Policy Name: **Risk Management Framework Policy**

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Risk Management

1. Policy Summary

1.1 What is Risk Management?

1.1.1 Risk management is the process by which we:

- Identify risks which will or may arise in relation to the achievement of our objectives;
- Assess their relative likelihood and impact;
- Respond appropriately to the risks identified, considering our assessment and risk appetite;
- Review and report on risks - to ensure that our risk registers are up to date, to gain assurance that risk responses are effective, the right controls are in place and to identify when further action is necessary.

1.1.2 This risk management framework sets out the way in which Midland Heart identifies, monitors and manages its strategic, operational, financial and compliance risks.

1.2 Why do we manage risk?

1.2.1 Risk management allows us to minimise the impact of undesired or unexpected events and for us to consider the risks of new projects and activities. Where applied appropriately, risk management enables stability and provides assurances to the Board, customers, external regulators and other stakeholders that we are able to meet our objectives. We are obliged to report on risk as required by our Audit & Risk Committee, Board and by our regulators.

1.2.2 Risk management also enables us to identify and pursue opportunities in a controlled and informed way. By effectively managing risks in accordance with our risk appetite, we can take appropriate risks that support improved performance, innovation and delivery of our strategic objectives. Our risk appetite statement is set out in **Appendix B**.

2. Scope

2.1 This policy applies to all Midland Heart activities, services, decisions, projects and relationships and relationships with external parties. It sets out the framework for identifying, assessing, managing, monitoring and reporting risk consistently across the organisation, in support of effective decision-making, regulatory compliance, customer outcomes and delivery of strategic objectives within the Board's agreed risk appetite.

2.2 Equality Impact Assessment

2.2.1 The risk management policy and framework are applied to all stakeholders. Where risks impact a particular group or characteristic differently, this is reflected in the mitigating actions of the documented risk.

3. To Be Read In Conjunction With

3.1 External:

- Homes England, including Regulatory Standards, Internal Controls Assurance Statement and Sector Risk Profiles.
- UK Corporate Governance Code
- Financial Conduct Authority
- Companies Act

3.2 Internal:

- Midland Heart Corporate Plan
- Midland Heart Governance & Control Framework, policies and procedures

4. How do we manage risk?

4.1 Risk identification

4.1.1 We capture risks that are associated with our activities and services by:

- Identifying the risks that may affect delivery of the Corporate Plan or threaten organisational performance, to maximise the achievement of performance and to reduce threats;
- Identifying, measuring and monitoring emerging risks before they become issues and take appropriate, timely action to reduce our risk exposure;
- Regularly reviewing our exposure to all forms of risk and ensure it is in line with the parameters set by the Board; and
- Regularly reviewing the risks we face as a result of our business activities and of the changing regulatory, legal, political and economic climate in which we operate.

4.1.2 We measure risks by calculating the likelihood and impact of the risk materialising. The initial rating of a risk, which does not take mitigating controls into account, is defined as the Original risk score. The risk calculation methodology is shown in **Appendix A**.

4.1.3 All risks are assigned to an appropriate owner within the business who is responsible for overseeing the ongoing management of the risk.

4.2 Risk mitigation

4.2.1 In order to understand the **Current risk score**, we must evaluate the mitigation measures and assess the effectiveness of the controls currently in place that reduce the risk's impact and/or likelihood.

4.2.2 If the Current risk score is above an acceptable level, further management actions are identified and embedded into our systems and processes to reduce the risk score to the **Target risk score**. All Target risk scores must be within the Board's agreed risk appetite. It is important that we regularly review our key risk controls to ensure they remain relevant, robust and effective.

4.2.3 All mitigating actions should have defined owners and timescales documented on the risk register with progress updates.

4.3 Strategic Risk & Assurance Register

4.3.1 The purpose of the Strategic Risk & Assurance Register is to provide a current position and long-term projection of Midland Heart's risk profile. This is to give a view of our capacity to take on new risk and to enable the Board to make informed strategic decisions.

4.3.2 The Strategic Risk & Assurance Register reports on the high-level risks to the strategic objectives as outlined in the Corporate Plan, plus any significant risks from Operational Risk Registers. This includes any risks that are significant when aggregated across the organisation.

4.3.3 Activities that provide assurances against the risks are shown within the Strategic Risk & Assurance Register, separated into first, second and third lines of assurance.

4.3.4 The Strategic Risk & Assurance Register is compiled quarterly by the Director of Governance & Assurance and reviewed by the Board, Executive Board and Audit & Risk Committee.

4.4 Operational Risk Registers

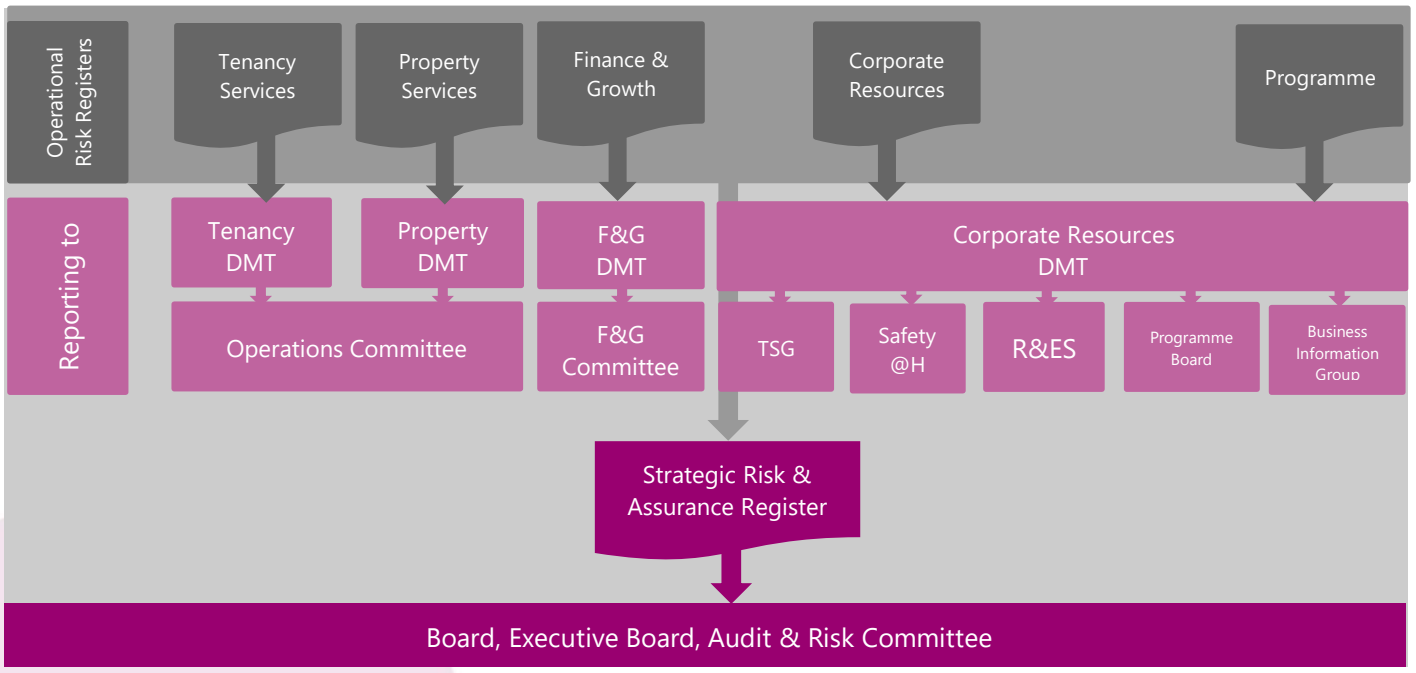
4.4.1 The purpose of Operational Risk Registers is to document management of local, operational risks. Operational Risk Registers are maintained for the following areas:

- Tenancy Services
- Property Services
- Finance & Growth
- Corporate Resources (includes Health and Safety, People and Talent and Technology)
- Programme - this risk register is maintained in accordance with the Project Risk Management Guidance. Risks are reviewed quarterly and any deemed to be operationally significant will be reported to Corporate Resources DMT as shown in **Fig. 1**.

4.4.2 At least one Risk Champion will be assigned to each Operational Risk Register and will be responsible for ensuring the register is up to date for the quarterly review.

4.4.3 Operational Risk Registers are reported and reviewed on a periodic basis by the relevant committees and Boards as shown in **Fig. 1**.

Fig. 1 Midland Heart Risk Management structure



4.5 Project risk registers

4.5.1 Project risks are recorded and managed within Midland Heart's programme management methodology, shown in the Project Risk Management Guidance.

4.6 Climate related risks

4.6.1 Like all the risks facing the business, climate risks are judged in the medium term (3 years) as shown in **Appendix A**. Longer term risks are noted as 'emerging risks' at the back of the risk register.

4.6.2 Definitions of physical and transitional risks have been outlined in Section 9 'Definitions' of this policy. Where a risk meets these definitions, it is noted on the risk register.

4.7 Templates

4.7.1 Risk registers follow a standard template that are available on the Risk Management pages of the Intranet. Changes made in each quarterly review are shown explicitly on the register.

4.8 Other risk management activities

4.8.1 Aside from the Risk Management Framework, risk management underpins our day-to-day operations. Other risk management activities include:

- Risk assessment of development projects, both revenue and capital projects, (to be provided to New Business Group);
- Risk assessment of all revenue new business projects (to be provided to the New Business Group);
- Risk assessment of large procurement projects;
- Risk assessment of large projects (e.g. merger or acquisitions) including all overseen by Programme Board;
- Risk assessment of other business activities which the relevant manager has assessed as involving risks with high probability of occurring and/or high impact if they were to occur; and
- Preparation of contingency / emergency plans for high impact risks.

5. How much risk do we tolerate?

5.1 The Board, showing the level of risk they are prepared to accept, tolerate or be exposed to, define the **risk appetite**. The willingness to take risk (within a defined framework) enables the Main Board to realise the ambitions for Midland Heart, to improve quality, efficiency and sustainably grow the business, while that exposure to risk remains within acceptable limits.

5.2 The Board agrees an outline framework for assessing the different categories of risk (Tables 1 and 2 in **Appendix A**) and then determines what level of risk it is prepared to take (the bold line in Table 3 in **Appendix A**). The statement on risk appetite in included in **Appendix B**. The Board then delegates authority for the Executive Board to deliver the agreed strategic objectives within this framework, through the Governance & Control Framework.

5.3 The Board provides direction on the practical application of the risk appetite through key corporate policies, which establish boundaries within which all colleagues are required to work. Together, the Risk Appetite Statement, the Governance & Control Framework and the corporate policies provide the foundations for setting and delivering the corporate strategy and objectives.

5.4 Risks with a current risk rating that sits above the approved risk appetite threshold (see Table 3 in **Appendix A**) are considered to be of the greatest concern and require a management action plan to bring them in line with their Target risk score, which must be within the agreed risk appetite. Action plans may be in place for those risks that fall below the risk appetite threshold but this is at the Risk Owner's discretion.

5.5 Where a risk materialises, we have outlined the thresholds in **Appendix C** that would result in a self-referral to the Regulator of Social Housing.

6. What are my responsibilities?

6.1 Board of Management

6.1.1 The Board has responsibility for establishing the overall strategic direction of Midland Heart including responsibility for the overall management of the group, its overall strategy and planning, financial viability, internal controls and risk management.

6.1.2 The Board provides oversight of risk management by:

- Creating the environment for risk management to operate effectively;
- Being regularly appraised of and approving the key strategic risks and examining whether management is responding appropriately;
- Undertaking the formal annual review of the effectiveness of the system of internal control; and
- Directing and approving the level of risk that the organisation is permitted to take through the risk appetite statement and the Governance & Control Framework.

6.1.3 The Board will review the Corporate Risk & Assurance Register each quarter alongside a summary report.

6.2 Audit & Risk Committee

6.2.1 The Audit & Risk Committee is responsible for overseeing the effectiveness of Midland Heart's risk management and internal control framework within the parameters established by the Board. The Audit & Risk Committee considers and advises the Board on the strategic processes and policies in relation to risk and internal controls, including the content of the Annual Statement on Internal Control, prior to endorsement by the Board.

6.2.2 The Audit & Risk Committee will provide oversight and input to risk management by:

- Monitoring the development and continuous improvement of the risk management process;
- Ensuring that the level of risk accepted is in accordance with the risk appetite statement and the Governance & Control Framework agreed by the Board;
- Being regularly appraised of the key strategic risks and examining whether management is responding appropriately;
- Advising on the formal annual review of the effectiveness of the system of internal control;
- Approving the annual internal audit plan and ensuring that this adequately addresses the Group's key strategic risks;
- Reviewing outcomes from the internal audit plan and assessing whether management is adequately addressing the Group's key strategic risks and whether it is implementing recommendations from the internal auditors in a timely and effective way; and
- Advising on what matters should be reported / escalated to the Board.

6.2.3 The Audit & Risk Committee will review the Strategic Risk & Assurance Register quarterly and will seek assurance regarding the management and control of specific risks where required..

6.3 Chief Executive Officer

6.3.1 The Chief Executive Officer (CEO) is responsible for ensuring that a system of risk management and internal control is maintained. This includes:

- Setting and communicating the risk management policy;
- Providing leadership and direction over the risk management process;
- Regularly reviewing the risk register;
- Conducting an annual review, with the Executive Board, of the effectiveness of the system of internal control in support of the Statement on Internal Control.

6.4 Executive Board and Executive Directors

6.4.1 The Executive Board is responsible for managing the group in accordance with the strategies and polices approved by Board. The Executive Directors are collectively and individually responsible for:

- Ensuring the risk management policy is implemented consistently within their directorate and at the Corporate centre;
- Taking an active and visible role in the management of risks within their directorate and for corporate lead responsibilities;
- Ensuring that suitable actions are taken to mitigate different levels of risk, including those raised by internal audit or through regulatory inspections;
- Ensuring that each operational area (as defined by **Fig. 1**) has an up to date Risk Register that covers all activities undertaken and is regularly reviewed by their management team;
- Demonstrating how significant risks are being managed;
- Ensuring that control actions are prioritised, risk responses are proportionate and ownership of risk is clear;
- Providing assurance for the annual Statement on Internal Control;

- Incorporating risk assessment and management in decision making processes, including determining when a specific risk register is required for a particular project or transaction; and
- Ensuring that arrangements are in place for accurately reporting on assurance (1st, 2nd and 3rd line) within their areas of responsibility.

6.4.2 The Executive Board will review the Strategic Risk & Assurance Register at least quarterly and will seek assurance on specific risks on an on-going basis including from Risk Champions and Programme Board.

6.5 Director of Governance & Assurance

6.5.1 The Director of Governance & Assurance facilitates and oversees the risk management process to ensure that risk registers and reporting mechanisms are maintained at all times. The Director of Governance & Assurance is not responsible for the management of the individual risks, this is the responsibility of the risk owner as identified in the relevant risk register. The Director of Governance & Assurance will:

- Refresh and update the risk management policy as necessary;
- Commission any necessary risk training programmes to ensure identification and evaluation is understood by all staff;
- Act as the key link to the Audit & Risk Committee;
- Ensure corporate and other key risks are reported to the Audit & Risk Committee, highlighting significant changes and / or exposures;
- Arrange and chair meetings of the Risk Champions;
- Work with Risk Champions, Directors and Executive Board to establish effective risk management in their areas of responsibility;
- Contract manage a risk-based internal audit programme;
- Co-ordinate the assurance reporting to the Executive and Main Boards and the Audit & Risk Committee;
- Liaise with the Insurance Manager to identify insurable risks;
- Prepare the Statement on Internal Control; and
- Maintain the Strategic Risk & Assurance register.

6.6 Risk Champions

6.6.1 Each Operational Risk Register will have at least one Champion from the relevant function. Meeting at least quarterly, collectively Risk Champions are responsible for:

- Reviewing the quarterly updates to the Corporate Risk & Assurance Register, constructively challenging responses as required;
- Advising on and championing the development or enhancing of control frameworks to mitigate organisation-wide risks across the business; and
- Providing peer review of risk registers for consistency and robustness of approach.

6.6.2 Individually, Risk Champions are responsible for:

- Co-ordinating the quarterly maintenance of the directorate, operational and project risk registers within their respective areas of responsibility;

- Providing advice, support and championing risk management and the design of control frameworks within their areas and across the business;
- Sharing good practice in risk management from their area; and
- Determining which individual members of staff can add, amend and delete content from the registers.

6.7 Project Managers and Project Groups

6.7.1 Project and Programme risk management process are detailed within the Project Risk Management Guidance including risk responsibilities for new projects.

6.8 Risk Owners

6.8.1 Risk owners are responsible for ensuring that each risk assigned to them is assessed and managed effectively, monitored over time and reported on at the appropriate level; this includes coordinating action and assurances, including where management of the risk is shared with other staff / Directorates.

6.8.2 All risks will be assigned a 'risk owner' who is responsible for coordinating action and reporting on risks, including:

- Ensuring that policies and procedures are designed to manage the risks;
- Preparing risk action plans which describe the actions to be taken to address high impact risks;
- Identifying assurance (first, second, and third line) against the mitigating controls in place.

6.9 Other Managers

6.9.1 Everyone with a line management role is responsible for assessing and communicating risks within their sphere of responsibility, including:

- Ensuring the risk management policy is implemented in their area of responsibility; and
- Contributing to the identification and management of risks with the relevant Risk Champion.

6.10 All Staff

6.10.1 The responsibilities of individual members of staff are to:

- Familiarise themselves with the Risk Management Policy;
- Follow the agreed Midland Heart policies, procedures and internal controls;
- Inform their line manager of any part of their work activities they consider are risks which could have a significant impact on the business;
- Immediately report any incidents or near misses or any other incident they feel is relevant to their line manager / supervisor; and
- Report concerns to management through the Whistleblowing Policy where they consider that their concerns have not been managed appropriately at a local level.

7. Training

7.1 Training will be provided from time to time to ensure all management and staff understand their own responsibilities for managing risk and implementing this policy.

8. How will we assess our risk management process?

8.1 Internal audit plays a key role in evaluating the effectiveness of, and recommending improvements to, both the overall risk management process and the management of individual key risks. Internal Audit will periodically review the design and effectiveness of Midland Heart's risk management framework, including risk governance arrangements, risk appetite, risk reporting and oversight mechanisms. The Internal audit work programme is approved annually by the Audit & Risk Committee and is focused on the key risks.

8.2 Individual internal audits are based on the systematic assessment of the governance, risk management and control arrangements in place across Midland Heart's activities. Reviews evaluate the adequacy and effectiveness of the of the policies, procedures and operations established to:

- Establish, and monitor the achievement of, Midland Heart's objectives;
- Identify, assess and manage the risks to achieving these objectives;
- Advise on, formulate and evaluate policy;
- Ensure the economic, effective and efficient use of resources;
- Ensure compliance with established policies (including behavioural and ethical expectations), procedures, laws and regulatory obligations;
- Safeguard Midland Heart's assets and interests from losses of all kinds, including fraud, irregularity or corruption; and
- Ensure the integrity and reliability of information, accounts and data, including internal and external reporting and accountability processes.

8.3 In addition, internal audit adds value through:

- Supporting and facilitating the identification of risks and the development of processes and procedures to assess and effectively respond to risks;
- The provision of advice to manage risks in developing systems, processes, projects, and procedure;
- The identification and recommendation of potential process improvements; and
- Identifying and encouraging best practice and continuous improvement.

8.4 Other audit and review processes will also review the arrangements for identifying and managing risk. These include: Programme Board approval and oversight of major projects; approval of capital and revenue new business by New Business Group; external audit; internal quality assurance; health and safety audits; external inspection and review processes, including CQC, Supporting People, HMRC and other regular or periodic regulatory inspections and reviews.

9. Definitions

Risk	There are many definitions of risk. The one used for the purpose of this policy is that risk is defined as: *'the uncertainty of outcome, whether positive opportunity or negative threat, of action and events. Risk has to be assessed in respect of the combination of likelihood of something happening and the impact that arises if it does'*
Risk Appetite	The amount of risk which the Main Board consider that Midland Heart should be prepared to accept, tolerate or be exposed to at any point in time.
Original Risk	The amount of risk that exists in absence of mitigating controls. The 'raw' or untreated risk.
Current Risk	The amount of risk that remains after current mitigating controls are applied.
Target Risk	The level of tolerance for risk within the risk appetite (**Appendix B**).
Lines of Assurance	First line: Functions that own and manage the risk with internal controls Second line: Functions that oversee the management of risk (e.g. Compliance) Third line: Functions that provide independent assurance (e.g. Internal Audit)
Physical Risk	Risks that relate to the physical impacts of climate change (e.g. extreme weather events (acute), sea level rise (chronic))
Transitional Risk	Risks that relate to the transition to a lower-carbon economy (e.g. reduction of emissions, transition to renewable technology)

10. Abbreviations

SMT	Senior Management Team meeting
R&ES	Remuneration & Executive Search Committee

APPENDIX A. Calculating Risk

1.0 To determine the **risk score** (Table 3), we need to identify the **impact** and **likelihood** of the risk.

2.0 Table 1: Risk Impact

To assess a risk's impact, we have compiled the following table to articulate a range of indicators to demonstrate 'insignificant' to 'significant' risk:

Score	Level of impact	Finance &	Service Delivery	Legal & Regulatory	Health & Safety	Reputation
5	**Significant**	Over £10m	Severe prolonged loss of service e.g. interruption to the	Significant breach leading to suspension or discontinued	Multiple fatalities to tenants / staff general public	Substantial and sustained adverse media comment likely to lead to irreparable
4	**Major**	£2m-£10m	Major medium-term loss of service e.g. interruption to the	Major breach leading to reprimand or sanctions	Fatality. Permanent injury (e.g. loss of limb, senses)	Significant adverse media comment likely to lead to immediate but recoverable
3	**Moderate**	£0.5m-£2m	Short-term loss of service/ service disruption e.g. interruption to	Moderate breach leading to possible reprimand or sanctions	Temporary injury (e.g. broken limb)	Moderate adverse media comment likely to lead to localised PR issues within the Group
2	**Minor**	£50k to £0.5m	Minor impact upon customer service e.g. interruption to business	Minor impact only that is internalised	Minor injury (e.g. cuts & bruises)	Minor adverse media comment
1	**Insignificant**	Up to £50k	Insignificant impact e.g. interruption to the business for ½ a day or	Insignificant impact only that is internalised	Insignificant near miss	Insignificant impact

* For finance & treasury the "golden rules" also apply, interest cover (150%), gearing (70%), cash flow (min 18 months).

3.0 Table 2: Risk Likelihood

To help identify the likelihood

Score	Range	Likelihood
5	Almost certain	Almost bound to happen within 3-year planning horizon
4	Likely	Likely to happen within a 3-year planning horizon
3	Possible	Could happen within a 3-year planning horizon
2	Unlikely	Unlikely to happen within a 3-year planning horizon
1	Rare	Highly unlikely to happen within a 3-year planning horizon

3.1 Where more than one description of impact or likelihood may apply (for example, a risk could impact upon service delivery, reputation and legal & regulatory compliance), the highest score is used.

3.2 Where the risk horizon is more than 3 years, it is noted at the back of the risk register under 'emerging risks'.

4.0 Table 3: Risk appetite boundary (marked with bold line)

RISK DASHBOARD						
Impact	Significant (5)	5	10	15	20	25
	Major (4)	4	8	12	16	20
	Moderate (3)	3	6	9	12	15
	Minor (2)	2	4	6	8	10
	Insignificant (1)	1	2	3	4	5
		Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost certain (5)
		Likelihood				

APPENDIX B. Risk Appetite Statement

1.0 Managing risks above appetite

1.1 Any current risk scored 10 or above must have an active plan, named owner and treatment actions to bring it within Board-approved appetite (Appendix A, Table 3). The Board will periodically review scores against its appetite.

2.0 Risks we will not accept

2.1 Midland Heart will not accept action or inaction reasonably likely to cause:

- death or permanent injury;
- prolonged disruption affecting many customers;
- a significant strategic departure without Board approval;
- a breach of law or regulation leading to intervention or sanction;
- serious reputational damage;
- loss above Board-approved limits; or
- repeated low-impact events causing material harm.

3.0 Applying risk appetite day to day

3.1 Before making a significant decision, colleagues must:

- check alignment with strategy, appetite, policy and law;
- identify risks, controls, mitigation and required approvals; and
- pause and escalate if outside appetite or uncertain.

3.2 The Board and its committees set direction and delegated limits. Policies translate them into requirements for governance, finance, procurement, fraud, safety, safeguarding, people, information, risk and resilience. Managers implement procedures and checks; compliance is mandatory.

3.3 If appetite is unclear or may be exceeded, speak to your manager and use the Whistleblowing Policy and Procedure where appropriate.

4.0 What this means in practice

4.1 **Fraud —** Report concerns promptly, follow the Anti-Fraud and Anti-Money Laundering Policy and support corrective action.

4.2 **Safety and compliance —** If a required safety check or record is missing, stop, escalate and complete it before proceeding.

4.3 **Service disruption —** If many customers could be affected, activate the resilience plan and escalate early.

4.4 **Procurement —** Do not set up or pay a new supplier before procurement approval.

4.5 **Performance —** Use My Performance and Development to set expectations and address control or service gaps.

4.6 **New opportunities —** Managed risk is acceptable when an opportunity supports strategy and its funding, controls and approvals are clear.

4.7 **Delegated decisions —** Check your authority and agreed limits. The Finance & Growth Committee may approve new loan facilities up to £20m and minor loan changes; contract managers may approve only limited changes to properly procured contracts.

APPENDIX C. Self-referral framework

1.0 The 'self-referral' framework below is used to guide the organisation when it is appropriate to consider a self-referral to the Regulator of Social Housing.

2.0 The table below sets out criteria for considering a self-referral to the Regulator of Social Housing and reflects the risks that the RSH is particularly concerned about. This is largely a matter of judgment.

Self-referral trigger	**Rationale**
Breach of loan covenants	Poor governance and could threaten service delivery and investment into homes
Material breach of legislative requirements.	Poor governance and could cause harm to tenants
Serious data protection breach	Could cause harm to tenants
Serious cyber security breach	Poor governance and could threaten service delivery
H&S breach that has led to a serious injury or death of a tenant	Harm caused to a tenant(s) potentially poor governance and legal breach.
Systemic breaches of health and safety requirements	Poor governance and could cause harm to tenants
Material or repeated breach of regulatory standards	Poor governance and could cause harm to tenants
Severe Maladministration finding by the Ombudsman	Poor governance, failure to meet regulatory standards, possible legal breach.
Complaint handling failure order issued for failing to comply with the code of practice.	Poor governance, failure to meet regulatory standards, possible legal breach.
Systemic rent or service charge errors causing financial hardship to a large number of tenants.	Poor governance and could cause harm to tenants
Significant errors in data relating to the quality or safety of our homes	Poor governance and could threaten service delivery and investment into homes
Continuous decline in tenant satisfaction with the organisation, and levels remain below targets set by the Board for 6 consecutive months.	Potential failure to meet regulatory standards.
Systemic unfair treatment of tenants	Poor governance and application of own policies and procedures consistently.
Impacts resulting from failure to involve/consult tenants	Poor governance, tenants are not able to scrutinise performance and/or influence service provision. We have not consulted tenants about a change in landlord, the disposal of tenanted social housing outside the sector or a significant change in management arrangements
Systemic infringements of legal rights for tenants	Poor governance and controls, consistently breaching tenancy terms e.g. evictions

3.0 Where it is believed that a trigger has been met, Board will be asked to consider the reasons behind this and decide whether a referral should be made using the decision flow chart below.

