



Risk Management Strategy

June 2023

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Section 1 - Risk Management Overview

1. Introduction

Organisations of all types and sizes face internal and external factors and influences that make it uncertain about how they will achieve their objectives. The effect this uncertainty has on an organisation achieving its objectives is known as risk.

Healthcare Improvement Scotland's approach to the management of risk is based on *British Standards BS ISO 31000:2018 – risk management guidelines*, which states that managing risk is:

- Iterative and assists organisations in setting strategy, achieving objectives and making informed decisions.
- Part of governance and leadership, and is fundamental to how the organisation is managed at all levels. It contributes to the improvement of management systems.
- Part of all activities associated with an organisation and includes interaction with stakeholders.
- Considers the external and internal context of the organisation, including human behaviour and cultural factors.

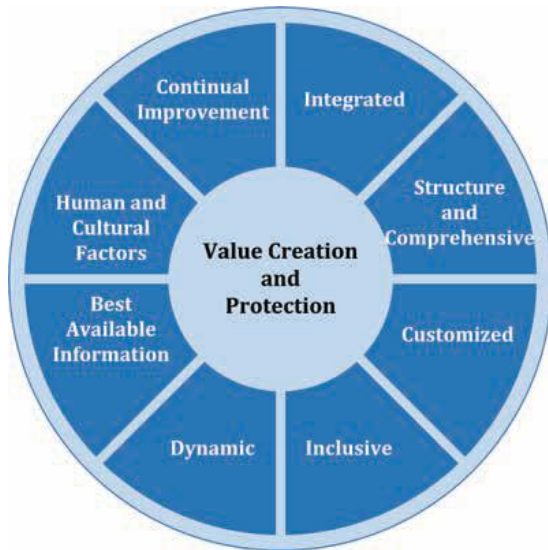
Assessing risk is a subjective exercise with some people being naturally cautious whilst others are risk takers meaning that there are likely to be differing opinions about risks and their ratings. The exercise is designed to provoke a thorough discussion of risks, their mitigations, impact and any potential opportunities that might arise and a difference of opinion should support these discussions.

Healthcare Improvement Scotland's approach to risk management aims to be efficient, effective and consistent and is built on a review process with specific controls that are in place. This approach supports the Board to deliver its function in respect of risk management, as set out in the NHS Scotland Blueprint for Good Governance (Second edition).

The Risk Management Strategy also recognises the diversity of work undertaken by Healthcare Improvement Scotland and the need to adjust the risk appetite accordingly.

2. Principles

The purpose of risk management is the creation and protection of value. It should improve performance, encourage innovation and support the achievement of objectives. The principles outlined in *BS ISO 31000:2018* have been adopted by Healthcare Improvement Scotland. They provide guidance on the characteristics of effective and efficient risk management, communicate its value and explain its intention and purpose. They are set out as follows:



- a) Integrated into the organisation's activities.
- b) Structured and comprehensive for consistent and comparable results.
- c) Customized to the organisation's external and internal context.
- d) Inclusive involvement of stakeholders.
- e) Dynamic, anticipating and responding to changes and events in an appropriate and timely manner.
- f) Best available information which is timely, clear and available to relevant stakeholders.
- g) Human behaviour and culture influences all aspects of risk management.
- h) Continual improvement, using the Quality Management Approach.

3. Framework

The effectiveness of risk management will depend on its integration into the governance of the organisation which includes decision-making. Healthcare Improvement Scotland uses a framework based on the British Standard to assist with integrating risk management into its significant activities and functions and is shown below. This requires support from the leadership team, staff and Board Members.



- a) Leadership and commitment – ensure risk management is integrated into all activities to assist with the achievement of objectives.
- b) Integration - dynamic and iterative process; customized to the organisation's needs and culture via the Compass Risk Management system.
- c) Design – using the external and internal context; assigning and communicating roles, responsibilities and resources.
- d) Implementation – developing an appropriate plan; ensuring it is clearly understood and practised.
- e) Evaluation - periodically measure the performance of the risk management strategy.
- f) Improvement - continually improve and embed the process across the organisation using the Quality Management Approach

A Risk Management Advisory Group has been set up with representatives from each directorate. They have a key role in embedding this framework and in spreading the learning from risk by agreeing and sharing best practice and by providing advice.

The role of the Board and the Governance Committees is set out fully in the NHS Scotland Blueprint for Good Governance and in the terms of reference for their operation in the HIS Code of Corporate Governance. The Board is responsible for providing leadership and commitment to the organisation around the management of risk. The Blueprint states that the role of the Board in assessing risk is to:

- Agree the organisation's risk appetite.
- Approve risk management strategies and ensure they are communicated to the organisation's staff.
- Identify current and future financial/value for money, Operational, Reputational/Credibility, Workforce, Clinical & Care Governance risks.
- Oversee an effective risk management system that assesses level of risk, identifies mitigation and provides assurance that risk is being effectively treated, tolerated or eliminated.

The UK Corporate Governance Code states that the Board is responsible for determining the nature and extent of the significant risks that it is willing to take in achieving its strategic objectives. The Board should maintain sound risk management and internal control systems.

Within HIS, the escalation process for risk is routed through the Governance Committees to the Board.

Section 2 – Risk Management Process

This section sets out how the approach of *BS ISO 31000:2018* is translated into the practical steps of managing risk within Healthcare Improvement Scotland where two risk registers are in place:

- Strategic Risk Register – risks which impact on the delivery of the strategic objectives of the organisation
- Operational Plan Risk Register – risks which impact on delivery of the operational plan

Project teams and business groups maintain their own risks to reflect those risks associated with work programmes. These should follow the standardised template to ensure best practise is followed and added to the Compass risk database. These should be continually reviewed and monitored as part of the programme management process to consider if they should be escalated to either the Operational Plan Risk Register (if the risk is sufficient to impede delivery of the Operational Plan) or the Strategic Risk Register (if the risk is significant or contributes to other risks that could impact on achieving the organisation's strategic objectives).

There are three aspects to the risk management process: communication and consultation; scope, context and criteria; and the formal process of risk assessment.

1. Communication and Consultation

Communication and consultation with stakeholders should be held at every stage of the process in order to improve understanding of the risk and associated decision-making. Stakeholders are other people or organisations who may be affected by the risk or decisions made eg they may be external or internal, such as team members or other cross organisational staff.

2. Scope, Context and Criteria

When a risk is identified, consideration should be given to how it aligns to the organisation's objectives which are set out in the Strategy and the Operational Plan. This enables a plan or mitigation to be agreed in order to manage the risk. The context of the risk must also be considered eg external factors could be national policy or stakeholder relationships and internal factors could be organisational structures and cultures.

NB. Underpinning any consideration of risk is the requirement that Healthcare Improvement Scotland will not knowingly breach any legal, clinical or regulatory requirements or duties. This includes adherence to health and safety standards.

Risk criteria relate to the amount of risk that the organisation has decided it will take in relation to strategic and operational plan risks. This is called risk appetite and will be explained as part of the risk assessment process at stage 4b. The Board will decide the level of the organisation's risk appetite and this will be reviewed regularly and updated on the Compass Risk Management System.

3. Risk Assessment

Risk assessment is the overall process for identifying, analysing, evaluating and controlling the risk. The process is outlined below and support is available from the Risk Management Advisory Group to anyone who is uncertain about how to use the process.

All strategic, operational plan and project risks are recorded on the Compass Risk Management System which provides regular prompts to ensure that risks are properly recorded and reviewed.

Risk management roles and responsibilities are shown in Section 3 and a risk management process flowchart is available at Appendix 1. This should assist staff to apply risk assessment and review using the Compass Risk Management system.

The process of risk assessment within Healthcare Improvement Scotland incorporates the following stages:

	Stage in Process	Description	Further Information
1	Risk Identification	The process of finding and describing a risk. This can be from a variety of sources eg discussions at meetings, horizon scanning, internal/external stakeholders, incidents etc.	The Compass Risk System has been developed by Healthcare Improvement Scotland to support delivery of the Risk Management Strategy and to assist staff to record and manage risk.
2	Risk Description	A clear description is required which also identifies the potential impact on the organisation should it materialise. The adopted protocol in HIS for describing a risk states the possible risk, the possible cause and the potential impact.	Example: <i>'there is a risk that (event) because of (cause) resulting in (consequence)'</i> <i>ie. there is a risk that (the project will stall) because of (a skills shortage) resulting in (a failure to deliver the project).</i>
3	Risk Analysis	This stage enables a better understanding of the nature of the risk and there are a number of actions (3a to 3d below) that support the analysis.	
3a	Assign a Risk Category	This requires a choice between 5 categories: Financial/Value for Money; Operational; Reputational/Credibility; Workforce; Clinical & Care Governance.	See Table A below for a description of each category to assist with assigning the risk
3b	Describe any controls that are in place	Controls are any operational process, policy, system or procedure that will be used when considering actions to reduce the probability of the risk occurring.	
3c	Describe the mitigations that will be put in place	Mitigations are the actions to be taken to manage or treat the risk and reduce the impact . These could include: the actions to be taken; the timescale for implementation and any resource/budget requirements.	

3d	Assign the risk to a Governance Committee	An integral part of the role of each Governance Committee is to review the risks within its remit at each of its meetings.	Table B below provides some guidelines to apply when choosing the appropriate committee
3e	Score the inherent risk	<p>Inherent risk represents the amount of risk that exists in the absence of controls.</p> <p>An estimate of the impact of inherent risk and the likelihood of it occurring need to be made in order to arrive at a score.</p> <p>The impact score is a rating of how significant the impact would be for the organisation, if the risk was realised. These range from negligible to extreme.</p> <p>The likelihood score is the chance or likelihood of that impact occurring.</p>	<p>Appendix 2 provides guidance for the impact definitions against each category of risk.</p> <p>Table C below describes the likelihood of the risk occurring.</p>
4	Evaluate the Risk	This stage incorporates a number of steps (4a to 4e below) to evaluate the risk which will support decisions to be made about treating the risk.	
4a	Define as Risk or Issue	<p>A risk is something that might happen in the future, whereas an issue is something happening currently.</p> <p>When a risk is reclassified as an issue, the risk identification, description and analysis is likely to remain unchanged, but the controls, mitigations and risk appetite may be revised to reflect the likelihood and impact.</p>	The Compass system will produce both risk register and issue log.
4b	Score the Residual Risk	<p>Residual risk is the amount of risk that remains after controls are accounted for. An estimate of the impact of residual risk and the likelihood of it occurring need to be made in order to arrive at a score.</p> <p>The impact score is a rating of how significant the impact would be for the organisation, if the risk was realised. These range from negligible to extreme.</p> <p>The likelihood score is the chance or likelihood of that impact occurring.</p>	<p>Appendix 2 provides guidance for the impact definitions against each category of risk.</p> <p>Table C below describes the likelihood of the risk occurring.</p>
4c	Apply Risk Appetite	The risk appetite of the organisation is set by the Board and is the amount of risk that we are prepared to take, tolerate or be exposed to at any point in time. There are five levels of appetite; averse, minimalist, cautious, open and eager and	<p>Tables D and E show the risk appetite levels, definitions, statements and scores.</p> <p><i>Across all categories of risk it is understood that there is no appetite to</i></p>

		these are applied to our risk categories and to our individual risks within the categories.	<i>knowingly breach any legal or regulatory requirements or duties.</i>
4d	Treatment	<p>If the risk is outwith the appetite and tolerances set by the Board the process of selecting and implementing measures to modify the risk takes place. Risk treatment can include the following:</p> <ul style="list-style-type: none"> • Avoid the risk • Accept or increase the risk to pursue an opportunity • Remove the risk source • Change the likelihood of the risk occurring • Change the impact of the risk • Share the risk • Retain the risk by informed decision 	
4e	Escalation	<p>Significant risks are escalated to the appropriate person, group or Committee to review the decisions and actions that are being implemented to mitigate the risk.</p> <p>Reasons for escalation are varied and may be that a risk score has increased or a new risk has been identified that is very high.</p>	All high and very high risks associated with the Operational Plan are considered by Executive Team, Governance Committees and the Board. All strategic risks are considered by Executive Team, the Audit & Risk Committee and the Board. Other Committees also consider the strategic risks assigned to them.
5	Monitor and Review	<p>The monitoring and review process assures and improves the quality and effectiveness of risk management.</p> <p>Specifically the classification of 'risk' or 'issue' should be assigned. A risk is something that might happen in the future, whereas an issue is something happening currently.</p>	This is an ongoing process that is embedded within the organisation and involves the review of risk at all levels ie team, directorate, Executive Team, Governance Committee and Board.

Table A - Risk categories (Step 3a in process)

Risk category	Description (can include but not limited to)
Financial/value for money	<ul style="list-style-type: none"> • risks which impact on financial and operational performance (including damage / loss / fraud, insurance, litigation).
Operational	<ul style="list-style-type: none"> • risks which could disrupt our ability to support our work in a variety of ways including, but not limited to, financial, workforce, political, legal, technological, information communication, and business resilience. Many of these risks are appropriately covered in our other risk categories.
Reputational/ Credibility	<ul style="list-style-type: none"> • risks which have an impact on the reputation/credibility of the organisation. • could also include uncertainties caused by changes in health policy and government priorities.

Workforce	<ul style="list-style-type: none"> • risks which impact on the implementation of staff governance • employee relations issues • risks relating to staffing capability and capacity; issues of retaining, recruiting and developing staff with the required skills • risks which lead to accidents/incidents or adverse events that could cause death or serious injury.
Clinical and Care Governance	<ul style="list-style-type: none"> • risks which impact on the clinical and care structure, system and processes through which HIS are corporately accountable for providing assurance. • risks that programmes we deliver do not have the right clinical and care inputs and impacts. • risks which impact patient safety.

Table B – Assigning Risk to Governance Committees (Step 3d in process)

The following guidelines apply when assigning risks to a governance committee:

Audit and Risk Committee	Risks and issues related to corporate governance, internal controls, audit and finance
Quality and Performance Committee	Risks and issues related to strategic objectives and corporate strategies covering the whole organisation
Staff Governance Committee	Risks and issues related to workforce, capacity and human resources
Scottish Health Committee	Risks and issues related to the work programmes and resources of Healthcare Improvement Scotland - Community Engagement
Executive Remuneration Committee (ERC)	Risks and issues related to senior level posts in the organisation (these risks most likely to be raised by Chair of the Board, Chair of the ERC or the Chief Executive only)
Succession Planning Committee	Risks related to non-executive member appointments (these risks most likely to be raised by Chair of the Board)
Board	Strategic risks and issues that are captured in the Strategic Risk Register and high/very high risks and issues identified from the Operational Plan Risk register

Table C – Score the Risk - Likelihood descriptions (step 4a in process)

Score	Description	Chance of occurrence
1	Rare	Very little evidence to assume this event would happen – will only happen in exceptional circumstances
2	Unlikely	Not expected to happen, but definite potential exists – unlikely to occur.
3	Possible	May occur occasionally, has happened before on occasions – reasonable chance of occurring
4	Likely	Strong possibility that this could occur – likely to occur
5	Almost certain	This is expected to occur frequently / in most circumstances

Table D- Appetite (step 4c in process)

There are five levels of appetite and the maximum score to be within appetite is taken from the 5x5 standard heatmap. Risks are scored in the usual way before appetite is applied.

Appetite Level	Definition and maximum score to be within appetite
Averse	Avoidance of risk and uncertainty is the key objective. We are prepared to accept no risk or only the very lowest levels of necessary risk. Activities undertaken will only be those which are considered to carry virtually no risk. To be within appetite the residual score will be no higher than 5 .
Minimalist	Preference is for safe delivery options. Activities undertaken will only be those considered to carry a low degree of risk. To be within appetite the residual score will be no higher than 8 .
Cautious	Willing to accept a degree of risk in selecting activities to achieve key deliverables which have the potential to achieve significant benefit. Activities undertaken may carry a medium degree of risk that is deemed to be controllable to a large extent. To be within appetite the residual score will be no higher than 12 .
Open	We are willing to accept a high degree of risk in selecting activities which have the potential to provide a significant level of benefit. The activities may carry a high level of residual

	risk. To be within appetite the residual score will be no higher than 16 .
Eager	We are eager to be innovative where there's potential to maximise opportunities even if those activities carry a very high degree of residual risk. To be within appetite the residual score will be no higher than 20 .

Table E: Risk Appetite Statements

An overall risk appetite is applied to each of the five categories of risk and where appropriate appetite levels are further applied to different types of risk within the categories.

Category and Definition	Risk appetite level and definition
<p>Financial/Value for Money Definition: Risks which impact on financial and operational performance, including damage, loss, fraud, and litigation.</p>	<p>Overall we take a cautious approach to financial risks relating to value for money, seeking safe delivery. However, we take a minimalist approach to serious fraud, financial propriety and regulatory risks. We take an open approach in relation to our budget spend with the intention that we maximise the use of resources each year and in transformation activities where there is <i>potential for significant reward</i>.</p>
<p>Operational Definition: Risks which could disrupt our corporate functions' ability to support our work in a variety of ways including, but not limited to, financial, workforce, political, legal technological and business resilience. Many of these risks are appropriately covered in our other risk categories.</p>	<p>Overall we take a cautious approach to operational risks where we believe that we are taking a <i>reasonable and affordable</i> view on the risks and that they are <i>controllable to a large extent</i>. However, we take a minimalist approach to significant technology/IT failure/cyber attack that would result in us being unable to function as an organisation for a <i>substantial period of time</i> but are open to taking risk on the introduction of new technologies and systems where there is <i>clear potential for improving our effectiveness and efficiency as an organisation</i>.</p>
<p>Reputational Definition: Risks which could have an impact on the reputation/credibility of the organisation and could also include uncertainties caused by changes in health policy and Government priorities.</p>	<p>Overall we take a cautious approach to reputational risks on the basis that we work with a range of partners and stakeholders and need to satisfy a range of needs and expectations, whilst often making unpopular decisions and findings. However, we take a minimalist approach to our legal/regulatory and compliance</p>

	obligations to ensure that there are no <i>deliberate or significant failures which would lead to major reputational damage.</i>
<p>Clinical and Care Governance</p> <p>Definition: Risks which impact on the clinical and care structure, system and processes through which HIS are corporately accountable for providing assurance. Risks that programmes we deliver do not have the right clinical and care inputs and impacts. Risks which impact patient safety.</p>	Overall we take a minimalist approach to Clinical and Care Governance risks as we do not want to put patient safety and care at risk. The same approach applies to risks that our inputs and impacts are not at optimal levels.
<p>Workforce</p> <p>Definition: Risks which impact on the implementation of staff governance and employee relations issues. Risks relating to staffing capability and capacity; issues of retaining, recruiting and developing staff with the required skills. Risks which lead to accidents/incidents or adverse events that could cause serious death or injury.</p>	Overall we take a cautious approach to workforce risks as we accept that there are global workforce challenges which mean that having the right people, in the right place, at the right time is difficult to achieve. However, we adopt a minimalist approach to all forms of inappropriate behaviour and to risks around not having a workforce which fairly represents all sections of the communities in which we serve. We also have an open approach to risks around new ways of working and staff development where there is <i>clear potential for significant benefits.</i>

NB: Across all categories of risk it is understood there is no appetite to knowingly breach any legal or regulatory requirement or duties. This includes adherence to health and safety standards.

Risk Tolerance

Once we apply risk appetite to the residual scores we will know whether we are in or out of appetite. At this stage we then consider our risk tolerance: the amount of acceptable deviation from our stated risk appetite. This will determine whether we prepared to tolerate that amount of risk or whether we will act to bring the risk to within or closer to the stated appetite.

Section 3 – Risk Management Roles and Responsibilities

Risk management is everyone’s responsibility. It is importance everyone works together to reduce and mitigate the risks faced across the organisation.

Risk Manager

Definition: Team Leads/Line Managers – Programme/Projects/Operational. Managers will identify and be assigned to manage risk within their area of responsibility. The role includes:

- Responsibility to oversee all aspects of the risk(s) within their area of responsibility and identifying risk collaborators and reviewers
- Determining and/or authorising the actions needed to mitigate risk
- Ensuring that risks assigned to them are kept up to date
- Regular liaison and communication through the risk reporting process as required

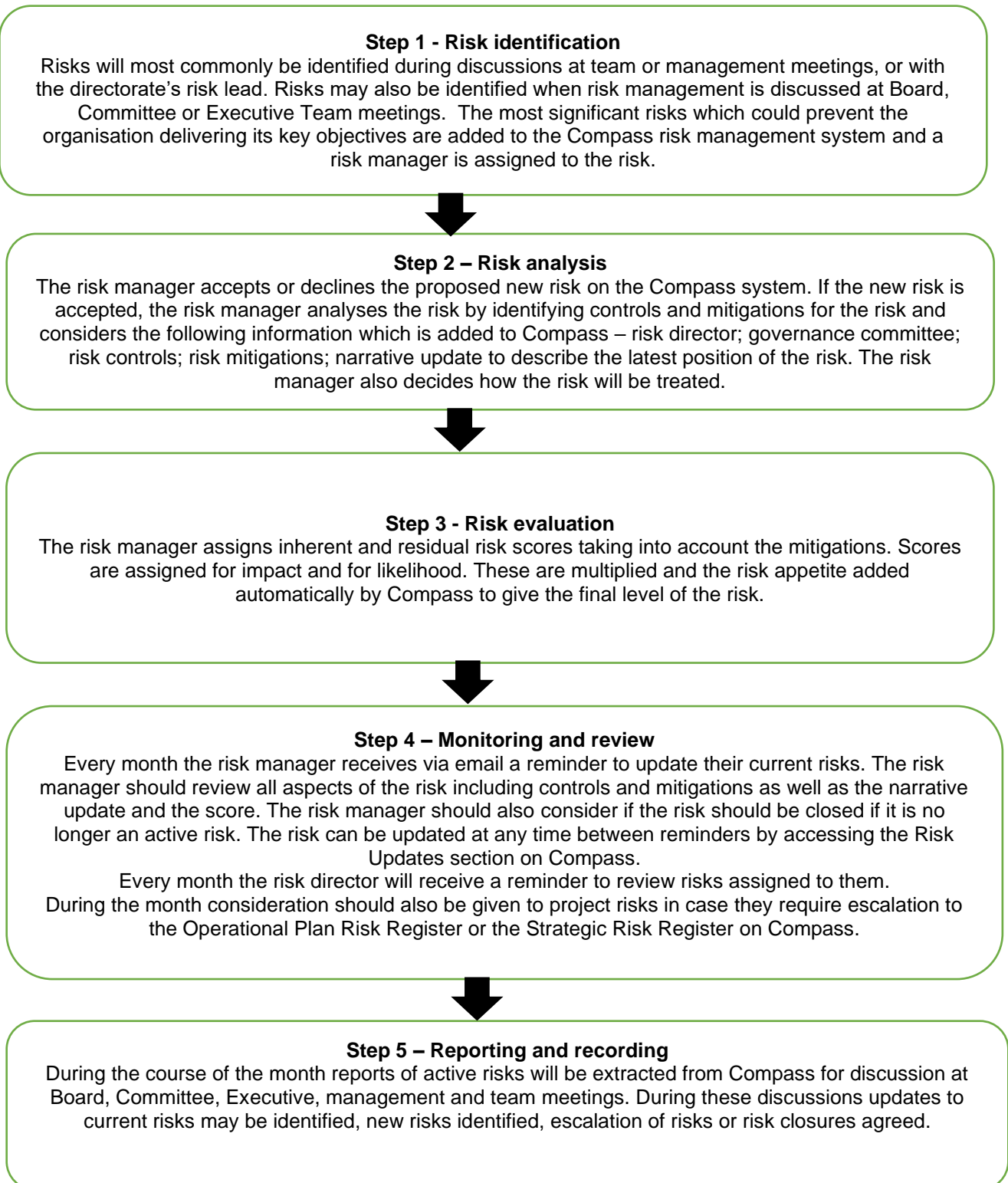
Risk Director

Definition: Risk director is the accountable officer within their area of responsibility. They also have a responsibility for organisational wide risk and so provide assurance to the Board and the Accountable Officer of the effectiveness of the risk control measures.

Board	The Board will comply with the requirements of the Blueprint for Good Governance (page 5). They will assure and monitor risk management having received recommendations from the detailed scrutiny by the Audit and Risk Committee. Review all strategic and very high operational plan risks at every meeting.
Audit & Risk Committee	Assure and monitor the effective development and operation of risk management. Review all Strategic and high/very high operational plan risks that are assigned to the committee at every meeting.
Other Governance Committees	Review strategic and high/very high operational plan risks within their remit.
Executive Team	Reviews strategic and operational plan risks monthly. Ensure risk management operates effectively.
Team Managers	Makes review of risk a standing item at Directorate Management Team meetings and unit meetings.
All Staff	Consider and report all risks and incidents that could impact on their particular area of work. Ensure action is taken to manage risks.

The terms of reference for the Risk Management Advisory Group are attached at Appendix 3.

Appendix 1: Risk Management Process Flowchart for using Compass



Appendix 2: Impact definitions v category of risk for guidance

Impact Descriptor v Category of Risk	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Financial/value for money	Negligible organisational/ personal financial loss.	Minor organisational/personal financial loss.	Significant organisational/personal financial loss.	Major organisational/personal financial loss.	Severe organisational/personal financial loss.
Operational (examples)	Barely noticeable reduction in scope, quality or schedule.	Minor reduction in scope, quality or schedule.	Reduction in scope or quality of project; project objectives or schedule.	Significant project over-run.	Inability to meet project objectives; reputation of the organisation seriously damaged.
	Interruption in a service which does not impact on day to day business activities.	Short term disruption with minor impact on business activities.	Some disruption in service with unacceptable impact on business activities.	Sustained loss of business services which has serious impact on day-to-day activities.	Permanent loss of core business services or facilities. Disruption to facility leading to significant “knock on” effect.
	Small number of recommendations which focus on minor quality improvement issues.	Recommendations made which can be addressed by low level of management action.	Challenging recommendations that can be addressed with appropriate action plan.	Enforcement action. Low rating. Critical report.	Prosecution. Zero rating. Severely critical report.
Reputational/ credibility (examples)	Rumours, no negative media coverage. Little effect on staff morale.	Local media coverage – short term. Some public embarrassment. Minor effect on staff morale/public attitudes.	Local media – long-term adverse publicity. Significant effect on staff morale and public perception of the organisation.	National media/adverse publicity, less than 3 days. Public confidence in the organisation undermined. Use of services affected.	National/international media/adverse publicity, more than 3 days. MSP/MP concern (Questions in Parliament). Court Enforcement. Public Inquiry/ FAI.
Workforce (examples)	Short term low staffing level temporarily reduces quality (< 1 day). Short term low staffing level (>1 day), where there is no disruption to business services.	Ongoing low staffing level reduces quality. Minor error due to ineffective training/implementation of training.	Late delivery of key objective / business activities due to lack of staff. Moderate error due to ineffective training/implementation of training. Ongoing problems with staffing levels.	Uncertain delivery of key objective/ activity due to lack of staff. Major error due to ineffective training/ implementation of training.	Non-delivery of key objective/activity due to lack of staff. Loss of key staff. Critical error due to ineffective training/ implementation of training.
Clinical and Care Governance	Programme with direct or indirect public impact which has no impact on outcomes	Programme with direct public impact based on poor or non-existent evidence which uses	Programme with direct public impact based on poor or non-existent evidence which uses	Programme with direct public impact either fails to recognise harm or actively promotes work based on poor or	Programme with direct public impact either fails to recognise harm or actively promotes work based on poor or inadequate

	Negligible impact on quality of care.	resources and has little impact on outcomes. Minor impact on the quality of care, with recoverable actions.	resources and may have a negative outcome. Significant impact on the quality of care, which cannot be wholly recoverable.	inadequate evidence which could negatively affect health and wellbeing of people receiving care or staff. Major impact on the quality of care, which cannot be wholly recoverable.	evidence which could loss of life or harm to people. Severe impact on the quality of care.
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Appendix 3: Risk Management Advisory Group Terms of Reference

Aims

The aims of the Risk Management Advisory Group are:

- to support staff to understand the management of risk
- to assist staff with recording risks
- to implement, embed and improve risk management across their units/directorates
- to provide assistance with the review of risks at senior team meetings
- to lead regular reviews of the risk registers across their directorates
- to support the culture change required to communicate the benefit and impact of managing risk
- to promote how the intelligence from the management of risk can be used to support and improve governance and business priorities
- to provide a forum for sharing ideas, learning and best practice

Membership

The Advisory Group Membership is as follows:

- Director of Finance, Planning & Governance(Chair)
- Head of Finance and Procurement, Operational Risk Lead
- Corporate Governance Manager
- Partnership Forum representative
- Representative(s) from each of the Directorates
- Health and Safety representation

Administration

Appropriate administrative support will be provided by the Planning and Governance Office to take notes of the meetings, collate and circulate papers and ensure follow up actions are delivered. Agendas will be circulated 3 days prior to the meeting and an action point register will be circulated within 7 days after the meeting.

Frequency

The Advisory Group will meet quarterly but will also convene between meetings where necessary.

Reporting arrangements

The Advisory Group will report, through the Chair, to the Executive Team.

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