





Integration Joint Board Risk Management Policy and Strategy 2023

 Fife Health & Social Care Partnership <small>Supporting the people of Fife together</small>	Document Owner:	Strategic Planning Group	Document Number:	IJB.017
	Date Approved by SPG:	01/03/2023	Revision Number:	3.0
	Date Approved by IJB:	31/03/2023		
	Implementation Date:	01/04/2023	Review Date:	31/03/2026
	Print Date:	18/04/2024	Page:	2 of 30
Document Title:	IJB Risk Management Policy and Strategy 2023			

Contents

Foreword	Page 3
Executive Summary	Page 3
Introduction and Context	Page 3
Vision and Mission	Page 5
Link to the Partnership's Strategic Plan	Page 5
Link to the Partnership's Medium-Term Financial Strategy	Page 8
Link to the Partnership's Locality Planning Approach	Page 8
Main narrative for the Strategy	Page 9
Monitoring and Review	Page 15
Delivery Plan	Page 17
Appendices	Page 19

 Fife Health & Social Care Partnership Supporting the people of Fife together	Document Owner:	Strategic Planning Group	Document Number:	IJB.017
	Date Approved by SPG:	01/03/2023	Revision Number:	3.0
	Date Approved by IJB:	31/03/2023		
	Implementation Date:	01/04/2023	Review Date:	31/03/2026
	Print Date:	18/04/2024	Page:	3 of 30
Document Title:	IJB Risk Management Policy and Strategy 2023			

Foreword

This Policy and Strategy is a refresh of the current Risk Management Policy and Strategy as referenced in the Integration Scheme for Fife at section 13.1. It seeks to identify, assess and prioritise risks relating to the planning and delivery of integrated services, particularly any which are likely to affect the Integration Joint Board's delivery of the Strategic Plan regardless of whether they are held by the IJB, NHS Fife or Fife Council. It includes the development and maintenance of the IJB Strategic Risk Register which sets out the key risks that apply to the delivery of the Strategic Plan and the carrying out of integrated functions.

Executive Summary


The Risk Management Strategy identifies and describes processes for mitigating those key risks and sets out the agreed reporting standard that will enable other significant risks identified by the Parties to be compared across the organisations. The Risk Management Policy and Strategy includes an agreed Risk Monitoring Framework and arrangements for reporting risks and risk information to the relevant bodies. It also sets out the arrangements for providing assurance on both operational and strategic risks and how, and by whom, these will be disseminated to all bodies.

Introduction and Context

As set out in the Integration Scheme, this strategy describes the risk management arrangements for the IJB, how they link to the HSCP partner bodies risk management arrangements and that they form part of the wider framework of corporate governance, risk management and internal control.

The primary objectives and priorities of this strategy are to:

1. promote awareness of risk and define responsibility for managing risk within the:
 - a. IJB
 - b. HSCP Partner Bodies, as appropriate
2. establish communication and sharing of risk information through all areas of the IJB/HSCP and initiate measures to reduce exposure to risk and potential loss/harm;
3. encourage the pursuit of opportunities, through considered risk taking, in order to achieve a positive risk/reward ratio and delivery of the Strategic Plan.
4. establish standards and principles for the efficient management of risk, including regular monitoring, reporting and review.

 Fife Health & Social Care Partnership <small>Supporting the people of Fife together</small>	Document Owner:	Strategic Planning Group	Document Number:	IJB.017
	Date Approved by SPG:	01/03/2023	Revision Number:	3.0
	Date Approved by IJB:	31/03/2023		
	Implementation Date:	01/04/2023	Review Date:	31/03/2026
	Print Date:	18/04/2024	Page:	4 of 30
Document Title:	IJB Risk Management Policy and Strategy 2023			

Policy – the risk management approach

The Integration Joint Board (IJB) is committed to a culture where its workforce is encouraged to develop new initiatives, improve performance, and achieve goals safely, effectively, and efficiently by appropriate application of good risk management practice.

In doing so the IJB aims to provide safe and effective care and treatment for patients and clients, and a safe environment for everyone working within the IJB and others who interact with the services delivered under its direction.

The IJB believes that appropriate application of good risk management will prevent or mitigate the effects of loss or harm and will increase success in the delivery of its strategic priorities, objectives, achievement of targets and fewer unexpected problems.


The IJB purposefully seeks to promote a culture and environment that is risk 'aware' and uses risk management information when making key decisions, rather than avoiding risk altogether. This means that the IJB can take an effective approach to managing risk in a way that both addresses significant challenges and enables the identification of opportunities for development and innovation.

Until risk appetite is formally defined by the Board, the IJB's appetite/ tolerance for risk is as follows:

The IJB will seek to take management action to reduce risks that fall into the High Risk (HR) or Moderate Risk (MR) areas, risks scoring 8 or above, where it is appropriate to do so. Risks falling into the Low Risk (LR) area can be tolerated providing there are contingency plans in place for those risks that have a Major or Extreme Consequence. Risks falling into the Very Low Risk (VLR) area can be tolerated without action.

Key benefits of effective risk management:

- appropriate, defensible, timely and best value decisions are made.
- risk 'aware' not risk 'averse' decisions are based on a balanced appraisal of risk and enable acceptance of certain risks in order to achieve a particular goal or reward.
- supports achievement of objectives and targets.
- supports morale and increases productivity.
- better use and prioritisation of resources.
- high levels of user experience/ satisfaction with a consequent reduction in adverse events, complaints, claims and/ or litigation; and
- a positive reputation established for the IJB.

 Fife Health & Social Care Partnership Supporting the people of Fife together	Document Owner:	Strategic Planning Group	Document Number:	IJB.017
	Date Approved by SPG:	01/03/2023	Revision Number:	3.0
	Date Approved by IJB:	31/03/2023		
	Implementation Date:	01/04/2023	Review Date:	31/03/2026
	Print Date:	18/04/2024	Page:	5 of 30
Document Title:	IJB Risk Management Policy and Strategy 2023			

This can be seen clearly in the following matrix:

Likelihood	Consequence				
	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost certain (5)	LR (5)	MR (10)	HR (15)	HR (20)	HR (25)
Likely (4)	LR (4)	MR (8)	MR (12)	HR (16)	HR (20)
Possible (3)	VLR (3)	LR (6)	MR (9)	MR (12)	HR (15)
Unlikely (2)	VLR (2)	LR (4)	LR (6)	MR (8)	MR (10)
Remote (1)	VLR (1)	VLR (2)	VLR (3)	LR (4)	LR (5)

- Very Low Risk (VLR) – (1) – (3) - Can tolerate
- Low Risk (LR) – (4) – (6) - Can tolerate with contingencies for Major and Extreme Consequences
- Moderate Risk (MR) – (8) – (12) - Seek to reduce
- High Risk (HR) – (15) – (25) - Seek to reduce

Going forward, as risk management matures and becomes embedded within the Health and Social Care Partnership (HSCP) services that support the delivery of the Strategic Plan, the IJB will refine its Risk Appetite and develop a formal Risk Appetite Statement which will be appended to this document. This will take into consideration any impacts of the Risk Appetite and/or Risk Tolerance statements of the partner bodies.


The IJB promotes the pursuit of opportunities that will benefit the delivery of the Strategic Plan. Opportunity-related risk must be carefully evaluated in the context of the anticipated benefits for patients, clients and the IJB.

The IJB receives a number of assurance reports (internal and external) from various sources on the adequacy and effectiveness of its management of risk. This arrangement provides additional scrutiny and allows the IJB to value the contribution that risk management makes to its wider governance arrangements.

Risk Management Vision and Strategic Plan 2023 - 2026

Fife Health and Social Care Partnership has a three-year ‘Strategic Plan 2023 to 2026’ that sets out the future direction of all health and social care services across Fife. This includes how the nine National Health and Wellbeing Outcomes for Health and Social Care will be delivered locally, along with the six Public Health Priorities for Scotland.

The Partnership’s Strategic Plan 2023 to 2026 is available here: [Fife-Strategic-Plan-2023-to-2026-FINAL.pdf \(fifehealthandsocialcare.org\)](https://www.fifehealthandsocialcare.org/fife-strategic-plan-2023-to-2026-final.pdf)

 Fife Health & Social Care Partnership Supporting the people of Fife together	Document Owner:	Strategic Planning Group	Document Number:	IJB.017
	Date Approved by SPG:	01/03/2023	Revision Number:	3.0
	Date Approved by IJB:	31/03/2023		
	Implementation Date:	01/04/2023	Review Date:	31/03/2026
	Print Date:	18/04/2024	Page:	6 of 30
Document Title:	IJB Risk Management Policy and Strategy 2023			



Our Strategic Priorities

Local – A Fife where we will enable people and communities to thrive

Sustainable – A Fife where we will ensure services are inclusive and viable


Wellbeing – A Fife where we will support early intervention and prevention

Outcomes – A Fife where we will promote dignity, equality and independence

Integration – A Fife where we will strengthen collaboration and encourage continuous improvement.

National Health and Wellbeing Outcomes


1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.

 Fife Health & Social Care Partnership Supporting the people of Fife together	Document Owner:	Strategic Planning Group	Document Number:	IJB.017
	Date Approved by SPG:	01/03/2023	Revision Number:	3.0
	Date Approved by IJB:	31/03/2023		
	Implementation Date:	01/04/2023	Review Date:	31/03/2026
	Print Date:	18/04/2024	Page:	7 of 30
Document Title:	IJB Risk Management Policy and Strategy 2023			

6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
7. People who use health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services.

Public Health Priorities

1. A Scotland where we live in vibrant, healthy and safe places and communities.
 2. A Scotland where we flourish in our early years.
 3. A Scotland where we have good mental health.
 4. A Scotland where we reduce use of harm from alcohol, tobacco and other drugs.
 5. A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.
 6. A Scotland where we eat well, have a healthy weight and are physically active.
- The IJB seeks to ensure appropriate and effective risk management practices are embraced throughout its activities as an enabler of success and in order to support our mission to transform how we provide services to ensure these are safe, timely, effective, high quality, and based on achieving personal outcomes (Strategic Plan for Fife 2023 – 2026)
 - The IJB will use the joint resources to best effect to meet the priorities of the agreed Strategic Plan, including the National Health and Wellbeing Outcomes, Public Health Priorities and Locality Planning approach and to maximise opportunity, deliver innovation and best value, and improve performance as outlined in the Medium-Term Financial Strategy. The Partnership’s guiding values will underpin practice:
 - Person focused
 - Integrity
 - Caring

 Fife Health & Social Care Partnership Supporting the people of Fife together	Document Owner:	Strategic Planning Group	Document Number:	IJB.017
	Date Approved by SPG:	01/03/2023	Revision Number:	3.0
	Date Approved by IJB:	31/03/2023		
	Implementation Date:	01/04/2023	Review Date:	31/03/2026
	Print Date:	18/04/2024	Page:	8 of 30
Document Title:	IJB Risk Management Policy and Strategy 2023			

- Respectful
- Inclusive
- Empowering
- Kindness

In working towards this risk management vision, the IJB will demonstrate a level of maturity where risk management is embedded and integrated in its decision making and operations, enabling delivery of the Strategic Plan.

The measures of success for this vision will be:

- successful delivery of the strategic plan, objectives, and targets
- good financial outcomes for the Integration Joint Board
- successful outcomes from external scrutiny
- fewer unexpected/ unanticipated problems
- fewer adverse events/ accidents/ complaints – no avoidable harm
- fewer claims/ less litigation


[Link to the Partnership’s Medium-Term Financial Strategy](#)

The Partnerships Medium-Term Financial Strategy sets out the resources available and ensures they are directed effectively to help deliver the outcomes of the Strategic Plan. The Risk Management Strategy will work alongside the Medium-Term Financial Strategy, to support the identification, prioritisation and management of risks associated with meeting the Medium-Term Financial Strategy.

[Link to the Partnership’s locality plans and locality planning approach](#)

A key aspect of health and social care integration in Fife is the creation of localities, bringing decision making about health and social care local priorities closer to communities. The Public Bodies (Joint Working) (Scotland) Act 2014 puts in place the legislative framework to integrate health and social care services in Scotland. Section 29(3)(a) of the Act requires each Integration Authority to establish at least two localities within its area.

More detail on the Fife’s Locality Planning approach including links to the current Locality Guidance documents can be seen on Page 11 and 12 of the Strategic Plan 2023 – 2026 [Fife-Strategic-Plan-2023-to-2026-FINAL.pdf \(fifehealthandsocialcare.org\)](#)

 Fife Health & Social Care Partnership Supporting the people of Fife together	Document Owner:	Strategic Planning Group	Document Number:	IJB.017
	Date Approved by SPG:	01/03/2023	Revision Number:	3.0
	Date Approved by IJB:	31/03/2023		
	Implementation Date:	01/04/2023	Review Date:	31/03/2026
	Print Date:	18/04/2024	Page:	9 of 30
Document Title:	IJB Risk Management Policy and Strategy 2023			

Risk Management Strategy

This strategy takes a positive and holistic approach to risk management. The scope applies to all risks, including those relating to the clinical and care environment, employee safety and wellbeing, business risk, opportunities, or threats.

As stated in the introduction, the key priorities of this strategy are:

Priority 1

Promote awareness of risk and define responsibility for managing risk within the:

- a) IJB
- b) HSCP Partner Bodies, as appropriate

Priority 2

Establish communication and sharing of risk information across all areas of the IJB/HSCP and initiate measures to reduce exposure to risk and potential loss/harm;

Priority 3

Encourage the pursuit of opportunities, through considered risk taking, in order to achieve a positive risk/reward ratio and delivery of the Strategic Plan.


Priority 4

Establish standards and principles for the efficient management of risk, including regular monitoring, reporting and review.

These four key priorities will form the basis of the delivery plan for this strategy

Strategic risks represent the potential for the IJB to achieve (opportunity) or fail to meet (threat) its desired outcomes and objectives as set out within the Strategic Plan. These risks often arise from external factors, e.g, Political; Economical; Social; Technological; Legislative and Environmental and typically require strategic leadership in the development of activities and application of controls to manage the risk. These risks will be assigned at Senior Leadership Team (SLT) level and reported to IJB, and relevant governance committees as required, but not less than once per annum.

Operational risks represent the potential for impact (opportunity or threat) within or arising from the activities of an individual service area or team operating within the Partnership. These risks remain the responsibility of the partner bodies but where they relate to services being delivered under the Directions of the IJB, the IJB will require assurance that they are

 Fife Health & Social Care Partnership Supporting the people of Fife together	Document Owner:	Strategic Planning Group	Document Number:	IJB.017
	Date Approved by SPG:	01/03/2023	Revision Number:	3.0
	Date Approved by IJB:	31/03/2023		
	Implementation Date:	01/04/2023	Review Date:	31/03/2026
	Print Date:	18/04/2024	Page:	10 of 30
Document Title:	IJB Risk Management Policy and Strategy 2023			

being appropriately managed by the partner bodies. These will include, but not be limited to, risks arising from, or impacting on Clinical Care and Treatment; Social Care and Treatment; Customer Service; Employee Health, Safety and Wellbeing; Business Continuity/Supply Chain; Information Security and Asset Management. Operational risks are likely to be more 'front-line' in nature and the development of risk control measures can be led by local managers and team leaders. Where a number of operational risks impact across multiple service areas or, because of interdependencies, require more strategic leadership, then these can be proposed for escalation to SLT and/or 'strategic' status for the IJB or partner bodies, as appropriate.

Programme or Project Risks are the key risks that impact on the successful delivery of programmes or projects within the HSCP, and are managed by the partner bodies. Programme or Project risks will be monitored by the relevant Programme or Project Board and reported through SLT to the IJB or relevant Committee, as well as the partner bodies governance routes, as appropriate.

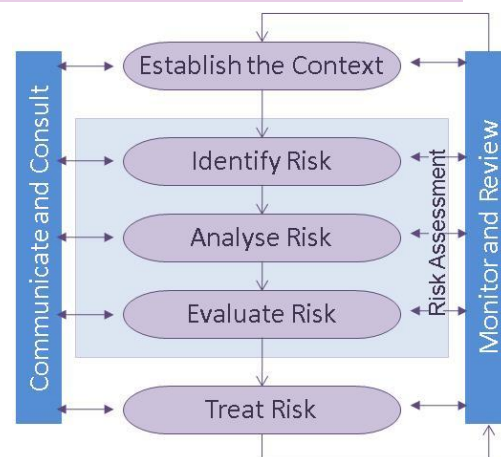
All risks will be analysed against the relevant risk matrix. The IJB will scrutinise all IJB strategic risks and high level operational risks of the partner bodies that relate to activities under the direction of the IJB or those that could impact on the delivery of the Strategic Plan, as appropriate.

This document, which will be supported by guidance for managers, represents the risk management framework to be implemented across the IJB and will contribute to the IJB's wider governance arrangements.

Risk management process


Risk Management is about the culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects¹. It is proactive in understanding risk and uncertainty, it learns and builds upon existing good practice and is a continually evolving process that has an important role in ensuring that defensible and beneficial decisions are made.

The IJB embeds risk management practice by consistent application of the risk management process shown in the diagram on the right, across all areas of service delivery and business activities.



Further details and guidance on the risk management process will be developed for managers and board members, to support the implementation of this strategy.

¹ Australia/ New Zealand Risk Management Standard, AS/NZS 4360: 2004

 Fife Health & Social Care Partnership Supporting the people of Fife together	Document Owner:	Strategic Planning Group	Document Number:	IJB.017
	Date Approved by SPG:	01/03/2023	Revision Number:	3.0
	Date Approved by IJB:	31/03/2023		
	Implementation Date:	01/04/2023	Review Date:	31/03/2026
	Print Date:	18/04/2024	Page:	11 of 30
Document Title:	IJB Risk Management Policy and Strategy 2023			

Governance, leadership, and accountability.

Board and Committee Roles and Responsibilities

Integration Joint Board

Members of the Integration Joint Board are responsible for:

- oversight of the IJB's risk management arrangements; including approval of the Risk Management Policy and Strategy
- receipt and scrutiny of reports on strategic risks and any key operational risks that are escalated to the IJB's attention; and,
- ensuring they are aware of any risks linked to recommendations from the Director of Health and Social Care concerning new priorities/policies
- Using risk information to inform its decision making
- providing information and assurance to NHS Fife and Fife Council on the key risks relating to the planning, development and provision of health and social care services in Fife. Assurance can be gained through the year end Governance Statement and the sharing of the Internal Annual Audit report.

Audit and Assurance Committee


The Audit and Assurance Committee, through internal audit, external audit and other assurance sources, such as the annual risk management report, will provide independent objective assurance to the IJB on the extent to which the risk management arrangements are in place and are effective.

Quality and Communities Committee

The Quality and Communities Committee provides assurance to the IJB that key risks in clinical and social care and patient safety are identified and managed effectively. This requires the Committee to review relevant risks from the IJB Strategic Risk Register and partner bodies Risk Registers to consider risks that require further scrutiny and seek assurance from individual risk owners regarding the management of these risks.

Finance, Performance and Scrutiny Committee

The Finance, Performance and Scrutiny Committee are responsible for monitoring the use of resources, reviewing the financial strategy in support of the Strategic Plan, reviewing any planned future developments and the impact on the financial position, monitoring the performance of the Partnership towards achieving its policy objectives and priorities in relation to all functions of the IJB and ensuring that the Senior Leadership Team maintain effective controls within their services which comply with financial procedures and regulations. This will require the Committee to consider financial and performance related

 Fife Health & Social Care Partnership Supporting the people of Fife together	Document Owner:	Strategic Planning Group	Document Number:	IJB.017
	Date Approved by SPG:	01/03/2023	Revision Number:	3.0
	Date Approved by IJB:	31/03/2023		
	Implementation Date:	01/04/2023	Review Date:	31/03/2026
	Print Date:	18/04/2024	Page:	12 of 30
Document Title:	IJB Risk Management Policy and Strategy 2023			

risks that require further scrutiny and seek assurance from individual risk owners regarding the management of these risks.

Management and Officer Roles and Responsibilities

Director of Health and Social Care/Chief Officer

The Director of Health and Social Care/Chief Officer has overall accountability for the IJB's risk management framework, ensuring that suitable and effective arrangements are in place to manage the risks relating to the functions within the scope of the IJB. The Director of Health and Social Care/Chief Officer will keep the Chief Executives of the IJB's partner bodies informed of any significant existing or emerging risks that could seriously impact the IJB's ability to deliver the outcomes of the Strategic Plan or the reputation of the IJB.


Chief Financial Officer

The Chief Financial Officer will be responsible for promoting arrangements to identify and manage key business risks, risk mitigation and insurance. The Chief Financial Officer is a member of the Fife Council Risk Management strategy group and NHS Fife Risk and Opportunities Group.

Senior Leadership Team

Members of the Senior Leadership Team are responsible (either collectively, or by nominating a specific individual) for:

- supporting the Director of Health and Social Care/Chief Officer and Chief Financial Officer in fulfilling their risk management responsibilities;
- monitoring, review and reporting of the IJB strategic risks assigned to them;
- arranging professional risk management support, guidance and training from partner bodies;
- promoting a culture of learning and improvement, including through the evaluation of policies, projects and programmes to highlight compliance issues, control breakdown, variations in or inadequate processes, and to identify limitations in knowledge and the reliability of information which may present risk to the organisation;
- receipt and scrutiny of regular risk reports on strategic, shared and key operational partner bodies risks and reporting any matters of concern to the IJB;
- ensuring that the risk management processes as outlined in supporting guidance are actively promoted, and adhered to, across their teams and within their areas of responsibility; and;

 Fife Health & Social Care Partnership Supporting the people of Fife together	Document Owner:	Strategic Planning Group	Document Number:	IJB.017
	Date Approved by SPG:	01/03/2023	Revision Number:	3.0
	Date Approved by IJB:	31/03/2023		
	Implementation Date:	01/04/2023	Review Date:	31/03/2026
	Print Date:	18/04/2024	Page:	13 of 30
Document Title:	IJB Risk Management Policy and Strategy 2023			

- Ensuring a focus is maintained on learning from past events, whether these are positive or negative, to improve staff anticipation and preparedness to address future situations.

Individual Risk Owners/Risk Managers

It is the responsibility of each risk owner/manager to ensure that:

- risks assigned to them are analysed in accordance with the agreed risk matrix;
- data on which risk evaluations are based are robust and reliable so far as possible;
- risks are defined clearly to make explicit the scope of the challenge, opportunity or hazard and the consequences that may arise;
- risk is reviewed not only in terms of likelihood and consequence of occurrence, but takes account of any changes in context that may affect the risk;
- the controls in place to manage the risk are proportionate to the context and level of risk, in line with the risk appetite, once developed, and that these controls are fully effective;
- Target risk scores are realistic and there are associated actions, to ensure they are achieved within a reasonable timeframe, which are monitored for delivery and effectiveness,


All persons working under the direction of the IJB/HSCP

Risk management should be embedded within daily activities with everyone involved in identifying current and potential risks where they work. Individuals have a responsibility to make every effort to be aware of situations which place them or others at risk, report identified hazards and implement safe working practices developed within their service areas. This approach requires everyone to:

- understand the risks that relate to their roles and activities;
- understand how their actions relate to their personal safety and that of colleagues, patients, clients, other service users and members of the public ;
- understand their accountability for particular operational risks and how they should manage them, in accordance with the Risk Management Strategies and Frameworks of the partner bodies;
- understand the importance of reporting adverse events and/ or near misses to allow lessons to be learned and contribute to the ongoing improvement of services and risk management arrangements; and,
- understand that good risk management is a key part of the IJB's/HSCP's culture and that of the partner bodies through whom they operate.

Senior Information Risk Owner (SIRO)

NHS Fife and Fife Council have appointed SIROs in respect of the information they are responsible for. The IJB has appointed the Chief Finance Officer as it's SIRO, in line with the IJB Records Management Policy.

 Fife Health & Social Care Partnership <small>Supporting the people of Fife together</small>	Document Owner:	Strategic Planning Group	Document Number:	IJB.017
	Date Approved by SPG:	01/03/2023	Revision Number:	3.0
	Date Approved by IJB:	31/03/2023		
	Implementation Date:	01/04/2023	Review Date:	31/03/2026
	Print Date:	18/04/2024	Page:	14 of 30
Document Title:	IJB Risk Management Policy and Strategy 2023			

Caldicott Guardian

NHS Fife and the IJB have appointed Caldicott Guardians. These are senior persons responsible for protecting the confidentiality of people’s health and care information and making sure it is used properly.

Partner Roles and Responsibilities

Partner Bodies

Partner bodies will continue to operate appropriate Risk Management processes for operational risk and Chief Executives of the partner bodies will ensure that processes are in place to alert the IJB of any strategic or operational risks which are likely to impact on the delivery of the IJB’s Strategic Plan. The partner bodies will provide formal assurance to the IJB on the operation of their Risk Management arrangements and of the adequacy and effectiveness of key controls which could impact on the achievement of IJB objectives. The IJB will provide reciprocal assurance, including to other IJB’s in their capacity as being responsible for hosted services, on its Risk Management processes and key controls.

It is the responsibility of relevant specialists from the partner bodies, to attend meetings as necessary to consider the implications of risks and provide relevant advice. It is the responsibility of the partner bodies to ensure they routinely seek to identify any residual risks and liabilities they retain in relation to the activities under the direction of the IJB.

Resourcing risk management.


Resourcing the risk management framework

The work to develop and lead the ongoing implementation of the risk management framework for the IJB will be resourced through the Senior Leadership Team’s arrangements (referred to in roles and responsibilities).

The IJB will ensure that risk management training and education is carried out efficiently and effectively, with the majority of risk-related courses/ training being delivered through resources already available to the IJB, in accordance with partner bodies risk management arrangements.

Resourcing those responsible for managing specific risks

Financial decisions in respect of the IJB’s risk management arrangements will rest with the Chief Financial Officer.

 Fife Health & Social Care Partnership Supporting the people of Fife together	Document Owner:	Strategic Planning Group	Document Number:	IJB.017
	Date Approved by SPG:	01/03/2023	Revision Number:	3.0
	Date Approved by IJB:	31/03/2023		
	Implementation Date:	01/04/2023	Review Date:	31/03/2026
	Print Date:	18/04/2024	Page:	15 of 30
Document Title:	IJB Risk Management Policy and Strategy 2023			

Training, learning and development.

Risk management training and development opportunities

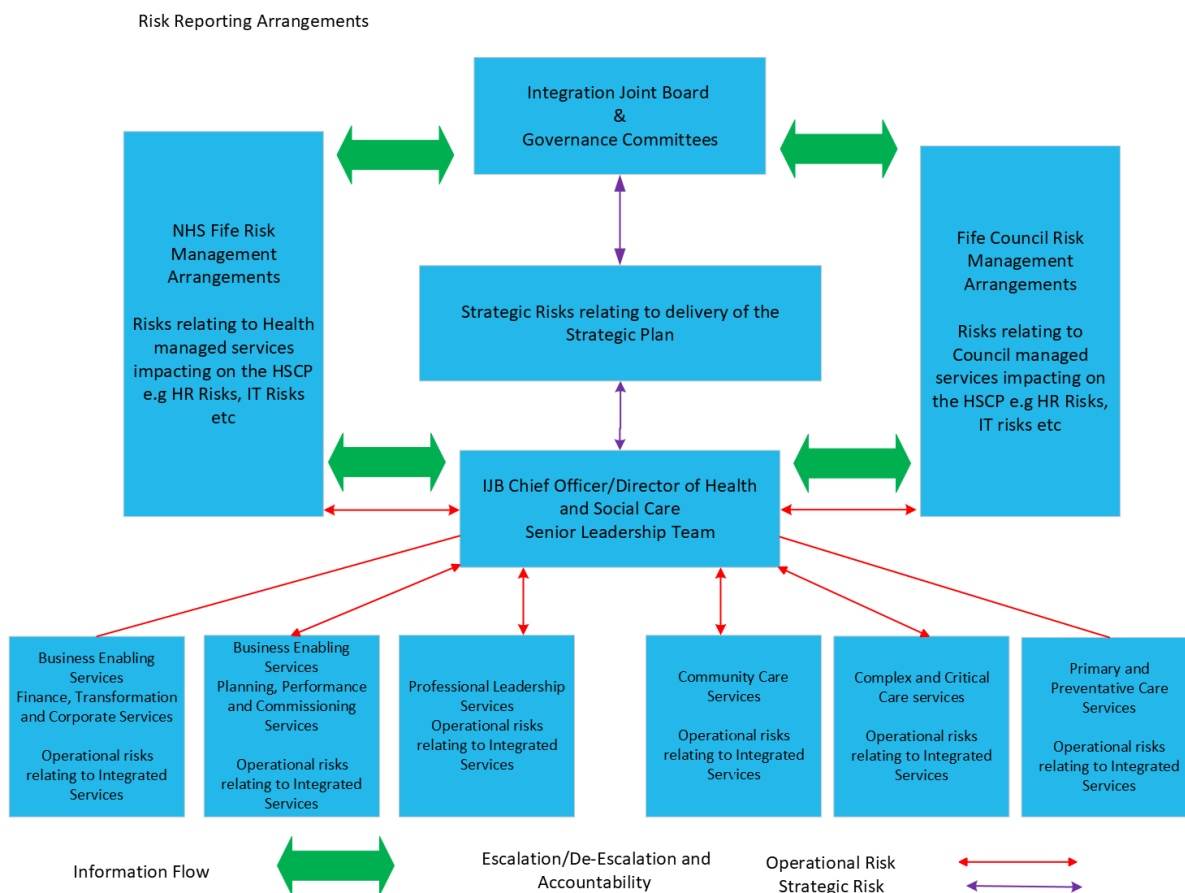
It is essential that staff have the competence and capacity to manage risk and are able to handle risk decisions with confidence.


Training is important and is essential in embedding a positive risk management culture across all activities under the direction of the IJB and in developing risk management maturity. The Senior Leadership Team will regularly review risk management training and development needs, in line with this Risk Management Policy and Strategy, and the Risk Management Strategies and Frameworks of the partner bodies, and source the appropriate training and development support required.

The Senior Leadership Team will ensure a focus is maintained on learning from past events whether these are adverse or positive to enable staff to anticipate or be prepared to deal with future problems.

Monitoring and Reporting on activity and performance

Risk Management Reporting Arrangements



 Fife Health & Social Care Partnership Supporting the people of Fife together	Document Owner:	Strategic Planning Group	Document Number:	IJB.017
	Date Approved by SPG:	01/03/2023	Revision Number:	3.0
	Date Approved by IJB:	31/03/2023		
	Implementation Date:	01/04/2023	Review Date:	31/03/2026
	Print Date:	18/04/2024	Page:	16 of 30
Document Title:	IJB Risk Management Policy and Strategy 2023			

Monitoring and Reporting risk management activity

The IJB operates in a dynamic and challenging environment. A suitable system is required to ensure risks are monitored for change in context and scoring so that appropriate response is made. Monitoring will include review of the IJB's strategic risks, at Senior Leadership Team level. This monitoring will be undertaken at least quarterly and/or as necessary as indicated by the risk score.

The Chief Executives of NHS Fife and Fife Council are included within the circulation for risk reports that are considered by the IJB.

It is expected that partner bodies will use the IJB risk reports to keep their own organisations updated on the management of the risks, highlighting any IJB risks that might impact on the partner organisation.

The Director of Health and Social Care, as a member of the NHS Fife Executive Directors' Group and Fife Council's Council Executive Team will receive reports on the key risks for the partner organisations and will ensure that the IJB is updated on any risks that might impact on the delivery of the Strategic Plan in line with responsibilities set out above.

Monitoring and Reporting risk management performance


Measuring, managing and monitoring risk management performance is key to the effective delivery of objectives.

Performance Indicators (PI's) will be linked where appropriate to specific risks to provide assurance on the performance of certain control measures. For example, specific clinical incident data can provide assurance that risks associated with the delivery of clinical care are controlled, or, budget monitoring PIs can provide assurance that key financial risks are under control. Performance is regularly reported to the IJB and its governance committees.

The performance data linked to the Strategic Plan / Performance Framework will also inform the identification of new risks or highlight where existing risks require more attention.

Assurances on risks and the risk management process will be reported to the IJB and relevant committees in line with the guidance supplied by the Internal Auditors – see appendix 3 – Committee Assurance Principles

Reviewing the IJB's risk management arrangements on an annual basis will help shape its future risk management priorities and activities, inform subsequent revisions of this policy and strategy and drive continuous improvement in risk management across the IJB.

 Fife Health & Social Care Partnership Supporting the people of Fife together	Document Owner:	Strategic Planning Group	Document Number:	IJB.017
	Date Approved by SPG:	01/03/2023	Revision Number:	3.0
	Date Approved by IJB:	31/03/2023		
	Implementation Date:	01/04/2023	Review Date:	31/03/2026
	Print Date:	18/04/2024	Page:	17 of 30
Document Title:	IJB Risk Management Policy and Strategy 2023			

Communicating risk management.

Communicating, consulting on, and reviewing the risk management framework

Effective communication of risk management information across the IJB is essential to developing a consistent and effective approach to risk management. To support this the SBAR report template provides a specific section to outline key risks relevant to the report submitted and these should be used consistently across all Committees.

Copies of this policy and strategy will be widely circulated via the Senior Leadership Team and will form the basis of any risk management training arranged by the IJB or partner bodies.

The Policy and Strategy (version 3.0) was approved by the Integration Joint Board at its meeting of [].

This policy and strategy will be reviewed every three years to ensure that it reflects current standards and best practice in risk management and fully reflects the IJB's business environment.

Delivery Plan

A delivery plan, linked to the key priorities outlined in the Strategy, has been created by the Risk Management Policy and Strategy Development Short Life Working Group. This details the actions that will be taken to ensure that the strategy is successfully delivered and will remain under review by the Group. The Delivery Plan is shown at Appendix 1, with the Terms of Reference for the Working Group at Appendix 2.


Appendices

Appendix 1 – Delivery Plan

Appendix 2 – Strategy Development Working Group - Terms of Reference

Appendix 3 – Committee Assurance Principles

Appendix 4 – Glossary of Terms

 Fife Health & Social Care Partnership Supporting the people of Fife together	Document Owner:	Strategic Planning Group	Document Number:	IJB.017
	Date Approved by SPG:	01/03/2023	Revision Number:	3.0
	Date Approved by IJB:	31/03/2023		
	Implementation Date:	01/04/2023	Review Date:	31/03/2026
	Print Date:	18/04/2024	Page:	18 of 30
Document Title:	IJB Risk Management Policy and Strategy 2023			

References

NHS Fife Annual Delivery Plan 2022/23 - [nhs-fife-final-adp-2022_23-v60.pdf \(nhsfife.org\)](#)

Plan for Fife 2017-2027 - [Plan-for-Fife-2017-2027.pdf](#)

National Health and Social Care Health and Wellbeing Outcomes: A framework for improving the planning and delivery of health and social care services, February 2015 [National health and wellbeing outcomes framework - gov.scot \(www.gov.scot\)](#)

Public Health Priorities for Scotland - [01 Foreword - Scotland's public health priorities - gov.scot \(www.gov.scot\)](#)

National Care Service - [National Care Service - Social care - gov.scot \(www.gov.scot\)](#)

NHS Fife Risk Management Framework

Fife Council Risk Management Policy and Strategy


REVISION HISTORY

REVISION:

Date: 10th February 2023

Created by: A Sweeney


Version: 3.0

 Fife Health & Social Care Partnership Supporting the people of Fife together	Document Owner:	Strategic Planning Group	Document Number:	IJB.017
	Date Approved by SPG:	01/03/2023	Revision Number:	3.0
	Date Approved by IJB:	31/03/2023		
	Implementation Date:	01/04/2023	Review Date:	31/03/2026
	Print Date:	18/04/2024	Page:	19 of 30
Document Title:	IJB Risk Management Policy and Strategy 2023			



Appendix 1

STRATEGY DELIVERY PLAN									
Risk Management Policy and Strategy									
Responsible: Avril Sweeney, Risk Compliance Manager									
Priority Number	Action/Activity	Lead	Resources needed (internal/external)	Desired Outcome	Potential Risks	Evidence of Improvement	Improvement/ Outcome	Planned Completion Date	Completion Date
<i>Priority number in your strategy that action is linked to</i>	<i>What you'll need to do to implement the relevant priority in the strategy</i>	<i>Who is responsible for carrying out each action step</i>	<i>What resources will you need to complete each action step</i>	<i>How will you know that you have made progress on each action step</i>	<i>What are the risk that could affect this action step being achieved</i>	<i>Detail what was done to complete this action</i>	<i>The outcome of completing this action step</i>	<i>Anticipated completion date</i>	<i>Date completed</i>
4	Review the IJB Strategic Risk Register in line with the new Strategic Plan	Audrey Valente/Avril Sweeney	Support from Working Group Members IJB Members SLT/ELT/Partner bodies/Other colleagues	Progress will be identified by the production of a revised risk register aligned to the key priorities and themes of the Strategic Plan 2023 - 2026	Capacity of key stakeholders to attend meetings and review documents Competing demands on time and busy agendas Rapidly changing risk environment			Apr-23	
4	Develop a risk maturity model and use to assess a baseline level of maturity for the IJB as a metric to enable and measure improvement	Audrey Valente/Avril Sweeney	Support from Working Group Members IJB Members SLT/ELT/Partner bodies/Other colleagues	Once agreed, an assessment will be made to pinpoint the maturity level as a baseline. Further actions will then be developed to reach the next level on the model	Capacity of key stakeholders to attend meetings and review documents Competing demands on time and busy agendas			Jun-23	
4	Develop performance measures to provide assurance that risk management processes are operating effectively	Audrey Valente/Avril Sweeney	Support from Working Group Members IJB Members SLT/ELT/Partner bodies/Other colleagues	Performance measures in place and being reported to the relevant groups/committees	Capacity of key stakeholders to attend meetings and review documents Competing demands on time and busy agendas			Jun-23	
4	Ensure relevant key performance indicators are aligned to control actions to provide assurance that these are effective and improving the management of individual risks	Audrey Valente/Avril Sweeney	Support from Working Group Members IJB Members SLT/ELT/Partner bodies/Other colleagues	Performance measures in place and being reported to the relevant groups/committees	Capacity of key stakeholders to attend meetings and review documents Competing demands on time and busy agendas	Measures are in place for the current IJB Strategic Risks. Any new risks added following review of the IJB Strategic Risk Register will also have measures assigned		Apr-23	
3	Develop a Risk Appetite Statement for the IJB and processes to support the application of Risk Appetite to management of risks and delivery of objectives	Audrey Valente/Avril Sweeney	Support from Working Group Members IJB Members SLT/ELT/Partner bodies/Other colleagues	Risk Appetite Statement agreed and appended to this strategy. Further actions will then be required to apply to individual risks and risk decisions	Capacity of key stakeholders to attend meetings and review documents Competing demands on time and busy agendas	First session at IJB Development meeting on 9 Dec 2022 Follow up session on 24 February 2023		May-23	
1	Develop guidance and processes for managers, staff and members of the IJB to reflect all elements of the risk management process to ensure ongoing review and management of risks and risk registers, aligned (or directing to) partner bodies processes as necessary	Audrey Valente/Avril Sweeney	Support from Working Group Members IJB Members SLT/ELT/Partner bodies/Other colleagues	Guidance agreed, circulated to relevant stakeholders and understood. Will link to training programme action	Capacity of key stakeholders to attend meetings and review documents Competing demands on time and busy agendas	Draft guidance circulated to working group for initial comments		Sep-23	
4	Develop a risk reporting framework to ensure relevant risks and risk registers are reported to the appropriate Group, Committee or board timesously	Audrey Valente/Avril Sweeney	Support from Working Group Members IJB Members SLT/ELT/Partner bodies/Other colleagues	Risk Reporting framework agreed, circulated to relevant stakeholders and implemented	Capacity of staff to attend meetings, review documents			Sep-23	
2	Create a lessons learned process to share learning across the HSCP and use that learning to improve management of risk going forward	Audrey Valente/Avril Sweeney	Support from Working Group Members SLT/ELT/Partner bodies/Other colleagues	Process agreed and in place	Capacity of staff to attend meetings, review documents			Sep-23	
1	Develop and roll out a risk management training programme	Audrey Valente/Avril Sweeney	Support from Working Group Members IJB Members SLT/ELT/Partner bodies/Other colleagues	Training needs identified and a programme in place to address these for all relevant staff/Board members	Capacity of staff to attend meetings, review documents			Sep-23	
2	Undertake a programme of process reviews/management audits to improve areas of loss e.g claims, complaints, adverse events, incidents etc	Audrey Valente/Avril Sweeney	Support from Working Group Members SLT/ELT/Partner bodies/Other colleagues	Programme to be set out for areas which are not already subject to regular review	Capacity of staff to attend meetings, review documents			Sep-23	

 Fife Health & Social Care Partnership Supporting the people of Fife together	Document Owner:	Strategic Planning Group	Document Number:	IJB.017
	Date Approved by SPG:	01/03/2023	Revision Number:	3.0
	Date Approved by IJB:	31/03/2023		
	Implementation Date:	01/04/2023	Review Date:	31/03/2026
	Print Date:	18/04/2024	Page:	20 of 30
Document Title:	IJB Risk Management Policy and Strategy 2023			

Appendix 2



Risk Management Policy and Strategy

Strategy Development Working Group Terms of Reference

1. Background


As set out in the Integration Scheme, the Risk Management Policy and Strategy describes the risk management arrangements for the IJB and how these will link to the HSCP partner bodies risk management arrangements and forms part of the wider framework for corporate governance and internal control.

2. Purpose

Provide a forum for Health and Social Care services to discuss risk management as a means of contributing to the HSCP's aims and objectives and informing the Strategic Plan

3. Remit

- Consider the Review of the IJB Risk Management Policy and Strategy and how this can support the embedding of risk management throughout the HSCP
- Ensure the appropriate compilation, sharing and possible merger of relevant risk registers (whether these are initially IJB, Fife Council or NHS Fife) including the identification, assessment and prioritisation of risks, management control action taken and the effectiveness of these.
- Ensure relevant service risk registers are reviewed by measuring and monitoring progress and reprioritising as necessary
- Ensure the identification and management of, and the exchange of information on, new and emerging hazards/risks, including hazards/risks in projects and changes to service delivery

 Fife Health & Social Care Partnership <small>Supporting the people of Fife together</small>	Document Owner:	Strategic Planning Group	Document Number:	IJB.017
	Date Approved by SPG:	01/03/2023	Revision Number:	3.0
	Date Approved by IJB:	31/03/2023		
	Implementation Date:	01/04/2023	Review Date:	31/03/2026
	Print Date:	18/04/2024	Page:	21 of 30
Document Title:	IJB Risk Management Policy and Strategy 2023			

- Develop processes to capture and analyse information on losses
- Raise staff awareness of risk and risk management
- Identify training needs and seek ways to address these needs
- Report to the Senior Leadership Team (SLT) and advise on any arising issues
- Link with other groups such as Strategic Planning, Resilience, Health and Safety, Quality Matters, Transformation Change, etc, to ensure there is no duplication of effort/confusion.

4. Membership and Roles

The membership of the Working Group is included in Appendix 1. Members are required to identify a depute to attend meetings if they are unavailable. Additional members will be included as and when required.

5. Meetings

Meetings will take place 4 weekly and will take place over MS Teams. The standing agenda items will be:

1. Apologies
2. Action Note Update
3. Delivery Plan Update
4. Any Other Business

Papers will be issued 5 working days prior to the meeting date.

6. Reporting Arrangements


The Working Group will report to the Strategic Planning Group and the Senior Leadership Team.

Revision History

Date: 31/01/2023


Created by: Avril Sweeney

Version: 0.1

 Fife Health & Social Care Partnership Supporting the people of Fife together	Document Owner:	Strategic Planning Group	Document Number:	IJB.017
	Date Approved by SPG:	01/03/2023	Revision Number:	3.0
	Date Approved by IJB:	31/03/2023		
	Implementation Date:	01/04/2023	Review Date:	31/03/2026
	Print Date:	18/04/2024	Page:	22 of 30
Document Title:	IJB Risk Management Policy and Strategy 2023			

Appendix 1 – Membership List

Name	Role	Position	Email Address
[REDACTED]	Co Chair	Risk Manager	[REDACTED]
[REDACTED]	Co-Chair	Chief Finance Officer	[REDACTED]
[REDACTED]	Member	Service Manager	[REDACTED]
[REDACTED]	Member	Interim Service Manager	[REDACTED]
[REDACTED]	Member	Senior Manager	[REDACTED]
[REDACTED]	Member	OD & Culture Specialist	[REDACTED]
[REDACTED]	Member	Head of Quality, Clinical and Care Governance	[REDACTED]
[REDACTED]	Member	Business Manager	[REDACTED]
[REDACTED]	Member	Head of Improvement, Transformation & PMO	[REDACTED]
[REDACTED]	Member	Risk Manager	[REDACTED]
[REDACTED]	Member	Risk Management Team Leader	[REDACTED]
[REDACTED]	Member	Lead Auditor	[REDACTED]
[REDACTED]	Member	Service Manager, Audit and Risk Management	[REDACTED]
[REDACTED]	Member	Team Manager	[REDACTED]
[REDACTED]	Member	Team Manager	[REDACTED]
[REDACTED]	Member	Compliance Officer	[REDACTED]
[REDACTED]	Member	Compliance Officer	[REDACTED]

 Fife Health & Social Care Partnership Supporting the people of Fife together	Document Owner:	Strategic Planning Group	Document Number:	IJB.017
	Date Approved by SPG:	01/03/2023	Revision Number:	3.0
	Date Approved by IJB:	31/03/2023		
	Implementation Date:	01/04/2023	Review Date:	31/03/2026
	Print Date:	18/04/2024	Page:	23 of 30
Document Title:	IJB Risk Management Policy and Strategy 2023			

Appendix 3

Committee Assurance Principles

1. Purpose and remit

The overall purpose of the Board is to ensure efficient, effective and accountable governance, to provide strategic leadership and direction, and to focus on agreed outcomes.

Detailed scrutiny should take place at Standing Committee level, with each Committee providing assurance and escalating key issues to the Board as required. For this to be achieved successfully, Standing Committees must be clear about their priorities, have focused agendas and workplans and must monitor their own performance rigorously. Standing Committee remits are approved by the Board with input from Committees and increasingly from Scottish Government (SG) and / or other national governance initiatives. However, Standing Committees must ensure that they are focused on Board priorities and on the risks delegated to them.

Sub-committees and groups will frequently have an operational focus but must ensure that they are in a position to provide the required assurances on their operations and on any risks, actions and controls for which they are responsible.

2. Board or Standing Committee Agenda


In general, for an item to be included on the agenda it should meet the following criteria unless the Committee Chair and Lead Officer agree there are other good reasons for its inclusion:

- It is a decision delegated to that Committee
- It relates to and/or provides assurance upon strategic priorities and related corporate risks delegated to that Committee. In this context, performance reports etc should make explicit reference to the corporate risks to which they relate and should contain a conclusion on whether the performance indicates that controls are operating effectively to mitigate that risk as intended
- It is a statutory or regulatory requirement or required by SG guidance
- The Committee can add value to a decision or issue by providing a different perspective, setting boundaries, generating ideas etc.

3. Assurance

At the start of the year, the Committee should consider its remit and determine its assurance requirements together with how these will be met, using assurance mapping principles. This should be set out in the Committee assurance plan or clearly identified within the Committee work plan. The 'three lines of assurance' are often used to help categorise assurances:

- First line: management assurance from "front line" or business operational areas;
- Second line: oversight of management activity, including effective management information, separate from those responsible for delivery, but not independent of the organisation's management chain;
- Third line: independent and more objective assurance, including the role of Internal Audit and from external bodies

 Fife Health & Social Care Partnership Supporting the people of Fife together	Document Owner:	Strategic Planning Group	Document Number:	IJB.017
	Date Approved by SPG:	01/03/2023	Revision Number:	3.0
	Date Approved by IJB:	31/03/2023		
	Implementation Date:	01/04/2023	Review Date:	31/03/2026
	Print Date:	18/04/2024	Page:	24 of 30
Document Title:	IJB Risk Management Policy and Strategy 2023			

Assurances should be:

- Explicitly linked to the relevant risk with an explicit conclusion from the responsible director or officer
- Streamlined so that there is no omission and no unnecessary duplication
- Relevant: data should not be presented just because it is readily available
- Reliable: assurances should be evaluated so that it is clear how much weight should be placed on any piece of evidence and how they fit in with other relevant evidence
- Sufficient: there should be sufficient evidence in total to allow a reasonable conclusion to be reached

The Board has delegated responsibility for oversight of most individual Corporate risks to the relevant Standing Committee. Following a discussion of an agenda item, the Committee should formally assess the level of assurance received. This is reported to the Board via the Chair's assurance report (see below). The following criteria (based on work undertaken by the Good Governance Institute) can help in assessing the level of assurance:


- Independent assurance (e.g. an auditor's opinion) carries more weight than internal evidence produced by management
- The best assurance is commissioned specifically to assure that a control is effective: reams of evidence with only indirect relevance does not provide good assurance
- Assurances are time-limited and should only be relied upon if current
- Differentiate between positive, negative and neutral opinion when using independent assurance
- Ensure that assurance is consistent: triangulate different sources and use independent evidence to assess the accuracy of internal assurance sources

Appendix A provides examples of questions that Committees and groups should ask about risks.

4. Chair's report /Assurance Report

Minutes are valuable for the group itself but are not normally an efficient and effective source of assurance. An assurance report allows issues to be collated and presented in a way that gives readers a quick and comprehensive summary of the key issues, without considering unnecessary detail or having to decode or investigate areas of interest. The following questions should be considered at the end of every Standing Committee and sub-group meeting and areas for recording agreed. These should then be included in the Chair's summary/assurance report and taken forward by the Responsible Director:

- Are there any issues which could be a disclosure in the Governance Statement (see below) or should be included within the Committee year-end report?
- Are there any new risks emerging which require escalation to the Board or recording in the Corporate or operational risk registers?
- Is the Committee fulfilling its workplan and if not, would any omissions have an impact on its ability to provide assurance at year-end?
- For the risks delegated to the Committee:

 Fife Health & Social Care Partnership Supporting the people of Fife together	Document Owner:	Strategic Planning Group	Document Number:	IJB.017
	Date Approved by SPG:	01/03/2023	Revision Number:	3.0
	Date Approved by IJB:	31/03/2023		
	Implementation Date:	01/04/2023	Review Date:	31/03/2026
	Print Date:	18/04/2024	Page:	25 of 30
Document Title:	IJB Risk Management Policy and Strategy 2023			

- Are the scores correct?
- Have there been any significant movements?
- Has the committee received assurances that internal controls intended to mitigate the risk are working as intended and are effective?
- Does performance reporting support this?
- Has the committee received assurances that actions intended to reduce the risk to its target level are working as intended and will be effective?


5. Year-end reports

At the end of the financial year, Standing Committees provide their annual report to the Audit & Risk Committee (A&RC) (or equivalent) (and Board). Standing Committee annual reports are an opportunity to reflect on the year just gone and should be used to consider overall progress and key issues going forward. The annual report should be focused on the most important issues and should include, as a minimum:

- a. A clear description of movement in strategic risks aligned to the Committee and areas where actions were not effective
- b. Explicit identification of areas of non-compliance and explanation of the impact on the control environment
- c. Clear performance information and highlighting of areas of poor performance
- d. Inclusion of Key Performance Indicators where possible
- e. Rather than stating that a report was presented, providing a broad conclusion on whether the level of assurance provided was acceptable (noting that the new process for assessing assurance will aid this recommendation)
- f. Any specific requirements for that Committee based on its remit or duties such as an explicit opinion by the Staff Governance Committee on whistle-blowing arrangements based on an appropriate annual report or the Performance & Resources Committee (or equivalent) opinion on whether value for money was achieved
- g. Consideration of key risks and concerns and how these will be reflected in the workplan for the year ahead.

The Audit & Risk Committee must decide whether an item is of sufficient significance to be included in the narrative of, or disclosed within, the Governance statement. By extension Standing Committees should consider, whether an item should be brought to the attention of the Audit & Risk Committee within their annual report/assurance statement. Useful considerations in deciding whether an item should be disclosed include:

- a. Is it material i.e. likely to have a major impact on the organisation? The Healthcare Improvement Scotland risk management 'impact' criteria provide a helpful guide;
- b. Does it represent a control weakness? Some issues could not reasonably have been foreseen/prevented and therefore proportionate controls may not have prevented the incident;
- c. Was the control weakness in place in the year in question? A weakness in place throughout most of the year should be mentioned, even if resolved after or at year-end. However, if the

 Fife Health & Social Care Partnership Supporting the people of Fife together	Document Owner:	Strategic Planning Group	Document Number:	IJB.017
	Date Approved by SPG:	01/03/2023	Revision Number:	3.0
	Date Approved by IJB:	31/03/2023		
	Implementation Date:	01/04/2023	Review Date:	31/03/2026
	Print Date:	18/04/2024	Page:	26 of 30
Document Title:	IJB Risk Management Policy and Strategy 2023			

issue was discovered in year but related to a weakness in previous years, now rectified, then it need not be disclosed.

Issue Date: January 2022

Questions for Risk Owners

- Would you know if your controls are working effectively as intended or failing?
- Can you evidence the effectiveness of the controls?
- Can you assure your Standing Committee of the effectiveness of controls?
- Do you have assurance for all three lines of defence?
 - 1st line - management / performance / data trends
 - 2nd line – oversight / compliance / audits
 - 3rd line – internal audit and/or external audit reports / external assessments
- If Yes - why above appetite?
- If No – How are the mitigating controls reflecting improvement or is there an action plan?
- Do you understand both the criticality and effectiveness of controls
 - Criticality: How important to the mitigation of the risk? The higher the importance of the control in mitigating the risk, the more assurance is required. If the control is of low importance is it a valid control to attach resource / effort?
 - Effectiveness: This should measure if the controls are well designed / appropriate as well as how effectively they are implemented.


Risk Questions for Committees

General Questions:


- Does the risk description fully explain the nature and impact of the risk and does it reflect/include all known significant issues that could have a major impact on the organisation?
- Do the current controls match the stated risk?
- How weak or strong are the controls? Are they both adequate i.e. well-designed and effective i.e. implemented properly
- Will further actions bring risk down to the planned / target level?
- Does the assurance you receive tell you how controls are performing?
- Are we investing in areas of high risk instead of those that are already well-controlled?
- Do Committee papers identify risk clearly and explicitly link to the strategic priorities and objectives / corporate risk?

Specific questions when analysing a risk delegated to the committee in detail:


- History of the risk (when was risk opened) – has there been improvement or deterioration- has it moved towards target at any point?

 Fife Health & Social Care Partnership Supporting the people of Fife together	Document Owner:	Strategic Planning Group	Document Number:	IJB.017
	Date Approved by SPG:	01/03/2023	Revision Number:	3.0
	Date Approved by IJB:	31/03/2023		
	Implementation Date:	01/04/2023	Review Date:	31/03/2026
	Print Date:	18/04/2024	Page:	27 of 30
Document Title:	IJB Risk Management Policy and Strategy 2023			

- Has a valid reason been provided for the current score?
- Is the target score:
 - In line with the organisation's defined risk appetite?
 - Realistic/achievable or does the risk require to be tolerated at a higher level?
 - Sensible/worthwhile?
- Is there an appropriate split between:
 - Controls – processes already in place which take the score down from its initial/inherent position to where it is now?
 - Actions – planned initiatives which should take it from its current to target?
 - Assurances - which monitor the application of controls/actions?
 - Ensuring there is clarity over what the listed controls etc. actually do e.g. if there is a group, what is it for (noting a group might be all three or actually none)?
- Assessing Controls
 - Are they 'Key' i.e. are they what actually reduces the risk to its current level (not an extensive list of processes which happen but don't actually have any substantive impact)?
 - Overall, do the controls look as if they are applying the level of risk mitigation stated?
 - Is their adequacy assessed by the risk owner? If so, is it reasonable based on the evidence provided?
- Assessing Actions – as controls but accepting that there is necessarily more uncertainty:
 - Are they are on track to be delivered?
 - Are the actions achievable or does the necessary investment outweigh the benefit of reducing the risk?
 - Are they likely to be sufficient to bring the risk down to the target score?
- Assess Assurances:
 - Do they actually relate to the listed controls and actions (surprisingly often they don't)?
 - Do they provide relevant, reliable and sufficient evidence either individually or in composite?
 - Do the assurance sources listed actually provide a conclusion on whether:
 - the control is working
 - action is being implemented
 - the risk is being mitigated effectively overall (e.g. performance reports look at the overall objective which is separate from assurances over individual controls) and is on course to achieve the target level

 Fife Health & Social Care Partnership Supporting the people of Fife together	Document Owner:	Strategic Planning Group	Document Number:	IJB.017
	Date Approved by SPG:	01/03/2023	Revision Number:	3.0
	Date Approved by IJB:	31/03/2023		
	Implementation Date:	01/04/2023	Review Date:	31/03/2026
	Print Date:	18/04/2024	Page:	28 of 30
Document Title:	IJB Risk Management Policy and Strategy 2023			

- What level of assurance is given or can be concluded and how does this compare to the required level of assurance (commensurate with the nature or scale of the risk):
 - 1st line - management / performance / data trends?
 - 2nd line – oversight / compliance / audits?
 - 3rd line – internal audit and/or external audit reports / external assessments?


 Fife Health & Social Care Partnership Supporting the people of Fife together	Document Owner:	Strategic Planning Group	Document Number:	IJB.017
	Date Approved by SPG:	01/03/2023	Revision Number:	3.0
	Date Approved by IJB:	31/03/2023		
	Implementation Date:	01/04/2023	Review Date:	31/03/2026
	Print Date:	18/04/2024	Page:	29 of 30
Document Title:	IJB Risk Management Policy and Strategy 2023			

Appendix 4

GLOSSARY OF TERMS

Risk Management

Risk	The chance, great or small, of something happening that will have an impact on objectives
Internal Control	Measure put in place to mitigate the likelihood of a risk coming to fruition and / or its consequence if it does.
Inherent Risk	The level of uncontrolled risk, assessed as if no internal controls are in place to mitigate it.
Residual Risk	The level of controlled risk, assessed at the current stage of implementation of internal controls. It gives due consideration to the existing internal controls and how effective they are.
Target Risk	The level of controlled risk assessed with the view that all internal controls that could be put in place, are in place and fully effective.
Risk Treatment	Selection and implementation of appropriate options for dealing with risk.
Management Action	Actions identified via a number of mechanisms (including management, internal / external audit and external scrutiny bodies), which, once complete, help to strengthen the internal control framework and reduce the gap between the current and target residual risks.
Risk Universe	The full range of risks which could impact, either positively or negatively on the ability of the organisation to achieve its objectives.
Risk Register	An information repository that an organisation creates to document the risks it faces and the responses it is taking to address them. Risk registers exist at different levels in organisations, including strategic /operational / service and project levels. The IJB is focussed on strategic risks with operational risks sitting with the partner bodies.
Risk Appetite	The amount of risk an organisation is willing to seek or accept in pursuit of its objectives
Risk Tolerance	The level of risk an organisation is willing to accept or live with.

 Fife Health & Social Care Partnership <small>Supporting the people of Fife together</small>	Document Owner:	Strategic Planning Group	Document Number:	IJB.017
	Date Approved by SPG:	01/03/2023	Revision Number:	3.0
	Date Approved by IJB:	31/03/2023		
	Implementation Date:	01/04/2023	Review Date:	31/03/2026
	Print Date:	18/04/2024	Page:	30 of 30
Document Title:	IJB Risk Management Policy and Strategy 2023			

Risk Type

Strategic Risk	Risks that may impact on overall delivery of the IJB's objectives as set out in the Strategic Plan.
Operational Risk	Risks that may impact on the day-to-day delivery of Health and Social Care services.
Project Risks	Risks that can impact directly on the successful delivery of individual projects.

Risk Assessment

Risk Matrix	The IJB uses a standard 5x5 Consequence / Likelihood matrix to assess / score' each risk.
Consequence	The level of consequence that will be sustained if a risk event occurs (comes to fruition), assessed on a scale of 1 - 5.
Likelihood	The likelihood of a risk event occurring assessed (coming to fruition) on a scale of 1 - 5.