



<b>POLICY / PROCEDURE INFORMATION (Policy no OP004)</b>	
<b>Subject</b>	<b>Risk Assessment Policy and Procedure</b> <i>(This policy is subject to periodic review and will be amended according to service development needs)</i>
<b>Applicable to</b>	All employees and volunteers working for Nottinghamshire Hospice
<b>Target Audience</b>	This policy must be read and understood by all staff and made available to all volunteers or contractors.
<b>Date issued</b>	September 2018
<b>Next review date</b>	September 2021
<b>Lead responsible for Policy</b>	CEO
<b>Policy reviewed by</b>	CEO and EA
<b>Notified to (when)</b>	Corporate Management Team Aug 18
<b>Authorised by (when)</b>	Strategy and Corporate Governance sub-Group Aug 18
<b>CQC Standard if applicable</b>	
<b>Links to other Policies</b>	Incident and Accident Reporting Policy OP002 Lone Working Policy OP001 Data Protection Policy HR0005 Health and Safety Policy RM0001 Manual Handling Policy CS02 Safeguarding Adults and Children at Risk Policy CS003 Mental Capacity Act HM0010 Reporting of Incidents and Accidents OP002 General Fire Policy RM0001 Minibus Policy CS47 Infection Prevention and Control CS001
<b>Summary</b>	<p>The purpose of this policy is to define the framework and systems the hospice uses to identify, manage and eliminate or reduce to a reasonable level risks that threaten the Hospice's ability to meet its objectives and values.</p> <p>The policy applies equally to all areas of business with regard to all types of risk, this includes both clinical and non-clinical.</p>
<b>This policy replaces</b>	

<b>VERSION CONTROL</b>		
<b>Status</b>	<b>Date</b>	<b>Reviewed date</b>
Original policy written by Donna Payne, Director of Operations	Jun 2015	June 2017
Policy reviewed and updated by Rowena Naylor-Morrell, CEO and Katie Budd, Executive Assistant	Aug 2018	
Updated front cover, added appendices and formatted	Aug 2018	
Published on Policy Doc App	Sept 2018	
Updated logo and published on website	December 2020	

<b>INDEX</b>		
<b>Section</b>	<b>Contents Title</b>	<b>Page</b>
1	Introduction	4
2	Policy Statement	4
3	Legislative Framework	4
4	Definitions	5
5	Aims and Objectives	6
6	Roles and Responsibilities	6
7	Organisational Framework	7
8	Risk Management	8
9	Risk Identification	8
10	Describing the Risk	9
11	Risk Assessment	10
12	Risk Rating	13
13	Risk Management Control	13
14	Communication	14
15	Record Keeping	14
16	Monitoring	14
17	Risk Register	15

<b>APPENDICES</b>		
<b>Appendix</b>	<b>Appendix Title</b>	<b>Page</b>
1	Roles and Responsibilities Process Map	16
2	Hazards Checklist	17
3	Nottinghamshire hospice policies and procedures requiring risk assessment	18
4	Template Risk Assessment Form	19

## 1. INTRODUCTION

The purpose of risk assessment is to identify hazards and evaluate any associated risks to health and safety arising from the Hospice/Warehouse or Shops activities, enabling informed decisions to be taken to eliminate or minimise any risk of harm to those who may be affected.

Risk assessment is also a legal requirement under the Management of Health and Safety at Work Regulations. In addition, topic specific risk assessments are required by associated legislation for: fire, manual handling, computer use, substances hazardous to health, noise, young persons, new and expectant mothers, provision and use of work equipment, asbestos, lead, radiation and pesticides.

Risk assessments do not have to be complicated; the level of detail contained in them should be relevant to the level of the risks involved with the activity. In many cases a risk assessment will lead to the clarification and documenting of local team protocols and procedures that are often already in place. The analytical process involved with risk assessment and control can also result in efficiencies in existing processes being identified.

Risk assessments can also assist in the identification of requirements for, and levels of, instruction, information, training and supervision that may be required for the activity.

## 2. POLICY STATEMENT

The Hospice is committed to the principles of good governance and recognises the importance of effective risk management as a fundamental element of the organisations governance framework and system of internal controls.

The risk management policy is regularly reviewed and updated to ensure it is consistent with legislation and reflects national guidelines.

## 3. LEGISLATIVE FRAMEWORK

This policy is based on and reflects the requirements of relevant legislation and guidelines including:

- Health and Safety at Work Act 1974 Regulations 2013
- Management of Health and Safety at Work Regulations 1999
- Workplace (Health, Safety and Welfare) Regulation 1992
- Mental Capacity Act 2005
- Control of Substances Hazardous to Health Regulations 2004 (COSHH)
- Display Screen Equipment Regulations 1992
- Electricity at Work Regulations 1989
- Reporting Injuries, Diseases and Dangerous Occurrence Regulations 2013 (RIDDOR)
- First Aid at Work Regulations 1981
- Fire Safety Reform Order 2005
- Control of Asbestos Regulations 2012
- Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)
- Working at Height regulations 2007
- Manual Handling Operations Regulations 1992

#### 4. DEFINITIONS

For the purpose of this policy the following definitions apply:

**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.

**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.

**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).

**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. Strategic risks must be reported to the CEO and should be managed at Trustee level.

**Operational risks** are by-products of the day-to-day running of the Hospice and include a broad spectrum of risks including clinical risk, financial risk (including fraud), legal risks (arising from employment law or health and safety regulation), regulatory risk, risk of loss or damage to assets or system failures etc. Operational risks can be managed by the department which is responsible for delivering services.

**Risk Registers** are repositories recording and dynamically managing risks that have been appropriately assessed.

**Risk appetite** is the type and amount of risk that the Hospice is prepared to tolerate and explain in the context of its strategy.

**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.

**Internal controls** are Hospice's policies, procedures, practices, behaviors or organisational structures to manage risks and achieve objectives.

**Assurance** is the confidence the Hospice has, based on sufficient evidence, that controls are in place, operating effectively and its objectives are being achieved

**Hazard:** Something with the potential to cause harm

**Hazardous Outcome:** A description of how someone could be hurt or damage could occur as a result of interacting with the hazard

**Risk Rating:** 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

**Control Measures:** Method used to reduce or control risks arising from identified hazards

**Residual Risk:** The level of risk remaining once control measures have been applied to reduce risks so far as is reasonably practicable.

## 5. AIMS AND OBJECTIVES

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, that it is complying with legal and regulatory requirements and that it is meeting its strategic objectives and promoting its values.

The key strategic objectives are:

- 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, education and research.
- 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.

## 6. ROLES AND RESPONSIBILITIES

**Chief Executive** is responsible for:

- Overseeing and scrutinising a system of internal control and governance including risk management
- Overseeing and scrutinising frameworks for decision making and corporate strategies which incorporate risk assessment principles to ensure that decisions made take into account relevant risk factors

**Director of Finance and Resource** is responsible for:

- Leading on the monitoring and analysing of non-clinical incidents to identify trends and ensure all appropriate action and learning takes place

- Setting up frameworks and audit in relation to financial risk and those relating to resources
- Maintaining a robust system of internal control and governance including risk management

**Director of Care** is responsible for:

- Leading on the monitoring and analysing of care and clinical incidents to identify trends and ensure all appropriate action and learning takes place
- Monitoring frameworks and audit in relation to risk and clinical care

**HR Department** is responsible for:

- Conducting and assuring desk screen equipment assessments are completed and identified actions are completed
- Ensuring attendance and completion of mandatory training in support of all role relevant policies
- Provide or source risk assessment training for staff

**Line Managers** are responsible for:

- 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 should it be identified that a risk cannot be suitably controlled so 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

**Transport and Maintenance Manager** is responsible for:

- Providing advice and expertise to Managers to enable them to determine implement the right solution to risks identified
- To advise and provide updates as and when Health and Safety legislation changes

**Executive Assistant** is responsible for:

- Supporting and leading on the process on behalf of the Board of Trustees and CEO
- Recording a signed copy of the risk assessment on the N:Drive
- Administering the Risk Register

**Employees** are responsible for:

- 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.

## 7. ORGANISATIONAL FRAMEWORK

**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 governance report. It receives high-level and strategic risks via the CEO and bi-monthly reporting from the Trustee led sub groups.

**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 bi monthly basis.

**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 bi-monthly basis.

**Corporate Management 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.

**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 bi-monthly and report to the Corporate Management Team.

## 8. RISK MANAGEMENT

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.

## 9. RISK IDENTIFICATION

There is no one unique way to identify risks. Therefore it is important that managers are aware of the activities that form part of the area they manage.

Managers are required to have an annualised program to undertake risk assessment of activities to ensure safe working environment and conditions.

Risks may be identified in a number of ways and form a variety of sources such as:

- Risk assessment of everyday operational activities, especially when there is a change in working practice or environment
- Clinical risk assessments
- Environmental / workplace risk assessments
- Risk assessment as part of strategic planning
- Annual audit programme
- Performance management of key performance indicators
- Accidents, incident, complaint analysis
- External visits and inspections
- Information Governance toolkit
- Surveys
- Knowledge and experience of staff and volunteers



Managers must identify, list and describe all routine and non-routine work activities (including foreseeable emergencies) undertaken in their areas of responsibility.

Managers should use the above list for developing a program of initial risk assessment and annual reviews to ensure safe working environments are maintained.

Whenever possible managers should involve employees who have practical experience of the activity being assessed, as they often have a good understanding of the hazards involved and know how the activity is actually carried out in practice.

There are three distinct phases to risk identification:

1. Initial risk identification to review new services, techniques and projects
2. Continuous risk identification which is relevant to existing services and should include new risks or changes in existing risks e.g. changes in legislation
3. One off risk identification to identify all risks associated with an activity and which groups of persons may be exposed to those risks

To identify risk it is important to:

- Observe the task and the environment that it is to be carried out in to identify what actually occurs
- Speak to and involve those who undertake the task
- Refer to any existing risk assessments
- Review incident and accident reports and check with HR if there has been any ill-health reported that is relevant to the activity
- Refer to legislation, approved codes of practice and Health and Safety Executive (HSE) guidance documents, British standards, industry / trade association guidance, manufacturers / supplier information. These references should also be included in the final documentation as appropriate
- Refer to colleagues in other institutions who undertake the same tasks, if necessary

Some groups such as people with disabilities, existing medical conditions, new or expectant mothers and young persons (under 18's) are more vulnerable and should be highlighted as they require individual assessment.

It is particularly relevant within a Hospice environment to consider patients as part of the risk assessment process and the impact of activities on them.

The risk associated with 'inadequate supervision' and/or 'lone working' should also be considered as part of the risk assessment for employees as Hospice activities are conducted 24 hours a day.

## **10. DESCRIBING THE RISK**

Failure to properly describe a risk is a recognised problem in risk management. Common issues include describing the impact rather than the risk. A simple tip is to consider

describing the risk in terms of cause and effect

<b>Objective: To travel to a location for a specific time to meet the district nurse</b>		
Travel to the location for 10pm	x	This is simply the converse of the objective
Being late and missing the district nurse	x	This is a statement of the impact of the risk and not the risk itself
Eating while driving is not allowed so I was hungry	x	This does not impact on the achievement of the objective
Getting stuck in traffic causes me to be late and miss the district nurse	√	This is a risk that can be controlled by ensuring I allow enough time to travel
Severe weather prevents me from driving and getting to the meeting	√	This is a risk that I cannot control but against which I can make a contingency plan

## 11. RISK ASSESSMENT

Having identified and described the risk, the next step is to assess the risk. This allows for the risk to be assigned a rating which determines what actions (if any) need to be taken. Risk assessment is the overall judgement of the level of risk arising from the hazard, based upon the **likelihood** of the hazard occurring and the potential consequence in terms of the severity of any potential injury or damage. Consequence also can be considered in broader terms, including reputational consequences. When assessing risk you need to consider:

- **Who** could be harmed?
- **By What** could they be harmed?
- **How** could they be harmed?

Ideally risk assessment is an objective process and wherever possible should draw on independent evidence and valid data. However such evidence and data is not always available and the assessor will be required to make a subjective judgement. When facing uncertainty the assessor should take a precautionary approach.

The risk assessment should be undertaken by someone competent in the risk assessment process and should involve staff familiar with the activity being assessed.

Dependency on the severity of the situation an external assessor or experts should be involved or consulted as appropriate.

Risks are assigned a score based on a combination of the likelihood of a risk being realised and the consequences if the risk is realised.

### 11.1 Determining the likely Consequence

Use the table below as a guide to score the consequence, with existing controls in place. Choose the most appropriate domain(s) from the left hand column of the table. Then work along the columns in the same row and, using the descriptors as a guide, assess the severity of the consequence on the scale 1 = Insignificant, 2 = Minor, 3 = Moderate, 4 = Major and 5 = Catastrophic

Impact Descriptor					
Score →	1	2	3	4	5
Domain	Insignificant	Minor	Moderate	Major	Catastrophic
Injury or Harm Physical or Psychological	No / minimal injury  Requiring no / minimal intervention or treatment  No time off work required	Minor injury or illness, requiring intervention  Required time off work for < 4 days	Moderate injury requiring intervention  Required time off work for 4 -14 days  RIDDOR reportable incident	Major injury leading to long-term incapacity/ disability  Required time off work for >14 days	Incident leading to death  Multiple permanent injuries or irreversible health effects
Quality of the Patient Experience / Outcome	Unsatisfactory patient experience not directly related to the delivery of clinical care	Unsatisfactory patient experience directly related to clinical care – readily resolvable	Mismanagement of patient care, with short term effects < 7 days	Mismanagement of patient care, long term effects >7 days	Totally unsatisfactory patient outcome or experience
Statutory	No or minimal impact of statutory guidance	Breach of statutory legislation	Police investigation. Issue of a statutory notice	Coroners verdict of neglect/ system neglect	Coroners verdict of unlawful killing Criminal prosecution (Inc. Corporate manslaughter)
Business/ Finance & Service Continuity	Minor loss of non-critical service  Financial loss <£10K	Service loss in a number of non-critical areas <2 hours or 1 area or <6 hours  Financial loss £10 - 50k	Loss of services in any critical area  Financial loss £50 - 100k	Extended loss of essential service in more than one critical area Financial loss £100 -250k	Loss of multiple essential services in critical areas Financial loss > £250K
Potential for Complaint or Litigation / Claims	Unlikely to cause complaint or litigation	Complaint possible litigation unlikely Claim(s) < £10k	Complaint expected Litigation possible but not certain Claim(s) £10-100k	Multiple complaints / Ombudsmen inquiry Litigation expected claim(s) £100k – 250k	High profile complaint(s) with national interest  Multiple claims or high value single claim >250k
Staffing and Competence	Short-term low staffing level that temporarily reduces patient care / service quality <1 day  Concerns about competency / skill mix	Ongoing low staffing level that reduces patient care / service quality  Minor error(s) due to levels of competency (individual / team)	Ongoing problems with levels of staffing that results in late delivery of key objective/ service  Moderate error(s) due to levels of competency (individual / team)	Uncertain delivery of key objective/service due to lack of staff.  Major error(s) due to levels of competency (individual / team)	Non-delivery of key objective/ service due to lack of staff / loss of key staff.  Critical error(s) due to levels of competency (individual / team)
Reputation or Adverse Publicity	Within the Hospice media e.g. website	Local media coverage  Regulator concern	National media coverage  Regulator action	National media coverage & local MP concern.  Questions in the House Commons	Full public enquiry  Public investigation by regulator
Compliance Inspection / Audit	Non-significant / temporary lapses in compliance / targets.	Minor non-compliance with standards / targets.  Minor recommendations	Significant non-compliance with standards / targets.  Challenging report	Low rating. Enforcement action.  Critical report	Loss of accreditation / registration. Prosecution. Severely critical report

### 11.2 Determining the likelihood

Using the table below to score the likelihood of the consequence(s) occurring with existing controls in place, using the frequency scale of 1 = Rare, 2 = Unlikely, 3 = Possible, 4 = Likely and 5 = Certain.

Likelihood can be scored by considering the frequency of how many times the consequence(s) being assessed will actually be realised or the probability of the chance the consequence(s) being assessed will occur in a given period

Descriptor	Score	Frequency
Rare	1	Not expected and would only occur in exceptional circumstances.
Unlikely	2	Not expected but conceivable, could occur sometime
Possible	3	Might occur at some time
Likely	4	Will probably occur in most circumstances
Almost Certain	5	Expected to occur in most circumstances

### 11.3 Scoring the risk using the five point risk assessment model

The five point risk assessment model is to be used to calculate the potential risk and give it a rating; as an example the edge of one of the entrance steps has broken away and the steps are well used. This was thought to be a trip hazard.

Likelihood was assessed at 4 because the steps are used frequently by staff and visitors and it is likely that someone will trip on the uneven edges. The Consequence was assessed as moderate because the steps are generally in good condition apart from the affected step. If some did trip on the step they could possibly hurt themselves.

RISK OUTCOME					
<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #90EE90; width: 20px; height: 10px;"></div> Low                     </div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #FFD700; width: 20px; height: 10px;"></div> Moderate                     </div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #FFA500; width: 20px; height: 10px;"></div> Significant                     </div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #FF0000; width: 20px; height: 10px;"></div> High                     </div>					
Likelihood	Consequence				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Almost Certain 5	5	10	15	20	25
Likely 4	4	8	12	16	20
Possible 3	3	6	9	12	15
Unlikely 2	2	4	6	8	10
Rare 1	1	2	3	4	5

## 12. RISK RATING

The risk rating is obtained by multiplying the numerical score from the likelihood with the numerical score from the consequence e.g. A consequence score of 4 times a likelihood score of 3 (4x3) equals 12. Therefore the risk rating for this hazard is assessed as 12

## 13. RISK MANAGEMENT CONTROL

Once the likelihood and consequence and risk score have been determined, steps must be taken to remove the risk. If it is not possible to remove the risk then controls must be put in place to lower the risk as much as possible.

The chart below provides guidance on actions required in relation to the score of the risk.

Risk Rating	Descriptor	Actions
15-25	High	These must be escalated to the CEO and Board of Trustees  Risks must be reduced immediately by resolving the issue/s or putting in place appropriate control measures.
5-12	Significant	These must be reported to the relevant Trustee sub-group. Where possible risks must be removed or reduced.  High risks may be acceptable in some situations where consequences are potentially high but the likelihood of it taking place is low.
4-6	Moderate	Where possible risks must be removed or reduced. Medium level risks can be considered, if suitable controls are in place.
1-3	Low	Where possible risks must be removed. Low risks are acceptable.

Control measures must take into account any relevant legal requirements which establish the minimum levels of risk control. Where additional control measures are required to reduce the risk, they should be considered according to the order in the following hierarchy of risk control which, as well as being in order of effectiveness to control risks, is also in order of the minimum amount of managerial effort required to maintain them.

<b>Substitute the risk</b>	Reduce the risk by replacing the hazard or activity with one which entails a lower risk
<b>Control the risk (Physical)</b>	Control the risk by physical isolation or separation of people from the hazard
<b>Control the risk (Procedural)</b>	Control the risk by procedural methods which are understood and effectively implemented; safe systems of work, information, training, instruction, supervision, SOP etc.
<b>Protect the individual</b>	Protect the individual by the provision of personal protective equipment

When considering additional control measures it should be ensured that they will not introduce any new hazards.

When the control measures have been identified and agreed they must be prioritised, and implemented. Where full implementation of the control measures identified cannot be achieved rapidly, adequate steps may need to be taken in the interim to minimise the risk.

#### **14. COMMUNICATION**

Relevant information identified in the risk assessment regarding the hazards, their associated risks to health and safety and the appropriate risk control measures must be effectively communicated, and be readily accessible to, staff, volunteers and others as appropriate.

Managers need to ensure that the findings of the risk assessments and the precautions to be taken are effectively documented and communicated to ensure understanding of the risk and implementation of the agreed controls by those persons or departments covered in the assessment.

#### **15. RECORD KEEPING**

A paper copy of all risk assessments must be signed by the: Assessor, Senior Manager and H&S Manger (if appropriate). Once finalized this must then be passed to the Executive Office who will scan and log on the N: Drive.> Executive folder > Risk Assessments folder > Departmental folder.

All affected staff and volunteers must be made aware of the risks and any control that are in place to manage the risks to ensure they are able to comply with the implemented controls.

Risk assessments and associated documents must be kept for a minimum period of 4 years from the date which they are replaced as they may be required in the event of a litigation claim for compensation (note that claims for compensation can, generally, be made up to 3 years from the date of the incident occurring).

It should be noted that risk assessments which relate to the use of substances may need to be kept for 40 years, in order to trace exposure to substances which are known to have ill health effects e.g. asbestos.

#### **16. MONITORING**

The risk assessment and control process is not a one-off activity but part of the process for continuous improvement and is reviewed and revised weekly, monthly or annually in line with legislative or H&S requirements. All risk assessment must be formally reviewed at least once annually. This is to ensure the controls are working and to ascertain if and when changes occur that will impact on the risk positively or negatively. High or prohibited risks or those likely to change regularly must be reviewed more frequently in order to manage the risk effectively.

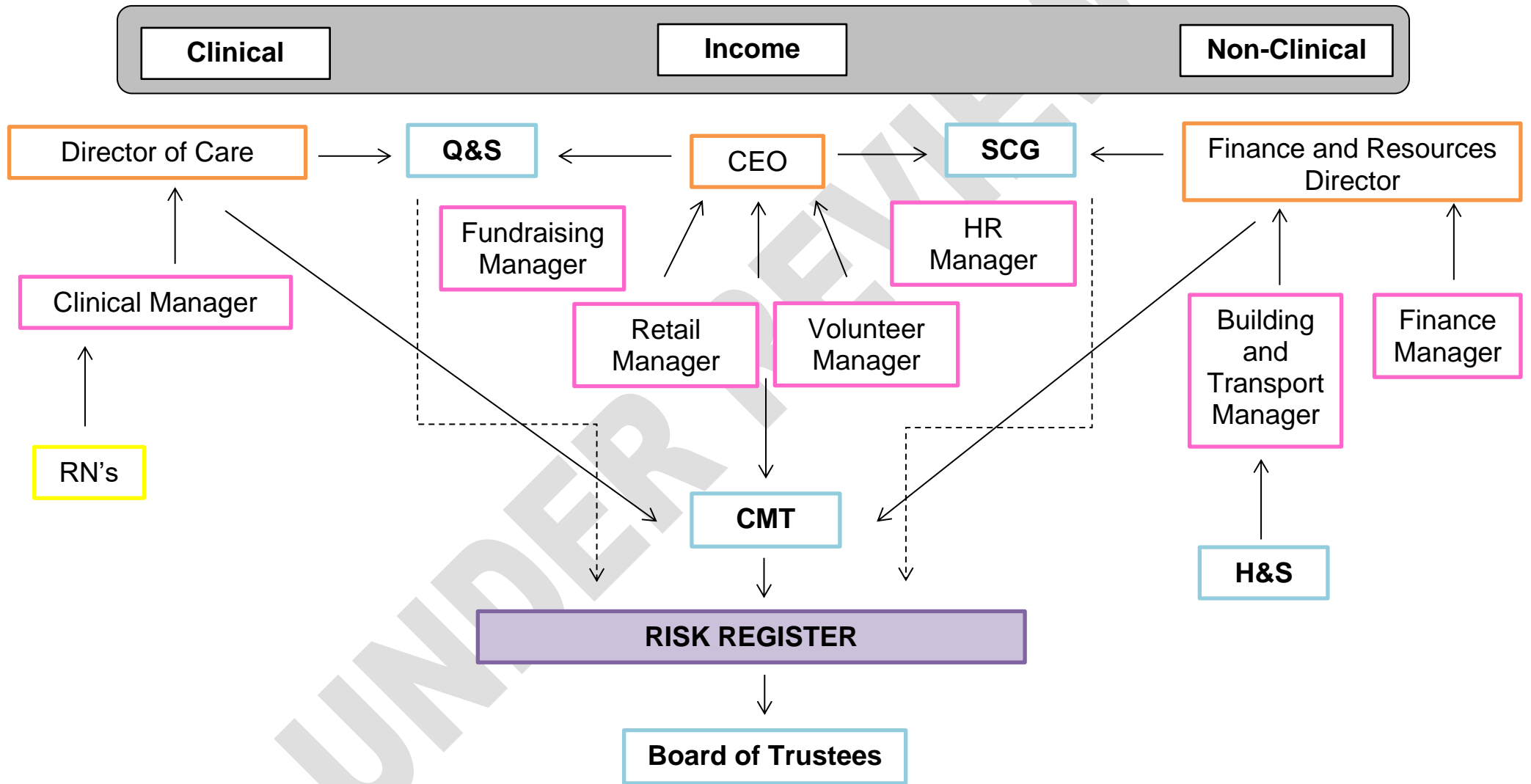
**17. RISK REGISTER**

Where significant risks are identified, the risk assessment must be recorded on the Hospice Risk Register so it can be assessed and evaluated and monitored by the CEO and Trustees who hold overall responsibility for providing safe, quality systems and processes.

UNDER REVIEW

**APPENDIX 1:**

**Risk Roles and Responsibilities Process Map**





## APPENDIX 2: HAZARDS CHECKLIST

The following is not an exhaustive list but some of the commonly known hazard in the workplace. This checklist can be used to help identify hazards that need risk assessing.

Hazard		
1.	Adverse Weather	
2.	Asbestos	
3.	Biological Agents / Dust/Vapors / Chemical Use	
4.	Waste Control including Chemical Waste and Sharps	
5.	Cold/Hot Surface	
6.	Compressed Air Use	
7.	Confined Spaces Entry / Low Lighting / Poor Signing	
8.	Construction Site Visits	
9.	Cryogenes	
10.	Driving	
11.	DSE Equipment	
12.	Electrical Equipment / EMF Generators / Stored Energy	
13.	Excavations	
14.	Fire/Emergency	
15.	Hot Work	
16.	Ionising radiation / Non Ionising radiation	
17.	Lack of Training	
18.	Lack of Welfare Facilities	
19.	Ladders/Steps / Scaffolding Use / Working Platforms /Working at Height	
20.	Lift operations	
21.	Lone Working	
22.	Magnetic fields	
23.	Manual Handling	
24.	Noise/Vibration	
25.	Operating plant and machinery	
26.	Poor Posture	
27.	Slippery Surface	
28.	Special Risk Assessments	
29.	Struck against/contact with / Struck by/Crush	
30.	Traffic / Collision	
31.	Trailing Cables/Leads	
32.	Uneven Ground or Floor Surface / Unsafe Structure	
33.	Vacuum Equipment	
34.	Violence	
35.	Working Near Water	
36.	Working with Public/Others	

**APPENDIX 3: NOTTINGHAMSHIRE HOSPICE POLICIES AND PROCEDURES REQUIRING RISK ASSESSMENT**

<b>Work Activity</b>	<b>Policy</b>
Events / activities or contact involving volunteers, members of the public, staff and patients	Volunteer Handbook Retail procedures Handbook Lone Working Policy Safeguarding Adults and Children at Risk Policy Manual Handling Policy Incident and Accident Policy General Fire Procedure Health and Safety Policy Infection Prevention and Control Policy Data Protection Policy
Provision of care at Nottinghamshire Hospice	All policies
Provision of services by Nottinghamshire Hospice	All policies

UNDER REVIEW

# Nottinghamshire Hospice Risk Assessment Form

Risk Assessment No:	RA XXXX
---------------------	---------

Name of Assessor and Job Title		Date and Time	
--------------------------------	--	---------------	--

Work Area (Department)		Task / event being Assessed	
------------------------	--	-----------------------------	--

What is the hazard?	Who/what might be harmed?	How might people be harmed?	Existing risk control measures	Existing risk rating			Additional controls	New risk rating (Residual)			Action/monitored by whom?	Action/monitored by when?
				L	C	R		L	C	R		

(L) Likelihood x (C) Consequence = (R) Risk Rating

## Nottinghamshire Hospice Risk Assessment Form

What is the hazard?	Who/what might be harmed?	How might people be harmed?	Existing risk control measures	Existing risk rating			Additional controls	New risk rating (Residual)			Action/monitored by whom?	Action/monitored by when?
				L	C	R		L	C	R		

(L) Likelihood x (C) Consequence = (R) Risk Rating

## Nottinghamshire Hospice Risk Assessment Form

Assessor's Signature		Date for Review	
Senior Manager's Name		Senior Manager's Signature	Date
H&S Manager's Name (if appropriate)		H&S Manager's Signature (if appropriate)	Date
Date placed on 'N' Drive by Executive Assistant and log updated			

<b>RISK OUTCOME</b>					
Low					
Moderate					
Significant					
High					
Likelihood	Consequence				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Almost Certain 5	5	10	15	20	25
Likely 4	4	8	12	16	20
Possible 3	3	6	9	12	15
Unlikely 2	2	4	6	8	10
Rare 1	1	2	3	4	5

(L) Likelihood x (C) Consequence = (R) Risk Rating