



Florence

Risk Management & Quality Assurance Policy and Procedures (Northern Ireland)

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Introduction

At Florence we are committed to ensuring that we are meeting and exceeding the expectations of our clients and care professionals. We aim to deliver quality services and offer continuous improvement, effectiveness, efficiency and value for money. This will be achieved within our Risk Management and Quality Assurance Strategy Policy and Procedures and by listening to the feedback of those who use our services. We believe that there is always room for improvement in every aspect of our work.

This Risk Management and Quality Assurance Strategy enables us to achieve sustainable growth by providing quality guidance to our team, enabling us to deliver high quality exceptional service which consistently satisfies the needs and expectations of our clients, care professionals and our central team.

This document follows the pillars of clinical governance, with the primary concern of Florence to protect the service users that receive care through our care professionals, our care professionals themselves, our central team and our company assets. Florence accepts that unmanaged risk is almost exclusively negative.

When the management of risk goes well, it often remains unnoticed. When it fails, however, the consequences can be significant, high profile and with the potential to cause harm to service users, staff or others, loss or damage to Florence's reputation, financial loss and potential for complaints, litigation and adverse publicity. and their care. Effective risk management will help to avoid this.

This document will outline the arrangements to deliver sound assurance and provide a central point of expertise in relation to governance and risk management assurance.

Policy Statement

At Florence we expect our teams to develop, implement and lead a culture of quality in the way that our services are delivered.

Florence is committed to minimising risk to all its stakeholders through a comprehensive system of internal controls that allows maximum potential for flexibility, innovation and improvement.

Florence's risk management and quality assurance approach is informed by the 6 pillars of clinical governance, frequently used within the NHS, and seen as a well-established and robust assurance and monitoring process.

This policy also describes a systematic corporate process for evaluating and addressing the impact of risk with an ongoing commitment to business continuity that is company wide. As



such; Florence will ensure that all risks associated with business-critical services are identified and mitigated against.

The philosophy in managing risk is one of integration, considering together all aspects of risk, including clinical, non-clinical, strategic, organisational and financial. Integrated Risk Management operates through a series of processes applied throughout the organisation to identify and manage risks, measure quality and harvest results which inform organisational decision making and action.

Florence will provide induction training for all staff, which will include an introduction to the principles of this strategy.

Florence meets all applicable statutory regulations and maintains an effective quality management system that meets all the criteria of ISO standards, supported, and operated by all members of the staff to achieve our specified objectives.

Florence holds a corporate membership with the Recruitment & Employment Confederation (REC) and operates according to all of their relevant codes, practices and standards.

Scope

This strategy applies to all directly employed staff, agency staff and contractors engaged in work on behalf of Florence in Northern Ireland.

Florence's leadership team has overall responsibility for ensuring that all employees are aware of their roles and responsibilities in implementing this strategy and for empowering them to escalate any risks or quality issues that they may identify in their day-to-day work.

Definitions, Roles and Responsibilities

Care Professionals - Anyone on the Florence platform that carries out work on behalf of Florence in other organisations, for example registered nurses and care assistants. They have the responsibility to comply with good governance standards by adhering to all policies, processes and systems by Florence.

Clinical risk - any issue that may have an impact on the achievement of high quality safe and effective care for service users.



Internal Controls – is a process designed to provide reasonable assurance that information is reliable and accurate which complies with applicable laws, regulations and policies.

Evidence – is high quality data which supports the supposition of a risk.

External Audit – is a process in which an independent body, in accordance with specific laws or rules, seeks to determine whether the condition of a business and its operations are within their standards.

Financial risk – any issue that may have an impact on financial objectives and key financial targets, for example, an issue that may result in a financial loss.

Internal Audit – evaluate a company's internal controls ensuring they comply with all laws and regulations for the business.

Central Team – All direct employees of Florence that are not “care professionals” on the Florence platform. They have the responsibility to comply with good governance standards by adhering to all policies, processes and systems by Florence.

Client – an organisation or business that utilises Florence’s services, for example, a care home, a hospital or domiciliary care provider.

Chief Executive Officer (CEO) – The CEO holds overall responsibility for maintaining a robust system of internal control within Florence. The CEO is accountable for accomplishing set objectives through effective executive action by ensuring that systems are in place to support all departments within Florence.

Chief Operating Officer (COO) – The COO is accountable for all operational management of Florence including service activity and client/customer acquisition. They are responsible for implementing controls, systems and assurances to mitigate any operational risks identified during the effective growth of Florence. The COO reviews adverse events, accidents and incidents as required which can include any involvement in legal and contracting matters, environmental issues, HR, health and safety and fundraising.

Compliance – Standard of practice to ensure employment, recruitment and work practices demonstrate a thorough understanding of applicable laws and regulations.

Chief Technology Officer (CTO) –The CTO oversees the success and development of Florence technology for clients, customers and internal employees to improve and increase business performance. They are responsible for ensuring high level security for the storage of all data on Florence and also assume the role of Data Protection Officer.

Data Protection Officer (DPO) – The DPO is responsible for protecting all data associated with Florence, including overseeing the compliance with GDPR and acting as a contact point with the ICO on issues relating to processing.



Employees – everyone employed by Florence directly and indirectly, including care professionals using the platform and the central team. They have the responsibility to comply with good governance standards by adhering to all policies, processes and systems by Florence.

VP of Operations – responsible for the internal onboarding and compliance processes and systems which align with high level governance standards. They will also oversee and evaluate risk management procedures and implement controls to protect against risk.

Leadership Team – comprises the most senior leaders in Florence, namely CEO, COO, CRO, CTO Managing Directors and all other Heads of Department. All Leadership members have the responsibility to ensure all policies, processes and systems are followed to a good standard of governance.

Managing Directors – All Managing Directors are responsible for implementing this Strategy to their wider team. They are accountable for monitoring all operational controls, processes and systems for risk assurance within their team.

Northern Ireland Social Care Council (NISCC) – is the regulator responsible for raising the standards in Social Work and Social Care in Northern Ireland.

Operational risk – any issue that may have an impact on the operational running of the business, for example staffing issues.

Operational Managers – ensure the application of processes and systems stated by Managing Directors. They are responsible for training their team members to support internal controls and assurance within their region which ensures company wide comprehension.

Regulation and Quality Improvement Authority (RQIA) – is the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland, and encouraging improvements in the quality of those services.

Risk Assessment – is the identification of hazards and in turn allows the business to provide measures, processes and controls to reduce the impact of these risks to business.

Risk Assurance – is a process that provides a level of confidence that objectives will be achieved within an acceptable level of risk.

Risk Management – is the process of identifying, monitoring and managing risks to minimise the negative impact on a company.

Risk Register – is a tool to fulfil regulatory compliance to track, manage and reference all identified risks.

Serious incident – a serious incident is one in which a service user or member of staff suffers severe harm. This can include, for example, the permanent alteration of the structure of the body or a reduction in life expectancy.



Service User – a person who uses health and/or social care services. Sometimes known as a “patient”, “person in care” or “resident of a care home”.

Strategic risk – any issue that may have an impact on the achievement of the business strategy and strategic objectives.

Procedures

Florence has based its risk management and quality assurance framework on the six pillars of clinical governance. This document will outline the roles and responsibilities of key stakeholders within the business and how assurance is provided to the leadership team of the quality of service delivered using each pillar, as shown in the diagram below:



Openness

Adverse Incidents

Adverse incident reporting provides evidence of risk management throughout the business and enables risk and learnings to be shared collectively business wide. The monitoring of adverse events and incidents provides both the leadership team and the Board with an assurance that risk is being reduced in response to incident reporting. There is a continuing



focus around the importance of adverse event incident reporting and management across the business.

All of Florence's central team, clients and care professionals are encouraged to report adverse incidents using the incident management system. Incidents can relate to both potential and actual harm.

Investigations of all incidents take place, depending on the severity and risk for each event. It is recognised that by identifying trigger factors and lessons learned, the risk of similar incidents happening in the future is reduced.

The Quality and Governance Director has ultimate responsibility for incident management and ensuring that lessons learned are shared across the service. This then provides assurance to external regulators, such as the RQIA and local authorities, that risk is appropriately managed and actions are implemented business wide.

Duty of Candour

Duty of Candour underpins a culture of openness, honesty and transparency and is a duty on the organisation as a whole. As an organisation we do not engage directly with the affected party unless specifically requested or required to do so. In these circumstances it is recognised that Florence will act within the principles of candour.

Feedback: Complaints

Complaints are managed locally wherever possible in accordance with the Complaints Policy and Raising Concerns/Whistleblowing Policy and Procedures.

Where arising, themes from complaints are raised at the scheduled leadership and whole organisation meetings.

Feedback: Compliments

Compliments are recorded in the 'Slack channel' as a Kudos. This ensures that good practice is celebrated throughout the organisation.

Themes from compliments are raised at the fortnightly All Team Round Up.

Whistleblowing

Florence recognises that there may be circumstances where a person who wishes to raise a concern would prefer to raise this confidentially with an independent person, or in a way that ensures that their confidentiality is preserved. The whistleblowing process, outlined in the Raising Concerns/Whistleblowing policy, is monitored and reviewed by the QGD and themes generated from these concerns are collated and raised where appropriate at the scheduled leadership and whole organisation meetings.



Risk Management

Risk management includes identifying, assessing, responding and where appropriate escalating risks. These following steps are carried out to ensure the appropriate steps are being followed:

- Having clear organisational objectives
- Identifying risks to organisational objectives
- Defining and recording risks on a risk register where applicable
- Maintenance of the risk register with controls and actions recorded
- Escalation and de-escalation of risks (in line with escalation thresholds)

Florence operates a risk register in order to identify and manage risks. This method of risk review allows a bottom up and top down approach to informing the Assurance Framework.

The approach is holistic as it includes all risks to the organisation including strategic, clinical, health and safety, operational, marketing and financial. A standardised approach to risk prioritisation is essential as it provides a consistent determination of what constitutes an acceptable or significant risk and for directing staff action.

The use of a risk categorisation matrix (as shown in appendix I) to score the likelihood and consequence of risks allows all employees to consider severity and to take a managed approach to risk decisions and further actions. Consideration must also be given to any funding required to implement controls and the overall ability to manage the risk locally.

Types of Risk

The two main types of risk to Florence can be categorised as strategic risks and operational risks.

Strategic risks are those related to the delivery of Florence's strategic objectives. They have the highest potential for external impact including engagement with the wider health and social care community and with external stakeholders. Strategic risks are managed through the Corporate Risk Register and reviewed on a monthly basis by the Quality and Governance Director and Operations Director.

Operational risks consist of risks to Florence's on-going- day-to-day business delivery, such as client and care professional safety, clinical (service user safety), internal staff safety, security, information, financial and litigation. Whilst they may have some external impact, they mostly impact on the internal functioning and services of Florence at operational level. Operational risks will usually be managed at Department Level by the Heads of Department.



Significant operational risks (usually those graded at 15 or above) may impact on the delivery of strategic objectives and therefore these risks will be escalated to and managed within the Corporate Risk Register.

Risk Appetite and Tolerance

Risk Appetite is “the level of risk that an organisation is willing to accept or tolerate”. The appropriate level will depend on the nature of the work undertaken and the objectives pursued. A different tolerance may be identified in relation to strategic objectives or particular risks. Florence may have an appetite for some types of risk and may be averse to others, depending upon the nature of the risk and the potential effects if the risk were to occur. For example, some risks may have a high impact but a low likelihood and the appetite to tolerate these may be high due to the resource implications of attempting to mitigate them.

Risk Assessment:

Risk can be assessed by looking at two approaches, the likelihood of the specific risk occurring (a particular situation) and the consequence (severity of the situation) occurring. This can be assessed using Table 2 for the likelihood of a risk situation occurring and Appendix II for the consequence/severity that the risk will cause.

Assessing the risk

When assessing the level of risk, it is important to identify which groups of individuals might be harmed by the activity. In doing so this provides a useful basis upon which to identify the best way to reduce the risk. Some employees might face specific risks in their roles, for example lone care professionals, young care professionals, new and expectant mothers, people living with disabilities, homecare professionals or temporary care professionals and these should be assessed individually.

It is also important to think about whether members of the public or ad hoc visitors to the Florence premises might be harmed by the business activity. Once the risks have been identified and assessed the relevant Head of Department is responsible for monitoring the risk.

Controlling the risk

Risks can be controlled and reduced by taking steps to protect those affected by our activities. This could include, for example, warning signs, restricted access to high-risk areas and workstation adaptations. In many cases, measures will already be in place, such as keypad entry or fire exit signs. The risk assessment can help to identify which high level risks may need more expansive control measures.



Recording findings

The relevant Head of Department is responsible for completing risk assessments where risks have been identified. All risks are then recorded on the departmental risk registers.

Reviewing controls

Risks will be reviewed on a regular basis as defined by the appropriate HoD and when there have been any significant changes. It is the responsibility of the relevant head of department to ensure that the risk assessment remains up to date.

Risk Register

If a risk assessment identifies a risk which has the ability to significantly impact on the operations, strategic ambitions, financial stability, health and safety of Florence employees or service users, this should be recorded on the Florence Corporate risk register. The maintenance of the register is the responsibility of the Quality and Governance Director and is reviewed on a quarterly basis (or sooner if required) in conjunction with the Head of Operations and Compliance.

The risk register contains the following minimum information:

- Source of risk;
- Description of risk;
- Risk score;
- Controls and gaps in controls;
- Mitigating actions;
- Date of assessment and date for review.
- Risk Owner / Controller

(Source: A Risk Matrix for Risk Managers, NPSA, 2008).

Table 2: Likelihood scores (broad descriptors of frequency)

Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur, but it is not a persisting issue/circumstances	Will undoubtedly happen/recur, possibly frequently



Determining the residual risk

Taking the risk rating and the assessment of the effectiveness of the control together you can now assess the residual risk that needs to be managed, as follows:

	Residual Risk Rating			
Control Effectiveness	Low	Moderate	High	Extreme
Satisfactory	Low	Low	Moderate	High
Some Weaknesses	Low	Moderate	High	Extreme
Weak	Moderate	High	Extreme	Extreme

Developing an action plan

Once the residual risk is known then a detailed action plan of improved controls should be developed.

Risk Prioritisation and Action

Where risks have been identified and scored, most likely as a consequence of an incident, then the following escalation procedure should be used as shown in the table shown in Appendix II.

Audit

Florence has a programme of audit in place, each of which follow the audit cycle pictured below:



Audits are prioritised according to themes and trends identified through adverse incidents, complaints and external feedback.

The responsibility for developing the audit programme lies with the Head of Operations and Compliance who is also responsible for feeding back audit results to the Senior Management Team on a monthly basis.

Audits for different areas of the services will be undertaken by the responsible persons (or delegated to a suitably appropriate manager/head of department), as identified in the table below:

Audit	Frequency
Incidents and accidents	Monthly
Care Professional training records	Monthly
Care Professional recruitment records	Monthly
Care Professional supervision and appraisal records	Monthly
Feedback from clients, service users and staff - comments, compliments and complaints	Monthly
Sickness Absence	Monthly

Once changes have been implemented and appropriately disseminated, a re-audit, based on the characteristics of the original, will be completed to allow for comparisons of data pre- and post-change. This ensures that the required standards are being met and that the audit and subsequent change has been impactful. If the targets for change have not been met, further analysis as to the cause will be undertaken, overseen by the Head of Operations and Compliance, and additional modifications and/or interventions will be implemented based upon the results. Findings from audits will inform the relevant aspects of strategic priorities for change across the business.



Effectiveness

Policies

A suite of policies is available for all employees to access. Florence care professionals will provide care by following best evidence-based practice as demonstrated within these policies, as well as following best practice guidelines from reputable sources, such as NICE and The Royal Marsden's manual 9th/latest edition, alongside their national guidelines.

The QGD holds the responsibility for the review and ratification of the policies in line with company processes. The policy ratification process is designed to promote corporate ownership of the policies. Initially each policy is reviewed by the subject-matter expert within the business and then disseminated out within the business for wider comment on the practicalities of implementation. This process promotes maximum engagement with policy formation and allows for queries and comments to be addressed prior to ratification.

Safety Alerts

The Governance Team is signed up to the Central Alerting System, managed by the Medicines and Healthcare products Regulatory Agency (MHRA). Upon receipt of a safety alert the document is assessed for its relevance to the service. If it is deemed that the alert relates to the specialism of the service, the alert is shared with the rest of the clinical workforce team.

Research and Development

Florence does not have a current research and development programme. This is likely to be scheduled into the next review of the RA strategy.

Where possible, clinical employees are encouraged to participate in any research relevant to their practice that will further inform and improve on care delivered by Florence care professionals or services.

Education and Training

Florence ensures that suitably trained care professionals are available in the correct place at the right time.



Clinical staff are professionally duty bound, as a part of their registration and revalidation, to maintain and improve their knowledge and ensure that their skills are up to date and in line with current best practice. Clinical staff are expected to document their training within their personal training records.

Florence is bound by mandatory and statutory training requirements and also supports other practice developments, where possible. Any employees attending additional courses or learning are expected to share this learning, as soon as possible, with their colleagues. Senior members of Florence central team have a responsibility to support other employees through formal teaching sessions and ad hoc advice.

Florence follows the Learning and Development Policy in relation to internal and external requirements. Where clients require additional training as part of their own assurance process, Florence will ensure that all potential care professionals are screened and monitored as part of that process.

A training matrix is managed by the Head of Operations and Compliance which outlines the dates of completion of statutory and mandatory training of each employee within the Central Team.

Monitoring and Compliance of Risk Assurance Strategy

Key elements of this strategy will be monitored for compliance as shown below:

- Annual review of the effectiveness of strategic risk management.
- Annual audit of risks contained on the Risk Register against the requirements detailed in this policy.
- Annual external review of Florence's risk management process to be undertaken by Internal Audit.
- The compliance team will conduct an annual audit, to include a report of the findings from the audit to the CEO. Actions to address any deficiencies will be raised at the relevant leadership team meetings and reviewed at subsequent meetings.

Regulatory Compliance

Regulation and Quality Improvement Authority (Northern Ireland)

Florence is registered with the RQIA and aims to engage with them on a proactive basis to ensure that the care professionals providing care are delivering the best service possible. The Registered



Manager is the key point of contact with the RQIA As a key part of inspection preparation, the Registered Manager is responsible for the collation of evidence of effective quality assurance systems, including the measures outlined in this document.

Florence will ensure that the latest RQIA rating for the organisation is always easily accessible.

Information Commissioner's Office

Florence is registered with the Information Commissioner's office. The Chief Technical Officer is named as the Data Controller and Data Protection Officer. The Quality and Governance Director is the Caldicott Guardian. The governance lead is the Deputy Data Protection Officer and consequently the point of contact for all external information governance queries relating to Florence, the client base and care professionals registered on the Florence Platform.

Nursing and Midwifery Council

The NMC database sits with the Quality and Governance Director and contains the name/date of birth and PIN of all registered nurses within the business. The database is updated on a monthly basis and is cross referenced with the NMC website to ensure the registered nurse remains registered with the NMC. The head of operations and compliance is responsible for adding/removing nurses from the database upon starting or leaving the employment of Florence.

NISCC

The NISCC database sits with the Quality and Governance Director and contains the name/date of birth and Registration Number of all registered Carers within the business. The database is updated on a monthly basis and is cross referenced with the NISCC Register to ensure the registered Carer remains registered with NISCC. The head of operations and compliance is responsible for adding/removing Carers from the database upon starting or leaving the employment of Florence.

Legislation and Guidance

Care Act 2014

CQC Regulation 17: Good governance (CQC 2019)



Criminal Justice and Courts Act 2015

Data Protection Act 2018

Enterprise and Regulatory Reform Act 2013

Fundamental standards of the Care Quality Commission (CQC, 2017a)

General Data Protection Regulation 2016

Health and Safety at Work Act etc. Act 1974

Health and Social Care Act (2008) (Regulated Activities) Regulations 2014

Health and Social Care Act (2008) (Regulated Activities) (Amendment) Regulations 2015

Human Rights Act 1998

Mental Capacity Act 2005

Public Interest Disclosure Act 1998

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013

Scally G, Donaldson LJ, *Looking forward: clinical governance and the drive for quality improvement in the new NHS in England* (1998) 317 *British Medical Journal* 61–5.



Appendix I: Risk Matrix

(taken from A Risk Matrix for Risk Managers, NPSA, 2008)

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of service users, clients, employees or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work required	Minor injury or illness requiring minor intervention. Requiring time off work for <3 days Increase in length of hospital stay by 1–3 days	Moderate injury requiring professional intervention. Requiring time off work for 4–14 days Increase in length of hospital stay by 4–15 days RIDDOR/agency reportable incident An event which impacts on a small number of service users or clients.	Major injury leading to long-term incapacity/ disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of service user care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of service users, clients or employees.
Quality/complaints/audit	Peripheral element of treatment or service sub-optimal Informal complaint/inquiry	Overall treatment or service sub-optimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for service user safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major service user safety implications if findings are not acted on	Non-compliance with national standards with significant risk to service users if unresolved Multiple complaints/independent review Low performance rating Critical report	Incident leading to totally unacceptable level or quality of treatment/service Gross failure of service user safety if findings not acted on Inquest/ ombudsman inquiry Gross failure to meet national standards
Human resources/organisational development/staffing/competence	Short-term low staffing level that temporarily reduces service quality (<1 day)	Low staffing level that reduces service quality	Late delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>1day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attendance for mandatory/key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training/key training on an ongoing basis
Statutory duty/inspections	No or minimal impact or breach of guidance/statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Critical report	Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
Adverse publicity/reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectations. MP concerned (questions in the House) Total loss of public confidence
Business objectives/projects	Insignificant cost increase/schedule slippage	<5 percent over project budget Schedule slippage	5–10 percent over project budget Schedule slippage	Non-compliance with national 10–25 percent over project budget Schedule slippage Key objectives not met	Incident leading >25 percent over project budget Schedule slippage Key objectives not met



Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 percent of budget Claim less than £10,000	Loss of 0.25–0.5 percent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 percent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/loss of >1 percent of budget Failure to meet specification/ slippage Loss of contract/ payment by results Claim(s) >£1 million
Service/business interruption Environmental impact	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment



Appendix II: Escalation Procedure

Risk Score	Risk Category	Action	Level of Authority
25	Unacceptable Risks to the delivery of the aims and objective of Florence	Halt activities IMMEDIATELY and review status. Update the Risk Register.	CEO, COO and Department Head
16-24	Extreme Risk Risks to the delivery of the aims and objective of Florence	Significant probability that major harm will occur if control measures are not implemented URGENT ACTION REQUIRED . The CEO/COO or Department Head may consider limiting or halting activity. Update the Risk Register.	CEO, COO and Department Head
10-15	High Risk Operational risks	High probability of harm if control measures are not implemented. Action in the immediate term and reviewed monthly. Any score of 12> must be entered onto the Risk Register and escalated accordingly.	CEO, COO and Department Head
5-9	Moderate Risk Local operational or H&S risks	Most control measures are in place. Harm severity is moderate. Action may be intermediate and/or long term. Review monthly.	Department Head
<4	Low Risk Low level local risks or H&S risks	The majority of control measures are in place. Harm severity is low. Action may be long term. Review at least quarterly	Department head



Appendix III: Policy Summary

Things you should know:

The Risk Management and Quality Assurance Strategy is based on the pillars of Clinical Governance. Including Openness, Risk Management, Audit, Effectiveness, Research and Development and Education and Training.

The two main types of risk to Florence can be categorised as strategic risks and operational risks.

Florence operates a Corporate Risk Register in order to identify and manage risks. This is reviewed on a monthly basis by the Quality and Governance Director and the Head of Operations and Compliance and by the leadership team at least quarterly.

The likelihood of a risk occurring, and the consequence of that risk, is assigned a number from '1' to '5'; the higher the number the more likely it is that the consequence will occur. The process for managing risk involves a 5-step process as follows:

- (i) Identifying hazards
- (ii) Assessing the risks
- (iii) Controlling the risks
- (iv) Recording findings
- (v) Reviewing controls

Incidents, whistleblowing, feedback (compliments and complaints) are also discussed at monthly leadership meetings.

Florence has an audit programme that is defined by the Head of Operations and Compliance who is also responsible for feeding back audit results to the Senior Management Team on a monthly basis.

Things you should do:

Report all incidents (whether they have caused harm or not) to incidents@florence.co.uk using the incident management system.

Highlight any areas of risk to the relevant Head of Department.

Use the risk categorisation matrix (as shown in appendix I) to score the likelihood and consequence of risks. Then based on the score, use the Escalation Procedure (as shown in appendix II). This allows all employees to consider severity and to take a managed approach to risk decisions and further action.



Risks categorised as grade 12 or above must be escalated to the corporate risk register.

