

Governance And Monitoring Policy



(Independent Community
Ambulance Services) Ltd

Organisation	I.C.A.S Ltd	06.01.2023
Governance and Monitoring Policy	Version 3	Created by Julie Hayhurst, TD V3
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1. Policy Objective

The purpose of this policy is to ensure that robust and sustainable governance frameworks are in place throughout I.C.A.S. Ltd. This will ensure that it is accountable for continuously improving the quality of its services.

The policy will also ensure that high standards of care are safeguarded by creating an environment in which excellence in care will flourish for users.

This policy outlines the key principles and related procedures regarding governance, as well as monitoring of the provision of high quality services.

2. Relevant CQC Fundamental Standard/H+SC Act Regulation (2014)

- Regulation 17: “Good governance”.

3. Policy

I.C.A.S. Ltd is wholly committed to delivering high standards of care and service. In order to achieve this aim on a continuing basis, ICAS has developed a governance and monitoring framework.

For the purposes of this policy “governance” is defined as:

“A framework through which an organisation is accountable for continuously improving the quality of its services and safeguarding high standards of care by creating and maintaining an environment in which excellence in non-emergency patient transport will flourish.

4. Summary Of Our Governance Arrangements

The Directors have an overall responsibility to oversee the operations of our service and ensure that it effectively fulfils its purpose. Directors responsibilities include:

- Monitor the delivery of services
- Ensure that ICAS conforms to all UK regulatory and professional requirements
- Ensure that ICAS is adequately resourced to fulfil its stated purpose

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- Continuously monitor and evaluate the performance of our staff team;
- Continuously monitor the performance of the service and oversee all necessary improvements.

User Experience

Our primary focus is to ensure that all users have a safe and satisfactory experience. In order to help to ensure this, users will be invited to comment on their overall experience and to offer suggestions for service improvement. There are signs on the ambulances for the service users, to prompt them to ask staff the process to make a complaint/compliment.

User Records

In order to deliver its services, ICAS may have to hold personal data. We recognise our obligations under the relevant legislation for data protection.

Internal Meetings and reviews

ICAS will conduct monthly board meetings, 6-8 weekly supervisions of staff and annual appraisals of staff in order to evaluate service delivery and to identify any areas for service improvement.

All issues arising from any board or individual meeting will be dealt with promptly and where necessary a review of relevant processes, policies and procedures will be undertaken.

5. Responsibilities

The CQC Registered Manager will be in overall charge of implementation of this policy, and carrying out a 6 monthly Infection Control internal audit and an annual Quality/Governance internal audit. Any issues arising prior to the audit date will be dealt with promptly. This will include making recommendations to the Board of Directors regarding governance and other organisational arrangements designed to promote the implementation and review of this policy.

All staff working for ICAS will be responsible for engaging in audits, Continual Professional Development and monitoring in order that the quality of care delivered by ICAS meets the needs of the users.

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6. Procedures

Examples of the procedures and systems to be used within I.C.A.S. Ltd to demonstrate that high standards of monitoring and governance are being maintained include:

- Serious Untoward Incident reporting.
- Accidents/Incident Reports
- Infection Control.
- Health and safety.
- User Complaints reviews
- Safeguarding and safety.
- Personalised care and support.
- Suitability of staffing.
- Annual staff appraisals (including related Training, Development and Learning Plans).
- Regular staff supervision at which problems and issues are discussed and resolved in the interests of users.
- User satisfaction feedback reports.
- Quality and management.
- Compliance audits completed to comply with CQC Fundamental Standards.
- Effective systems of Risk Management

7. Professional Audit

Any professional staff engaged by ICAS will assist the Registered Manager to undertake 6 monthly Infection Control audits and annual Quality audits, record the results, and plan improvements to user benefit.

In addition to these internal audits, we will have an annual external audit carried out by QMS (Quality Management Systems).

Our Governance programme will have the following features in order to ensure that our strategic objectives can be delivered:

- a. Governance audit and practice evaluation will be clearly identified and used as tools to support the broader interests and targets that ICAS needs to address.
- b. An identified programme of work will give direction and focus on how audit and practice evaluation activity will be supported in ICAS.
- c. Special investigations and audits will be instigated as a direct result of adverse events, critical incidents and breaches in user safety.

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- d. There will be effective processes to ensure that the governance audit and practice evaluation programme:
- is relevant to ICAS’s priorities, interests and concerns
 - results are turned into improvement activity
 - is followed through with any required re-audit/evaluation being completed to demonstrate change.
- e. The involvement of service users will be considered in elements of governance audit and practice evaluation, any concerns/complaints will be used to help improve governance and systems.
- f. Governance audit will be built into planning, performance management and reporting processes.

8. Staff and staff management

Team working will be encouraged across ICAS, with the aim of establishing a “no-blame” learning culture.

This will provide an open and equal working relationship with colleagues.

The organisation will seek to work towards an “Investor in People” standard and support training and development.

9. Continuing Professional Development (CPD)

ICAS will ensure CPD via full participation in Supervision, appraisal and training. Additional training will be available for any staff who require or request this.

All development activity will be documented as part of individual learning portfolios and all training, supervisions, appraisals will be available to directors of ICAS on the Atlas portal and in hard copy form in the locked personnel cupboard in the office.

Mandatory and statutory training will be undertaken by all staff on an ongoing basis.

10. User Experience

ICAS will discuss feedback received from service users and take appropriate actions in order to respond.

We will view the company from the service user perspective, and actively seek to implement feasible and beneficial ideas.

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11. Insurances

In order to comply with its governance responsibilities, and in the interests of protecting users, ICAS have put in place appropriate insurances via reputable commercial insurers. These will include some or all of the following:

- Public Liability insurance
- Products liability
- Employers Liability insurance
- Medical Malpractice insurance
- Comprehensive Vehicle insurance

The extent of insurance policies will be reviewed on an annual basis by the Board of directors, taking into account the overall risk profile of ICAS.

12. Information Governance

I.C.A.S. will follow the highest standards in regard to data protection and management of record systems

The following Information Governance principles will be followed and data should be:
 Adequate, relevant and not excessive;
 Accurate; processed for limited purposes;
 Held securely; not kept for longer than is necessary.

Governance audit and practice evaluation activity undertaken must be compliant with the organisation's information governance and information management policy and procedures. This will ensure that audit and practice evaluation activity conforms with the General Data Protection Regulation (2018), Caldicott Principles (1997) and the requirements of the national Confidentiality Codes of Practice which states that *"Patients must be made aware that the information they give may be recorded, may be shared in order to provide them with care, and may be used to support local clinical audit"*.

The following principles will be followed:

- Best practice is always to anonymise governance audit and practice evaluation data collection and analysis unless there is a compelling reason not to do so.
- Data must be stored in a locked cabinet or via encrypted data.
- If data is carried on a portable device such as a memory stick, it MUST be anonymised and the device must be encrypted.
- It is also standard practice for reports to be anonymised (not stating names of service user). The reports are about quality assurance and improvement and not about performance management of individuals/teams.

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- Where sensitive information leaves the organisation, the resultant data flow must be documented and approved by the CQC Registered Manager prior to the associated transfer.
- Audit records must be kept for a specific length of time e.g.:

Service user surveys (re access to services, compliments, complaints etc.)	2 yrs
Governance Audit	5 yrs – destroy under confidential conditions
Audit Records (e.g. Infection Control Audits, Quality Audits, etc) – Internal and External in any format (paper, electronic etc.)	2 yrs from date of completion of the audit
Meetings and minutes records	2 yrs

Any information governance breaches must be recorded and reported as necessary e.g. under the terms of ICAS's registration with the Information Commissioner's Office under the General Data Protection Regulation.

14. Risk Management

a) Risk Identification:

Risks are identified in a number of ways, including risk assessments, incident reports, complaints process and staff reporting risks.

ICAS has a comprehensive policy and process for reporting and investigating incidents and near misses. Staff are clear on how to report incidents and have access to all relevant paperwork to complete the reporting tasks.

b) Risk Assessments

Risk Assessments are undertaken to identify the level of risk of a particular activity. Risk assessments will be reviewed as and when required or annually if not required earlier.

Risk assessments will be carried out in all or some of the following areas: Human Resources (welfare risk assessment), Fire, Infection Control and Health and Safety.

c) Organisational Risk Register

The organisation has developed a comprehensive organisation-wide risk register on an ongoing basis. This includes all risks classed as significant or high risk. All risks will be recorded on the Risk Register where we identify, analyse and evaluate for solution and monitoring purposes.

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d) Risk Categorisation

Risk can be categorised into two broad areas:

- Service Risk (related to issues that do not directly involve service users, care, management etc). Likely to have an effect on service user care through, for example, equipment maintenance and procurement, fire safety, security, manual handling)
- Financial Risk.

e) Strategy For Risk Management

Our strategic aims are:

- To engender a culture of the identification and management of risk
- To identify and evaluate the risks facing ICAS.
- To move towards the convergence and strengthening of the link between governance and risk management.
- To eliminate or reduce to an acceptable level all risks which may adversely affect:

The quality of care provided

The ability of ICAS to provide services

The health, safety and welfare of service users, the public and staff

The ability of ICAS to meet its contractual and statutory commitments

- To develop a relationship with other organisations to engender trust and the sharing of incident/near miss data to share the learning from such incidents.

f) Risk Management

Defining risk tolerability is crucial to the successful implementation of the risk management strategy. The board, managers and directors need to understand which risks can be tolerated and which need additional reviewing/monitoring.

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Nominated/designated responsibility for execution of this strategy is as follows:

The Board

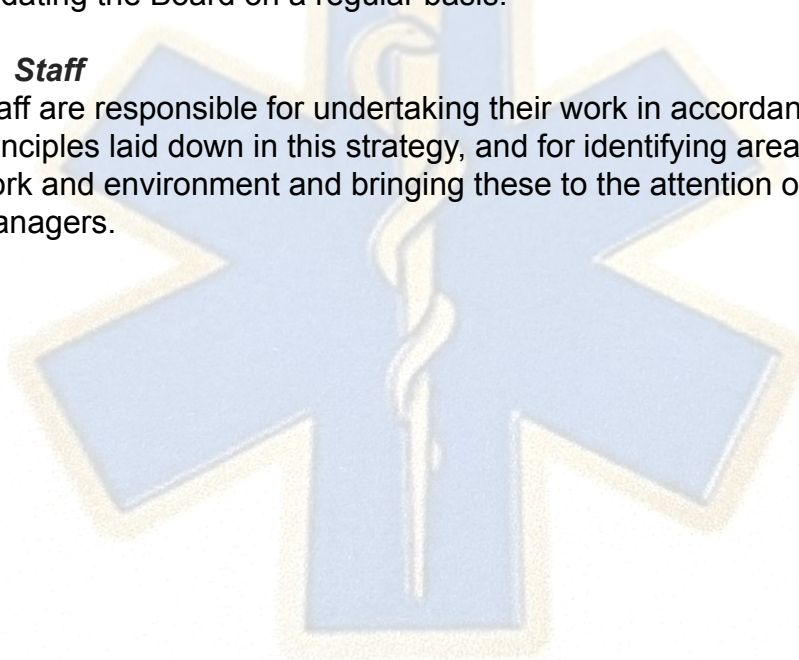
The Board is corporately responsible for the system of internal control, including risk management and is required to ensure that there are proper and independent assurances given on the soundness and effectiveness of the systems and processes in place.

CQC Registered Manager

The CQC Registered Manager will be responsible for day-to-day oversight of all monitoring and review processes, and will be responsible for updating the Board on a regular basis.

Staff

Staff are responsible for undertaking their work in accordance with the principles laid down in this strategy, and for identifying areas of risk in their work and environment and bringing these to the attention of their managers.



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