



POLICY INFORMATION (Policy no OP004)	
Subject	Risk Policy <i>(This policy is non-contractual and is subject to periodic review and will be amended according to service development needs).</i>
Applicable to	All staff of Nottinghamshire Hospice
Target Audience	This policy must be read and understood by all staff and made available to all volunteers or contractors.
Date issued	10 September 2024
Next review date	10 September 2027
Lead responsible for Policy	Chief Executive Officer
Policy reviewed by	Chief Executive Officer
Notified to (when)	Board of Trustees (10 Sep 2024)
Authorised by (when)	Board of Trustees (10 Sep 2024)
CQC Standard if applicable	Well Led, Regulation 12
Links to other Hospice Policies	Reporting of Incidents and Accidents Policy OP002 Lone Working Policy OP001 Information Security and Data Protection (FR003) Health and Safety Policy FR002 Manual Handling Policy CS013 Safeguarding Adults at Risk Policy CS003 Safeguarding Children at Risk Policy CS032 CS003 Mental Capacity Act CS007 Fire Policy FR006 Infection Prevention and Control CS001
Links to external policies	
Summary	The purpose of this policy is to define the framework and systems the hospice uses to identify and manage risks that threaten the Hospice's ability to meet its objectives. The policy applies equally to all areas of business with regard to all types of risk, this includes both clinical and non-clinical.
This policy replaces	Risk Assessment Policy and Procedure OP004 (2018-2022)

IMPORTANT NOTICE

Staff should refer to the Hospice website for the most up to date Policy. If the review date has passed it is still valid for 3 months. After that staff should seek advice from their clinical lead or manager.

VERSION CONTROL		
Status	Date	Review date
Original policy written by Director of Operations	June 2015	
Policy reviewed by Chief Executive Officer, Executive Assistant	Aug 2018	
Published on Policy Doc App	Dec 2018	
Policy reviewed by Chief Executive Officer	July 2024	
Policy notified to Board of Trustees	10 Sep 2024	
Policy ratified by Board of Trustees	10 Sep 2024	10 Sep 2027
Updated control sheet and published on website	Dec 2020	Oct 2024

INDEX

Section	Contents Title	Page
1.	Introduction	4
2.	Policy Statement	4
3.	Aims and Objectives	5
4.	Legislative Framework	6
5.	Definitions	6
6.	Responsibilities	7
7.	Organisational framework	8
8.	Risk Management	9
9.	Risk Assessment	9
10.	Equality Impact Assessment (EIA)	10

<p>1.</p>	<p>Introduction</p> <p>The purpose of risk management is to identify and evaluate any risks to Nottinghamshire Hospice. This enables informed decisions to be taken to manage or accept risks. The main risks associated with operating an organisation such as Nottinghamshire Hospice are numerous, and some are listed below.</p> <ul style="list-style-type: none"> • Strategic - failure to create a deliverable strategic plan, failure to identify and respond to major external issues. • Financial - failure to secure adequate income, fraud, failure to use resources effectively. • Operational - injury to a beneficiary or staff member, project/activity delayed or not delivered, loss of premises or vehicle. • Reputational - damaging media coverage, unable to articulate a clear engaging message • Legal/Compliance - significant breach of data protection, safeguarding failure, health & safety incident. • Governance - lack of effective oversight, loss of key trustees, not managed effectively. • IT - cyber-attack, virus, loss of systems or data • People - loss of key people, unable to recruit adequate staff/volunteers, a serious HR issue. • Clinical – poor infection prevention and control practices, patient harm, delays to service delivery
<p>2.</p>	<p>Policy Statement</p> <p>The Hospice is committed to the principles of good governance and recognises the importance of effective risk management as a fundamental element of the organisation’s governance framework and system of internal controls.</p> <p>The risk management policy is regularly reviewed and updated to ensure it is</p>

	<p>consistent with legislation and reflects national guidelines.</p>
<p>3.</p>	<p>Aims and Objectives</p> <p>Aim</p> <p>The overarching aim of this policy is to support the assurance framework that enables the Hospice to continually provide high quality care in a safe environment, safely deliver the retail offer, ensure that it is compliant with legal and regulatory requirements and that it is meeting its strategic objectives and promoting its values.</p> <p>Key objectives</p> <ul style="list-style-type: none"> • To support the achievement of the Hospice’s strategic plan by developing a more dynamic approach to strategic risk management. • To integrate governance and to adopt an integrated approach to risk management which includes risks related to clinical care, health and safety, financial and business planning, workforce planning, corporate and information governance, performance management, project/programme management and education. • To embed risk management systems and processes within the Hospice and to promote the ethos that risk management is everyone’s business. • To clearly define roles and responsibilities for risk management. • Create an environment which is safe as is reasonably practicable by ensuring that risks are continuously identified, assessed and appropriately managed i.e. where possible eliminate, transfer or reduce risks to an acceptable level. • To foster an organisational culture of openness and willingness to report risks, incidents and near misses that is used for organisation-wide learning. • To establish clear and effective communication that enables a comprehensive understanding of risks at all levels of the organisation.

<p>4.</p>	<p>Legislative Framework</p> <p>This policy is based on and reflects the requirements of relevant legislation and guidelines which include but are not exclusive to:</p> <ul style="list-style-type: none"> • Health and Safety at Work Act 1974 Regulations 2013 • CQC regulation 12, Safe Care and Treatment • Management of Health and Safety at Work Regulations 1999 • Mental Capacity Act 2005 • Control of Substances Hazardous to Health Regulations 2004 (COSHH) • Display Screen Equipment Regulations 1992 • Reporting Injuries, Diseases and Dangerous Occurrence Regulations 2013 (RIDDOR)
<p>5.</p>	<p>Definitions</p> <p>For the purpose of this policy the following definitions apply:</p> <p>Assurance is the confidence the Hospice has, based on sufficient evidence, that controls are in place, operating effectively and its objectives are being achieved.</p> <p>Governance is the systems and processes by which the Hospice leads, directs and controls its functions in order to achieve its organisational objectives, safety, and quality of services, and in which it relates to the wider community and partner organisations.</p> <p>Internal controls are Hospice’s policies, procedures, practices, behaviors, culture or organisational structures to manage risks and achieve objectives.</p> <p>Operational risks are by-products of the day-to-day running of the Hospice and include a broad spectrum of risks. Operational risks can be managed by the department which is responsible for delivering services.</p>

	<p>Risk is the threat or possibility that an action or event will adversely or beneficially affect the Hospice’s ability to achieve its objectives. It is measured in terms of likelihood and consequence.</p> <p>Risk appetite is the type and amount of risk that the Hospice is prepared to tolerate and explain in the context of its strategy.</p> <p>Risk assessment is a systematic process of assessing the likelihood of something happening (frequency or probability) and the consequence if the risk actually happens (impact or magnitude).</p> <p>Risk management is about the Hospice’s culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse events. The risk management process covers all processes involved in identifying, assessing and judging risks, assigning ownership, taking action to mitigate or anticipate them, and monitoring and reviewing progress.</p> <p>Risk rating is the overall judgement of the level of risk which may arise from the hazard, based upon the likelihood of the event occurring and the potential severity of the consequence</p> <p>Risk registers are repositories recording and dynamically managing risks that have been appropriately assessed.</p> <p>Strategic risks are those that represent a threat to achieving the Hospice’s strategic objectives or to its continued existence. They also include risks that are widespread beyond the local area and risks for which the cost of control is significantly beyond the scope of the local budget holder. These are managed by the Board.</p>
<p>6.</p>	<p>Responsibilities</p> <p>Chief Executive (CEO)</p> <ul style="list-style-type: none"> • Overseeing and scrutinising a system of internal control and governance including risk management. • Overseeing and scrutinising frameworks for decision making and

	<p>corporate strategies which incorporate risk assessment principles to ensure that decisions made take into account relevant risk factors.</p> <p>Directors</p> <ul style="list-style-type: none"> • Identifying and managing risks within their function • Providing specialist input around risks in their area of expertise. <p>Line Managers</p> <ul style="list-style-type: none"> • Regularly reviewing and managing risks in accordance with their portfolios and as reflected in their job descriptions. • Allocating resources in response to risk assessments completed within departments and determining a course of action, including escalation, should it be identified that a risk cannot be suitably controlled as far as is reasonably practicable • Identifying control measures and implementing them • Undertaking risk assessments or signing risk assessments written by team members (not valid without this consent) • Communicating and managing the outcomes to staff, volunteers and others as appropriate <p>Employees</p> <p>Identifying actual or potential hazards and risks and reporting to their line manager or escalating these in accordance with this policy. This includes assisting with and participating in the process of risk assessment.</p>
<p>7.</p>	<p>Organisational Framework</p> <p>The Board of Trustees is responsible for ensuring the Hospice has effective systems and processes for managing risk. It approves the risk management policy and annual financial audit and clinical quality report. It receives high-level and strategic risks via the CEO quarterly reporting from the Trustee led subgroups.</p>

	<p>Quality and Safety Group is trustee led and accountable to the Board of Trustees. It is responsible for healthcare related governance and receives and reviews reports relating to clinical activity on a quarterly basis.</p> <p>Strategy and Corporate Governance Group is trustee led and accountable to the Board of Trustees. It is responsible for all non-clinical related governance and receives and reviews reports relating to financial activity or resources on a quarterly basis.</p> <p>Senior Leadership Team is CEO led and accountable to both the Quality and Safety and Strategy and Corporate governance trustee groups. They are responsible for discussing concerns and raising them on the Risk Register at monthly meetings. They also receive and review reports relating to health and safety or incident reviews.</p> <p>Health and Safety Group is Finance and Resource Director led and accountable to the CEO. They are responsible for Hospice wide operational management of health and safety risks ensuring local systems are in place and are operating effectively. They meet quarterly and report to the Senior Leadership Team.</p>
<p>8.</p>	<p>Risk Management</p> <p>Risk management covers all the processes involved in identifying, assessing and judging risks, assigning ownership, taking actions to mitigate or anticipate risks as well as monitoring and reviewing. All risks associated with the activities of the Hospice must be identified and systematically assessed. The method of doing this is via a risk assessment.</p>
<p>9.</p>	<p>Risk Assessment</p> <ol style="list-style-type: none"> 1. Risk assessments must be undertaken within each function and reviewed at least quarterly. All risks which score 10 or above must be escalated to the relevant director and added to the organisational risk register. 2. The organisational risk register will be reviewed at each subcommittee and Board meeting.

	3. The method of risk assessment is described in the risk assessment procedure.
10.	Equality Impact Assessment (EIA) An EIA has been completed for this policy.