintain a national leadership position in public health improvement.

Risk Category: Reputation and Quality

Governance Committee: Health Governance Committee

Risk Owner: Director of Strategy

Response Co-ordinator: Organisational Lead for Strategic Development

Risk 17-5

As a result of not sufficiently matching our resources to priorities, in planning, quality control, and responding to in year demands:

- We have limited impact in the things that matter.
- We do not get the best results from our resources.
- We create potential for error in information quality and governance.
- We fail to meet our staff efficiency target of 6.25%

Risk Category: Finance and Governance

Governance Committee: Audit Committee

Risk Owner: Director of Strategy

Response Co-ordinator: Head of People and Improvement / Organisational Lead for Improvement / Head of Finance and Procurement

Risk 17-6

As a result of failing to engage staff effectively in plans to transition towards the new public health body by 2019:

- How we manage the change distracts from decision-making and delivery.
- Staff engagement and morale declines and we lose staff assets.

Risk Category: Workforce

Governance Committee: Staff Governance Committee

Risk Owner: Director of Strategy / Employee Director

Response Co-ordinator: Head of People and Improvement / Organisational Lead for People and Workplace

Appendix 3 Corporate Risk Register 2017/18 Updates

Risk Report: CRR 17/18 Risk 17-1

Risk 17-1
As a result of not being able to capitalise fully on the policy direction laid out in the Scottish Government's Health & Social Care Delivery Plan and other national policy developments:
- Momentum for reducing health inequalities stalls.
- Our influence, and impact in improving health equitably, is reduced.

Risk Category and Appetite: Business, Open

Governance Committee: Staff Governance Committee

Risk Owner: CEO / Director of Strategy

Response Co-ordinator: Head of Strategic Change and Engagement

Date of Update: 29/05/2017

Measures:
Engagement with High Influence/High Impact Stakeholders identified in Stakeholder Engagement plan with a target of 90% as measured on the SET CRM.

Gross Score: 16

Controls:
- Approach to impact reporting to effectively measure our overall performance and areas for improvement.
- Horizon Scanning programme delivered throughout 2017/18.
- CEO and CMT fully engaged in public health priorities direction setting.
- CEO, CMT and Health Scotland staff fully engaged in shared services workstreams.
- Performance meetings with Scottish Government sponsor division and annual review.
- Stakeholder Engagement plan in place, including key messages.
- Delivery Plan including Strategic Change priorities and performance measures related to impact and influence in new public health landscape.

Net Score: 12

Update:
- Strategic Framework for Action 2017-22 and Delivery plan approved by Health Scotland board in March 2017, providing focus and support for engagement in discussion on new public health body and wider transformation.
- Stakeholder Engagement plan, including key messages and improvement themes approved by NHS HS board and shared with Strategic Priority leads.
- Shared services briefings co-ordinated and shared with team heads to more effectively communicate position.

- Meeting of shared services leads planned to identify opportunities and influence across shared services workstreams.
- Chief Executive attended workshop session on new public health priorities jointly convened by Improvement Service and Directors of Public Health.
- Chief Executive and CMT attend National board's transformation plan workshop session.
- Horizon scanning session with Elma Murray, CEO of North Ayrshire Council confirmed for 3rd July 2017.
- Strategic Priority Leads undertaking mapping exercise to identify high impact/high influence stakeholders for reporting on engagement.
- Confirmed influence case studies for each strategic priority.

Risk Report: CRR 17/18 Risk 17-2

Risk 17-2
As a result of not being sufficiently astute or open in the management of our relationships with key national partners, including Scottish Government, in supporting the development of the new public health body:
- We harm our reputation and opportunities for influence.
- We do not make the most of the opportunities available in consolidating and building expertise, leadership and impact in improving Scotland's health equitably.

Risk Category and Appetite: Reputation and Quality, Open

Governance Committee: Health Governance Committee

Risk Owner: Director of Strategy / Director of Public Health Science / Director of Health Equity

Response Co-ordinator: Head of Strategic Change and Engagement

Date of Update: 29-05-2017

Measures:
Engagement with High Influence/High Impact Stakeholders identified in Stakeholder Engagement plan with a target of 90% as measured on the SET CRM.

Gross Score: 16

Controls:
- Regular analysis of parliamentary, political and public affairs.
- Performance meetings with Sponsor Division.
- Chief Executive and CMT actively participating in planning structures for new public health body.
- Stakeholder Engagement Plan in place.
- Stakeholder Feedback incorporated into Performance Framework.

Net Score: 12

Update:
- Strategic Framework for Action 2017-22 and Delivery plan approved by Health Scotland board in March 2017, providing focus and support for engagement in discussion on new public health body.
- Stakeholder Engagement plan, including key messages and improvement themes approved by NHS HS board and shared with Strategic Priority leads.
- CEO and Director of Public Health Science (as Chair of DsPH) attending first meeting of new public body Oversight Group in June.
- Strategic Framework for Action 2017-22 and Delivery plan shared with Scottish Government sponsor division.
- Forward planner May – Aug shared with Scottish Government sponsor division.

- Strategic Priority Leads undertaking mapping exercise to identify high impact/high influence stakeholders for reporting on engagement.
- System for non-exec board members involvement in national stakeholder events approved in May 2017.
- Identified through commissioning group, influence case studies to provide ongoing support in 2017/18 to key projects to maximise influence.

Risk Report: CRR 17/18 Risk 17-3

Risk 17-3
As a result of failing to engage with and effectively influence changes in the way roles are agreed and resources are allocated across NHSScotland national boards:
- We miss out on opportunities for greater efficiency and better ways of working.
- Our ability to deliver on our ambitions is hampered.
- Our organisational strengths, such as producing high quality information and evidence, are under-valued, under-played or misrepresented.

Risk Category and Appetite: Finance and Governance, Cautious

Governance Committee: Audit Committee

Risk Owner: Director of Health Equity / Head of Finance and Procurement

Response Co-ordinator: Director of Health Equity / Head of Finance and Procurement

Date of Update: 29/05/2017

Measures:
Monthly updates from individual plans and collaborative working.

Gross Score: 12

Controls:
- Chief Executive, Head of Finance and Procurement and Director of Health Equity involved in national meetings.
- National Chief Executives Group convened to oversee shared contribution to efficiencies.
- National Chief Executive and Staff Side oversight group responsible for shared services agenda.

Net Score: 8

Update:
- Head of Finance and Procurement agreed a draft contingency plan with Chief Executive.
- Corporate Management Team and Partnership Forum appraised of progress at the end of April 2017.
- 7.6m achieved through individual plans by Joint Chief Executives Group (for 15m saving), collaborative working aims to identify the remainder of the 15m by September 2017.

Risk Report: CRR 17/18 Risk 17-4

Risk 17-4
As a result of ineffective management of our stakeholder relationships:
- We limit our ability to influence key stakeholders to make the best use of the knowledge we generate.
- We do not meet the expectations of key customers and other stakeholders in terms of responsiveness of service.
- We do not maintain a national leadership position in public health improvement.

Risk Category and Appetite: Reputation and Quality, Open

Governance Committee: Health Governance Committee

Risk Owner: Director of Strategy

Response Co-ordinator: Organisational Lead for Strategic Development

Date of Update: 29-05-2017

Measures:
We have a performance measure specifically relating to measuring engagement with High Influence/High Impact Stakeholders with a target of 90% as measured on the SET CRM.

Gross Score: 16

Controls:
- Stakeholder engagement plan for 2017/18, including key messages for board, CMT and staff.
- Performance framework for 2017/18 includes organisational performance measure of 90% engagement high impact/high influence stakeholders.
- Delivery plan includes performance measures at delivery commitment level for engagement with 90% of high impact/high influence stakeholder.
- Stakeholder survey of our customers and partners.
- Improvement plan for CRM recording in place.

Net Score: 9

Update:
- Stakeholder engagement plan for 2017/18 agreed by NHS Health Scotland board in March 2017.
- Briefing on Stakeholder Engagement plan and key messages developed for Strategic Priority leads and team heads and delivery commitment leads.
- Strategic Priority Leads undertaking mapping exercise to identify high impact/high influence stakeholders for reporting on engagement.
- Paper on process for non-exec board members attendance at national events approved in May 2017.
- Plan in place for improved 2017/18 Stakeholder Survey and being implemented.
- Confirmed influence case studies for each strategic priority.

Template Risk Report: CRR 17/18 Risk 17-5

Risk 17-5
As a result of not sufficiently matching our resources to priorities, in planning, quality control, and responding to in year demands:
- We have limited impact in the things that matter.
- We do not get the best results from our resources.
- We create potential for error in information quality and governance.
- We fail to meet our staff efficiency target of 6.25%

Risk Category and Appetite: Finance and Governance, Cautious

Governance Committee: Health Governance Committee / Audit Committee

Risk Owner: Director of Strategy

Response Co-ordinator: Head of People and Improvement / Organisational Lead for Improvement / Head of Finance and Procurement

Date of Update: 29/05/2017

Measures:
- Change in the confidence of delivering on time and on scope monthly by comparison to 2016/17.
- Comparison between the annual impact assessment reports for 2016/17 and 2017/18.
- Rate of factual errors in publications.
- Monthly vacancy factor as a percentage from April 2014 to present, monitoring in comparison to previous years.

Gross Score: 8

Controls:
- Workforce Resourcing Group.
- Commissioning process.
- Publishing and team quality assurance processes.

Net Score: 6

Update:
We have agreed to:
- Gather and share monthly data on the vacancy factor.
- In year bids are now going through the commissioning group.
- Publishing are now gathering data on errors in publications.

Template Risk Report: CRR 17/18 Risk 17-6

Risk 17-6
As a result of failing to engage staff effectively in plans to transition towards the new public health body by 2019:
- How we manage the change distracts from decision-making and delivery.
- Staff engagement and morale declines and we lose staff assets.

Risk Category and Appetite: Workforce, Cautious

Governance Committee: Staff Governance Committee

Risk Owner: Director of Strategy / Employee Director

Response Co-ordinator: Head of People and Improvement / Organisational Lead for People and Workplace

Date of Update: 29/05/2017

Measures:
- Monthly monitoring of outputs progress (comparison to previous year).
- Annual iMatter scores.

Gross Score: 16

Controls:
- Monthly performance reporting reviewed by CMT.
- Monthly workforce reporting reviewed by CMT/PF/SGC.
- Analysis of exit interview questionnaires.
- Communication and Engagement plan linked to change.
- iMatter action plans (organisational, directorate and team level).

Net Score: 9

Update:
- Regular shared services staff update issued.
- Regular updates on progress to new organisation.
- Adjustment of exit interview to capture new public body related leavers.