Quality Governance and Risk Policy and Procedure

Regulated by
Q Care Quality Commission

BANQU✓
Part of Prospero Group

Quality, Governance and Risk Policy and Procedure

Policy Lead   Registered Manager
Nominated Individual   Robert Gray
Version No.   1.0
Date of issue   October 2024
Date to be reviewed   October 2026
Signed: Samantha Norgate

Aim of Policy

This policy and procedures aim is to ensure Banquo Limited complies with Regulation 17: Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and accompanying Care Quality Commission (CQC) guidance.

It is Banquo Limited's mission to deliver an effective, high quality of service which fosters a caring culture in which we are seeking continuous improvement and striving to exceed the expectations of our service users and their family, friends or advocates.

In order to achieve this Banquo Limited will follow the principles laid out in the pillars of healthcare governance framework. This will ensure the organisation can be held accountable and maintain high standards for our service users.

In terms of risk management, our primary objective is to safeguard our service users as well as deliver safe, sustainable, effective care that as an organisation we can be proud of.

Our plan to achieve this will be laid out within this Quality, Governance and Risk Management Policy and Procedure.

Policy Statement

Banquo Limited believes that having the highest quality care and support is an absolute right of every person using the services. The continuing aim of the service is to provide a professional and efficient service to meet everyone's needs and requirements and to achieve satisfactory outcomes for each person.

Our high standards are set by Banquo Limited's leadership team who strive to collaborate and lead by example to ensure all employees understand the organisations values and expectations.

Continuous quality assurance, good value services and a safe working environment will be achieved through a programme of rigorous risk management and control and an organisational culture of co-operation and improvement.

In terms of risk management, all aspects of risk will be considered including practice based, non-clinical, strategic, organisational and financial risk. By using sound risk management practices Banquo Limited aims to limit exposure to risk across the business.

Scope

The Registered Manager has overall responsibility for ensuring all employees have a good understanding of this policy and that they are aware of the correct channel they can use to raise concerns relating to risks or quality of service.

This policy applies to all employees and services provided by Banquo Limited. Quality and Risk Management will be monitored and measured via Banquo Limited's governance processes and quality improvement systems.

Definitions Of Risk

Financial Risk: A risk to the business which may result in financial loss or impact on financial targets.

Operational Risk: A risk to the running of the business such as staffing issues.

Serious Incident: An incident in which a service user suffers severe harm ie the permanent alteration of the structure of the body or a reduction in life expectancy.

Strategic Risk: Any risk that may have an impact on the achievement of the business strategy or objectives.

Roles and Responsibilities

The director of Banquo Limited hold ultimate responsibility for governance and risk management.
They receive reports on care quality standards, wider risk assurance issues, health and safety, HR issues and the trading performance of the business.

The director regularly review risk assurance and challenges facing the business, meeting and drawing experience from other businesses to improve company processes as needed.

Robert Gray is the Nominated Individual for Banquo Limited and therefore will meet the criteria for each of job roles according – as listed below.

Organisational Responsibilities:

- To provide effective, safe, high quality service user care.
- To ensure that sufficient resources are available for the delivery of care and to manage risk.

- To promote and facilitate the involvement of service users and the public in the delivery, development and evaluation of services.
- To promote a just culture that encourages learning across the organisation to ensure effective risk management and continuous quality improvement.
- To support staff to develop appropriate competencies through training and personal development strategies and providing a range of educational opportunities.
- To develop policies and guidelines to support staff in their work based in Banquo Limited, local and national standards, strategies and legislation.
- To provide information management and information technology support for the delivery of services, monitoring and quality assurance processes.
- To work closely with partners: local authorities, voluntary and private sector agencies and other social care services.
- To monitor services against local and national framework standards via self-assessment, peer review and accreditation.

Roles And Responsibilities Of Nominated Individual

- It is the nominated individual's role to speak on behalf of the business. The nominated individual is recognised by the Care Quality Commission and works in a supervisory role to oversee and take responsibility for the quality of care provided. They are the first point of contact between the CQC and the organisation.

Samantha Norgate currently holds the position of Registered Manager and therefore will meet the criteria for each of job roles according – as listed below

Roles And Responsibilities Of Registered Manager

- To provide person centred care and treatment for service users.
- To provide service users and public with information about services and their care.
- To encourage mechanisms for involving service users in improving services.
- To implement local and national standards and guidelines within their areas.
- To manage risk proactively through risk assessment, incident reporting and appropriate action to prevent recurrence.
- To identify training needs for staff in relation to organisational and team objectives.
- To support a learning environment through formal training that includes statutory and mandatory training.
- Forming and maintaining therapeutic relationships with service users, their relatives and all external parties that are involved in the service user's wellbeing.
- Responding to all reasonable requests and ensure that they are acted upon.
- The management and investigation of complaints in line with Banquo Limited's complaints policy and procedure.
- Reviewing and maintaining all records required by the business, in line with information governance requirements and the GDPR, under the Care Standards Act 2000.
- All aspects relating to health and safety and safeguarding within the service.

The key stakeholders outlined above are responsible for ensuring that learning as result of audit feedback, adverse incidents and risk management is shared throughout the organisation.
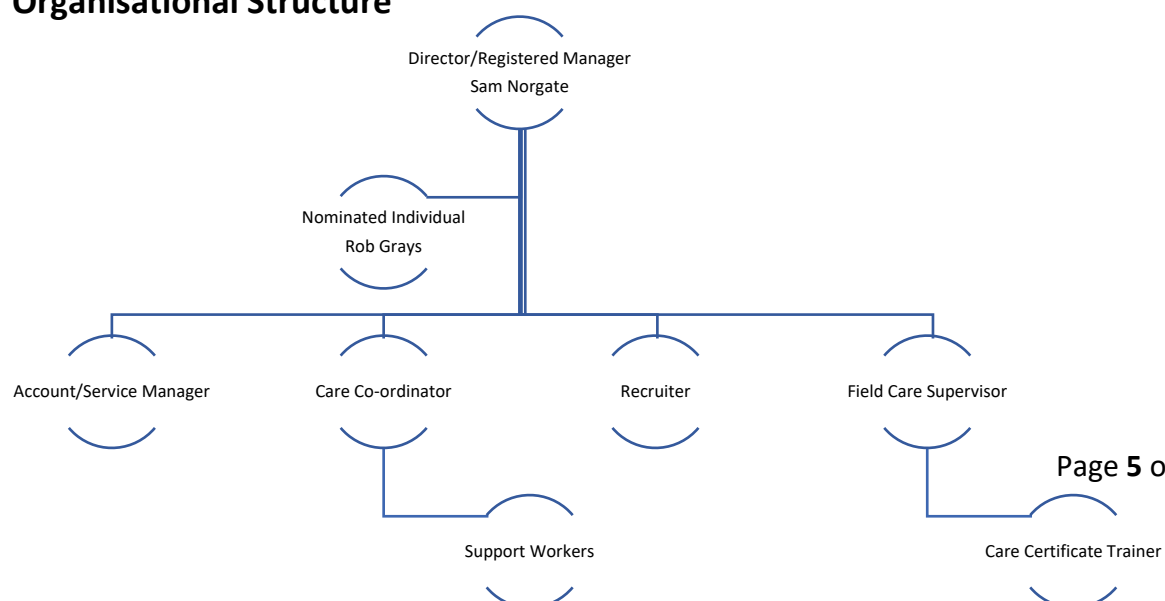
Responsibilities Of Individual Staff

- To be accountable for their working practice, adhering to professional standards, codes of conduct and relevant legislation.
- To expand their knowledge and competencies in order to keep up to date with developments related to service user care, by undertaking regular education/learning activities.
- To care for and treat service users using evidence-based practice.
- Identifying and escalating incidents and risks.
- To involve service users, and where appropriate carers, as partners in their care.
- To protect service user information in accordance with Caldicott principles and to adhere to confidentiality as per Professional Code and Governance Policy and Procedure.
- To proactively identify and minimise/eradicate risks to service users, public and staff.
- To comply with incident reporting process, using near misses and adverse events to inform risk management and prevent recurrence.
- To participate in projects that aim to improve the quality of care and the safety of staff, service users, and the public.
- To continually evaluate and improve service as part of a multidisciplinary team.
- To ensure that the frameworks for governance, risk management, workforce development and effectiveness are adhered to.
- Providing excellent quality of care to all service users.
- A commitment to improvement.
- Meeting the high standards set out by Banquo Limited.
- Reflection and learning if mistakes are made.
- Individual actions and omissions.

Responsibilities Of Contractors

All workers carrying out work for Banquo Limited on a contractual basis are required to meet our high standards.

Organisational Structure

Director/Registered Manager
Sam Norgate

Nominated Individual
Rob Grays

Account/Service Manager

Care Co-ordinator

Recruiter

Field Care Supervisor

Support Workers

Care Certificate Trainer

Governance Framework and The Pillars of Health Care Governance

The systems within Banquo Limited's governance framework are designed to encourage feedback and quality improvement as well as chart the organisation's achievements and successes.

At Banquo Limited quality assurance means our service users should always feel:

• Listened to.
• Safe.
• Valued.
• That service being provided to them is effective.
• That the treatment they are receiving is of good quality.

Banquo Limited's governance framework is based around the pillars of health care governance and has been developed in order to meet the aims and objectives set out in Banquo Limited's statement of purpose.

The rest of this document will lay out how Banquo Limited will meet each pillar of governance.

Governance Meeting Structure

Regular governance meetings are a vital part of ensuring that the organisation is run in a structured and effective manner.
These meetings allow the key stakeholders to keep up to date with all aspects of Banquo Limited and share information, ideas and learning.

These meetings include but are not limited to:

• Monthly updates between members of the Senior Management Team to discuss Key Performance Indicators, escalations, complaints, emerging risks, capacity planning and achievements.
• Monthly Quality Assurance Meeting.
• Quarterly Business reviews of business performance and strategies and emerging themes
• Monthly meeting for management to discuss care packages and disseminate learning and update to regulation and legislations.
• Monthly Incident Meeting.
• Monthly Complaints.
• Monthly Safeguarding.
• 6 monthly Strategy Meeting.
• 6 monthly Team Building.
• Monthly Care Workers Meeting.
• Weekly Line Managers meetings to discuss capacity, risks, issues, complaints, people and priorities for the coming week.

- Daily morning meeting with the Registered Manager and admin staff to discuss any major concerns that need to be dealt with on the same day, emails, phone calls etc form service users and carers.

Governance

Governance refers to the structures, processes and systems in place in an organisation to manage the quality of service provision. This framework needs to be appropriate to each organisation, and this policy sets out Banquo Limited approach.

There are eight key elements to governance. These are outlined below, along with the mechanisms in use in Banquo Limited to deliver each of the elements, and the expectations that are placed on staff at Banquo Limited.

Education And Training

It is the professional duty of all care staff to keep their knowledge and skills up to date, and they must therefore engage in regular continuing professional development. For care staff, it is managed through mandatory training and annual internal supervision and appraisals. Supervision and appraisals will be reviewed annually and audited to ensure effectiveness.

It is the Director's responsibility to ensure compliance in this area. The appraisal target is 100%. In addition, all employees are bound by Banquo Limited's mandatory training schedule. Banquo Limited supports the ongoing development of care staff, both financially and by allowing time for training and attending study days.

This will be also monitored during individual supervision and yearly appraisals with the Registered Manager to ensure that staff are meeting their CPD and if they need further training and support this will be offered to them.

Banquo Limited's approach to training for all staff is set out in the training matrix. It is recognised that staff also need to update their skills regularly in order to support the delivery of high-quality service user-centred care and therefore training for staff and volunteers are incorporated in the training matrix.

Staff are committed to passing on knowledge and skills to relevant colleagues in the service. Senior care staff have a responsibility to support new care staff through formal and informal training/teaching sessions as well as through ad hoc advice.

Audit

Audits is the review of service performance and the refinement of care as a result. At Banquo Limited's, this may refer to:

- The application of the results of audits to our service user population and the identification of areas for improvement.
- Audits carried out in the organisation by management which result in improvements in service

- The use of case studies to highlight specific issues that are then generalised within our service user population.

The Registered Manager is required to submit an annual audit programme as part of the monitoring of quality to the director. Care workers team meetings provide a forum for the dissemination of the results of audits and the exchange of opinions about how the results can be used to improve service. The Registered Manager is designated to manage the agenda for meetings, to ensure that the audit topics selected meet the criteria and provide a balance over a year. It is their responsibility to arrange for a quality evaluation to be presented on any topic that is causing particular concern.

The range of topics covered in audits should include but not limited to the following:
- Care and practices.
- Use of equipment and devices, including safety checks.
- Checking of facilities.
- Checking of infection control and hygiene measures.
- Fire safety checks.
- Current safeguarding and complaints' issues, including any alerts to the local safeguarding authority.
- Staffing, including provision of supervision, support and training.
- Continuity of care.
- Recording practices and record keeping, including data protection.
- Checking that quality assurance schedules are being carried out, eg feedback from people who use services is being obtained.
- Checking that policies and procedures are being reviewed in line with reviewing schedules and are up to date.
- Other checks needed to achieve compliance with the relevant quality standards, e.g., notifications to the care regulator.
- Checking that emergency plans are available and up to date.
- Consent process and consent forms.
- Service users records.
- Medication.
- Record of Risk Assessments.
- Compliments.
- Feedback from service users.
- Feedback from Staff.
- Data Protection.
- Communication with service users and providing information.
- DBS checks and regulated body registrations.
- ID checks.
- Capacity.
- Communication with service users own GP
- Incident Management
- Accessible Information Standards
- Supervision and Appraisals.
- Training.

- Recruitment.

The service will also conduct at least an annual self-evaluation of the service's performance against each of the five key questions using suitable professional tools, which include obtaining systematised feedback from people who use services and stakeholders.

In the event that an audit highlights changes which need to be made, these changes will be implemented and disseminated to the appropriate parties.

Banquo Limited will then re-audit, based on the characteristics of the original, should 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 root cause will be undertaken, overseen by the Registered Manager, and additional modifications and/or interventions will be implemented based upon the results.

Quarterly Learning Points are used as a quality improvement measure. These sessions are open to all staff and provide an opportunity to reflect and discuss specific case studies identified through the incident reporting process to see what went well and where we could improve.

Overall responsibility for audits will fall to the Registered Manager.

Effectiveness

Policies And Procedures

In order to comply with regulation assist with the safe and effective running of the business Banquo Limited will give all staff access to our policy suite. The policies are based around legislation and best practice guidelines. It is the overall responsibility of the Registered Manager/Senior Management team to oversee these policies and ensure they are reviewed regularly and fit for purpose.

Research And Development

Banquo Limited would consider any approach to take part in research through the director. In addition, Registered Manager is expected to read journals and/or websites regularly to maintain current awareness of regulations and legislations, and new guidance resulting changes in recommended best practice.

The use of technology will assist Banquo Limited to achieve this goal.

Duty Of Candour

Banquo Limited's Duty of Candour Policy and Procedure details its commitment to ensuring a culture of openness and transparency which is a prerequisite to improving the safety of service users, staff and visitors as well as the quality assurance. This means that service users should be well informed about all elements of their care and treatment and that all staff have a responsibility to be open and honest, especially when errors occur, apologise to service user

or, where appropriate to their advocate, carer, or family and offer a suitable remedy or support to put things right if possible.

Banquo Limited actively promotes openness about its practices and all staff, especially managers, make mistakes, the affected person:

- Will be given an opportunity to discuss what went wrong.
- Will receive feedback on findings from any investigation.
- Will receive an apology.
- Will be asked what they would like to be done to deal with any harm caused.
- What will be done to prevent it happening again –organisational learning.

All incidents and accidents are recorded and reported to the Director. Banquo Limited aims to always co-operate in a spirit of openness with other health and social care providers, Banquo Limited's local authority organisations, as well as organisations with regulatory powers such as the Care Quality Commission.

Feedback

Banquo Limited seeks the views of its service users, relatives and other stake holders involved in a person's care (eg visiting professionals, professional bodies, local groups, members of public). Feedback will be collected in a variety of way including and not limited to regular meetings, anonymous surveys, complaints and compliments. Results of any surveys will be published and distributed throughout the organisation.

Service users/their representatives will be encouraged to take an active role in their care planning and treatment via regular care planning meetings and reviews.

Feedback from employees will also be sought via regular staff meetings and an annual satisfaction survey.

Themes relating to service user satisfaction and feedback will be raised at Monthly Senior Management team meetings.

The implementation of changes to practice based on the above will be monitored through employee supervision and continuous audit.

Freedom To Speak Up

Freedom to speak up or whistleblowing is the process whereby an employee raises a concern about malpractice, wrongdoing, risk, or illegal proceedings, which harms or creates a risk of harm to the people who use the service, employees, or the wider community.

Banquo Limited has a freedom to speak up policy in place to ensure if an employee does wish to raise a concern, they can do so confidentiality without fear of reprisal. The process is regularly reviewed by the nominated individual.

See Banquo Limited's Freedom to speak up Policy and Procedure.

Adverse Incidents

All adverse incidents including those which have not caused harm but may cause potential harm, will be reported as per the Incident Management Policy and Procedure. Reporting and shared learning from adverse incidents is vital in achieving continuous improvement and quality of service.

It is the responsibility of the Senior Management team to monitor and respond to adverse incidents in order to reduce future risk.

Banquo Limited will foster an open culture in which the reporting and management of adverse incidents is encouraged. All staff will receive training in incident reporting as part of their induction and annual mandatory training updates.

After a serious incident takes place a Root Cause Analysis will be carried out in order to identify triggers and lessons learned with the goal of preventing a similar incident occurring in the future.

In implementing this Banquo Limited hopes to offer assurance to both external regulators as well as service users and their representatives that risk is being managed effectively.

Risk Management

Risk Management Risks to service users, staff and the organisation as a whole are managed through a range of policies and procedures, through risk assessment and through regular Incident Review Meetings. Bi-monthly Incident Reports are presented to the Director and learning is identified within this report.

The key policies relating to minimising risk for service users are:

• Medication Management Policy and Procedure.
• Adult Safeguarding Policy and Procedure.
• Children Safeguarding Policy and Procedure.
• Mental Capacity Act Policy and Procedure.
• Infection Prevention and Control Policy and Procedure.
• Reporting of Incidents and Accidents Policy and Procedure.
• Management of Performance Policy and Procedure.
• Consent Policy and Procedure.
• Confidentiality Policy and Procedure.
• Duty of Candour Policy and Procedure.
• Equality and Diversity & Policy and Procedure.
• Health and Safety policy and Procedure.

Risks are minimised through other aspects of governance, especially through attention to education and training, audit and effectiveness. Banquo Limited approach to learning from critical events, near misses and risk is set out in the Reporting of Accidents, Incidents Policy and Procedure and Medication Management Policy and Procedure where that is applicable. Banquo Limited takes a "no blame culture" approach and encourages all staff to discuss any incident that has or could

have posed a risk or actual harm. The learning from incidents is shared across the care team, and any actions are reviewed until fully implemented. Incidents are investigated through a formal investigation process lead by the Director and action taken as appropriate. Learning points will be shared with a staff member/s involved and disseminated to the care staff as necessary and appropriate.

Information Management

Banquo Limited depends on high quality information management. Banquo Limited is compliant with GDPR regulations. Generation of good service user records is the responsibility of every member of the team to ensure that the details of their care planning, risk assessment or any contacts with the service users are recorded in a way that:

- Is easily understood by colleagues, and by the service user if requested.
- Reflects exactly what takes place in the consultation, including any discussion relating to risk, e.g., consent.
- Provides clear information about the agreed care plan.
- Will stand the test of time.

Banquo Limited will always maintain service user confidentiality when using data for governance purposes. Service user records may be electronic through Banquo Limited databases as well as written records. Service user identity will be protected to provide evidence for internal audits and case studies, and to ensure effectiveness. Service user data is shared with other social care professional's maybe through electronic consent or with prior written consent from the service user.

Banquo Limited will use service user data for purposes consistent with Data Protection registration and will always maintain service user confidentiality when using data for governance purposes. Service user records will be subject to regular internal audits for quality assurance purposes and to ensure effectiveness, they may also be used for case studies.

The management and processing of information is covered under Banquo Limited's Information Governance policy ensure that Banquo Limited is fully compliant with all relevant legislation including GDPR and the data protection act (2018).

Human Resources

Banquo Limited is committed to delivering care through a team of fully qualified and suitably experienced care staff, supported by an adequate administrative resource. To achieve this, Banquo Limited regularly reviews the skillset of its care team, offering development opportunities, and ensuring that the full range of care skills is available at an appropriate level. When recruiting potential new care staff, the interview will include questions designed to demonstrate an awareness of governance principles.

When recruiting potential new care staff, the interview will always include questions designed to ensure they have sufficient knowledge to perform their duties to the highest standard to demonstrate an awareness of governance principles.

Staff will be managed through regular managerial supervision, this process has structures in place to ensure that staff are aware of their responsibilities, are adequately trained for their role, are given guidance around good or poor performance and kept up to date with any changes in Banquo Limited service or policies.

Banquo Limited operates within Recruitment Policy and Procedure to ensure that every member of the team, is always working with the best interests of the service users in mind.

Implementation

The Governance lead for Banquo Limited is the Director. It is their responsibility to ensure that the principles in this Policy are implemented effectively.

Specifically, they will:

- Provide governance leadership and advice.
- Promote high quality care within the organisation.
- Keep an overview of the level of current awareness maintained by each individual. member of the team.
- Act as the expert in dealing with complaints and significant events.
- Initiate and review audits as appropriate.

Risk Management

Assessing Risk

A risk assessment is a process of identifying, analysing, and evaluating possible risks and their consequences. Risk assessments are used to determine the likelihood and impact of adverse events, and to compare them with the potential benefits of an action or decision.

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 I for the consequence/severity that the risk will cause.

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 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

(See section 'Risk Register' for further information and Table 1)

Assessing The Risk

The first step when assessing the level of risk is to identify which individual could potentially be harmed by the activity. This will provide the basis upon which risk reduction can then be achieved.
Some risks will be role specific ie risks to lone workers or new and expectant mothers in such cases these individuals should be risk assessed individually.

Banquo Limited will also take into consideration risk to members of the public or visitors to the workplace who could potentially be harmed by business activities being carried out.

Once the risks have been identified and assessed the Registered Manager is responsible for discussing the risks with the team to ensure that nothing has been missed.

Controlling The Risk

In order to reduce and control risk Banquo Limited will take steps to protect individuals effected by our activities.
Banquo Limited will identify any high-level risk which require more expansive control measures through robust risk assessment.

Recording Findings

The Registered Manager is responsible for completing risk assessments where risks have been identified.
The risk assessment should cover all groups of people who might be harmed by company activities. The assessment should include what the risks are, what is already being done to control the risk and what further action is needed to further reduce the risk.

Reviewing Controls

Risk assessments must be reviewed as and when there have been significant changes. For example, if there have been any incidents related to the identified risk or if workers have spotted a problem with the current controls, this would trigger a review and update of the risk assessment. It is the responsibility of the Registered Manager to ensure that the risk assessment remains up to date.

Risk Register

If a risk assessment identifies a risk may impact on the operations, strategic ambitions, financial stability, or safety of Service users, this should be escalated to the company's risk register.

The Management team at Banquo Limited are responsible to maintaining the risk register and maintaining it on a regular basis – at least monthly.

In order to maintain an up to date risk register, the Management Team will identify and record the most significant risks. They will also be made aware through governance meetings of any additions to the register on at least a monthly basis.

Risks must be included on the register as the severity becomes apparent and removed from the register once the risk is deemed to be negligible.

On addition of a new risk to the risk register, each risk will be assigned an initial risk score. At the point of reviewing the risk the current score will be assessed against real time circumstances. The expectation would be to see the risk level reducing as the controls and actions relating to the risk are implemented.

The Risk Matrix found below will enable a standardised approach to risk assessment and provide an opportunity to mitigate risk wherever possible *(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, staff 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	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

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	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

				attendance for mandatory/key training	training on an ongoing basis
Statutory duty/ inspections	No or minimal impact or breech of guidance/ statutory duty	Breech of statutory legislation Reduced performance rating if unresolved	Single breech in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breeches in statutory duty Improvement notices Low performance rating Critical report	Multiple breeches 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 expectation. MP concerned (questions in the House) Total loss of public confidence
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule	Incident leading >25 per cent over project budget Schedule slippage

				slippage Key objectives not met	Key objectives not met
Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/loss of >1 per cent 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

Once a specific area of risk has been assessed and its consequence score agreed, the likelihood of that consequence occurring can be identified by using Table 2. As with the assessment of 'consequence,' the likelihood of a risk occurring is assigned a number from '1' to '5'; the higher the number the more likely it is the consequence will occur:

1 - Rare
2 - Unlikely
3 - Possible
4 - Likely
5- Almost certain

When assessing likelihood, it is important to take into consideration the controls already in place. The likelihood score reflects how likely it is that the adverse consequence described will occur. Likelihood can be scored by considering:

- Frequency (how many times will the adverse consequence being assessed actually be realised?) Or

- Probability (what is the chance the adverse consequence will occur in a given reference period?).

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/ circumstance	Will undoubtedly happen/recur, possibly frequently

Table 1: Likelihood Scores (Broad Descriptors Of Frequency)

(Table 1: provides definitions of descriptors that can be used to score the likelihood of a risk being realised by assessing frequency).

Risk Scoring And Grading

An overall risk score can be assigned to any risk by following the process below:

1. Define the risk(s) explicitly in terms of the adverse consequence(s) that might arise from the risk.
2. Use Appendix I to determine the consequence score(s) (C) for the potential adverse outcome(s) relevant to the risk being evaluated.
3. Use Table 2 to determine the likelihood score(s) (L) for those adverse outcomes. If possible, score the likelihood by assigning a predicted frequency of occurrence of the adverse outcome. If this is not possible, assign a probability to the adverse outcome occurring within a given timeframe, such as the lifetime of a project or care episode. If a numerical probability cannot be determined, use probability descriptions to determine the most appropriate score.
4. Calculate the risk score by multiplying the consequence by the likelihood: C (consequence) × L (likelihood) = R (risk score).
5. The risk matrix in Appendix I shows both numerical scoring and colour bandings.

Assessing The Effectiveness Of The Control(S)

For each of the risks (and especially extreme and high risks) identify the controls that are in place. For example, in an operational setting and where an incident may have occurred the controls may take the form of a policy, guideline, procedure or process etc. For risks that have been identified as preventing achievement of organisational objectives then the control is likely to be a management action plan.

Review the control(s) for each of the risks and apply the following criteria:

Satisfactory: ASSURED	Controls are strong and operating properly, providing a reasonable level of assurance that objectives are being delivered.
Some Weaknesses: PARTIAL ASSURANCE	Some control weaknesses/inefficiencies have been identified. Although these are not considered to present a serious risk exposure, improvements are required to provide reasonable assurance that objectives will be delivered.
Weak: INADEQUATE ASSURANCE	Controls do not meet any acceptable standard as many weaknesses/inefficiencies exist. Controls do not provide reasonable assurance that objectives will be achieved.

The extent of mitigation, controls in place and evidence for their effectiveness will assist the Director when deciding the level of assurance, which may be:

- 'Assured.'
- Partially Assured – further actions required.
- Inadequate assurance – further and more immediate actions required.

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 arrangements should be used:

Risk Score	Risk Category	Action	Level of Authority
25	Unacceptable	Halt activities **IMMEDIATELY** and review status	Senior Management Team attention.
15,16,20	Extreme Risk	Significant probability that majors harm will occur if control measures are not implemented **URGENT ACTION REQUIRED**. Director may consider limiting or halting activity.	
8-12	High Risk	Moderate probability of moderate harm if control measures are not implemented. Action in THE mediate term.	Registered Manager attention
1-6	Low and Moderate Risk	The majority of control measures are in place. Harm severity is low. Action may be long term.	Registered Manager attention

Regulatory Compliance

Care Quality Commission

Banquo Limited will be proactive in our engagement with the Care Quality Commission.

The service will strive to meet all requirements and regulations set out by the regulator and will be transparent and timely when providing them with evidence or any information they request.

Banquo Limited will ensure that the services latest CQC Rating is always easily accessible to the public.

Information Commissioner's Office

Banquo Limited is registered with the Information Commissioner's office, registration number: **ZB685132**

Banquo Limited will work within the requirements laid out by the ICO as detailed in the Information Governance and Record Keeping Policy and Procedure.

Coroner's Office Requests For Information

Coroner's inquest activity is monitored by the Nominated Individual. If a Service user has died while under the care of Banquo Limited, the Registered Manager will submit an adverse incident report which identifies the Service user as being either an expected or unexpected death.

The Registered Manager is responsible for reviewing all adverse incidents submitted which relate to unexpected deaths.

Following the inquest, any actions or recommendations are filtered across organisation via the Registered Manager at the monthly Management Team meeting. There may be occasions where a Root Cause Analysis (RCA) will have been requested, such as in relation to a fall with a fracture. This enables lessons from the incident to be learned and a reduction of risk as a result of a reoccurrence.

Monitoring

The Senior Management Team including the Registered Manager at Banquo Limited is responsible for monitoring this policy. The contents of this policy will be reviewed on annual basis, sooner should changes in the law or legislation dictate.

Related Policies And Procedures

Incident Management Policy and Procedure

Adult Safeguarding Policy and Procedure

Child Safeguarding Policy and Procedure

Complaints Policy and Procedure

Confidentiality Policy and Procedure

Duty of Candour Policy and Procedure

Health and Safety Policy and Procedure

Information Governance and Record Keeping Policy and Procedure

Training and Development Policy and Procedure

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 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 1 Incident Report Form

PLEASE USE BLOCK CAPITALS TO COMPLETE THIS FORM

INCIDENT REPORT FORM

*PLEASE USE <u>BLACK INK</u> AND <u>PRINT LEGIBLY</u>. COMPLETE <u>ALL</u> SECTIONS.

1. NAME OF SERVICE USER: _____
2. ADDRESS: _____
   _____
   _____

3. DATE OF INCIDENT: _____ TIME: _____

<u>TYPE OF INCIDENT:</u>

ABUSE
- ☐ DEPRIVATION/NEGLECT
- ☐ PHYSICAL
- ☐ EMOTIONAL
- ☐ SEXUAL
- ☐ FINANCIAL
- ☐ VERBAL

MEDICATION
- ☐ ERROR
- ☐ OMISSION
- ☐ P.R.N.
- ☐ REFUSAL
- ☐ OTHER

OTHER:
- ☐ OFF-SITE INJURY OR BRUISING
- ☐ SEIZURE
- ☐ MISCELLANEOUS (EXPLAIN) _____

BEHAVIOURAL
- ☐ SERVICE USER TO SELF
- ☐ SERVICE USER TO STAFF
- ☐ FAMILY TO STAFF
- ☐ SERVICE USER TO OTHER
- ☐ STAFF TO SERVICE USERS
- ☐ PROPERTY DAMAGE
- ☐ RESTRAINT USED

PUBLIC HEALTH:
- ☐ COMMUNICABLE DISEASE
- ☐ INFESTATION OF BUGS
- ☐ OTHER

LEGAL
- ☐ SERVICE

- ☐ POLICE INVOLVEMENT

ACCIDENT:
- ☐ FALL
- ☐ INJURY
- ☐ MOBILITY LIMITATIONS
- ☐ DEFECTIVE STRUCTURE
- ☐ MEDICAL FOLLOW-UP

- ☐ AWOL

- ☐ FIRE

3. NAME(S) OF PEOPLE (S) INVOLVED

1.) _____ DATE OF BIRTH: _____
2.) _____ DATE OF BIRTH: _____
3.) _____ DATE OF BIRTH: _____
STAFF: 1.) _____ 2.) _____

4. LIST ANY FACTORS (SITUATIONS OR BEHAVIOR) WHICH MAY HAVE INFLUENCED OR PRECIPITATED THIS INCIDENT:
_____
_____

5. DESCRIBE INCIDENT (Attach additional pages as required)
_____
_____

6. **ACTION TAKEN:** (Attach additional pages as required)

_____

_____

RESTRAINT USED: YES ☐   NO ☐   If "YES" please explain   _____

a) Is the use of the restraint approved in the care plan?   YES ☐ NO ☐

b) Staff trained in **NVCI**?   YES ☐ NO ☐   c) **Certificate date:**   _____

7. **PRESENT STATUS:**   (Stability of Situation/Safety Issues, etc.)

_____

_____

8. **REPORTING OF INCIDENTS:** All incidents to be reviewed/assessed by the Supervisor or Designate to determine if and to whom the incident is reportable. Indicate date reports filed.

Name of Social Worker: _____

DATE NOTIFIED:	VERBAL REPORT	WRITTEN REPORT
1) Director/Registered Manager:		
2) Social Services:		
3) Emergency Services:		
4) Care Quality Commission:		
5) Pharmacy/Doctor notified :	☐ yes ☐ no If yes, date notified :	

9. **FOLLOW UP:** INCLUDE MEASURES TAKEN OR PLANNED TO PREVENT SIMILAR INCIDENTS IN THE FUTURE

_____

_____

_____   _____
SIGNATURE OF STAFF INVOLVED   DATE REPORT COMPLETED

_____   _____
SIGNATURE OF REGISTERED MANAGER   DATE: