Quality and Governance Policy

Summary	This document is a description of the Quality and Governance procedures put in place within Capmed Diagnostics Ltd to ensure adequate oversight of operations by the directors and embed a culture of continuous improvement.
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Target Audience	All staff, patients, carers and service users.
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Approved by Directors	
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Capmed Diagnostics discourages the retention of hard copies of policies and procedures. The company can only guarantee that the policy in the company website is the most up-to-date version. If, in exceptional circumstances, you need to print a policy off, it is only valid for 24 hours.

Version Control

Date	Author	Version	Page	Change / Reason for change
3/3/26	Mark Edson	1.0		Original Document

Contents

Introduction

Capmed Diagnostics Ltd, herein referred to as the company, is committed to continuous improvement and learning from engagement with service users, their family, staff and professionals who work with us to continuously improve the experience of patients and the delivered services.

The company will use audits to identify opportunities for continuous improvement by monitoring and analysing its activities in key risk areas, as well as identify concerns or issues as early as possible before they become a major incident.

Scope

This policy describes the processes that the company will follow to gather information about the quality of services and how this information will be used to provide oversight and deliver improvement where necessary.

The company will gather data from the sources below alongside other relevant information regarding quality of service delivered.

- Engagement with patients, carers, and family members.
- Directors, Staff and sub-contractors, including organisations where there is a commercial relationship to provide services for or/on-behalf of the company.
- Service Level Agreement feedback and monitoring.
- Accidents and incidents.
- Patient Complaints.
- Relevant Audits.

Any data obtained by the company will be processed and analysed in-line with the company privacy policy and GDPR guidelines. The company will then use this analysis to develop actions to improve the quality and effectiveness of the services offered by the company where required.

This policy and procedure are provided for the regulated activity of diagnostic procedures delivered by the company.

Definitions

Term	Definition
Sub-contractor	An individual or organisation that has a commercial relationship with the company, i.e. receives payment, to deliver a service or function on behalf of/for the company.
Staff	An individual employed and paid by the company to deliver a function or service on behalf of the company. In the context of this policy, directors must also consider themselves as part of the staff group as well as the additional director responsibilities highlighted.

The Registered Manager	The individual within a company that has responsibility for the day-to-day running of a service provider registered with the Care Quality Commission (CQC). This role is a legal requirement for most regulated services, ensuring that they meet the standards set by the CQC for quality and safety. Additionally, the Registered Manager must demonstrate leadership and be fit and suitable for the role.
Company Representative	An individual that is 'the face' of the company at a given point in time to a patient, carer or service user. This could be a director, a member of staff directly employed by the company or a sub-contractor.
Due Diligence	Reasonable steps taken by a person to avoid committing an offence by ensuring compliance with relevant legislation and best practice.
Check and Challenge	is a concept often used in governance, auditing, and management to ensure that decisions are well-informed and that there is accountability in processes. It involves two primary components: • **Check** - This refers to the process of verifying information, data, or decisions. It involves ensuring accuracy and consistency, often by consulting relevant documentation, data sources, or stakeholders to confirm that actions align with established policies and best practices. • **Challenge** - This aspect involves questioning decisions, assumptions, and processes. It encourages critical thinking and fosters robust discussions to test the validity of strategies and plans. Challenging can involve asking difficult questions and considering alternative viewpoints to ensure thorough evaluation and prevent potential pitfalls.
Formal company meeting	A meeting that is scheduled in advance that has an agenda (or specific focus for discussion) that the participants are aware of before the meeting starts. Ideally a formal meeting should have minutes or a summary of the conversation either as a standalone document or follow-up email. A formal meeting may or may not generate actions for the participants depending on the subject.

Roles and Responsibilities

Staff/sub-contractors

Staff and sub-contractors should support the company in gathering relevant data via surveys or extraction/submission of agreed data in-line with the company privacy policy and GDPR regulations.

Staff and sub-contractors are also responsible for acting upon ad-hoc information that they receive / are aware of that is related to the quality of service being provided by the company.

The Registered Manager

The Registered Manager will be a nominated director. The Registered manager agrees that as part of their role they are responsible for:

- Verifying the quality of procedures, in line with regulations, fundamental standards, quality statements and all relevant guidance, e.g. NICE.
- the appropriate quality assurance processes, including for preparing and distributing the engagement activities, ensuring they are carried out appropriately to review performance and evidence areas of improvement.
- Collating results to share with directors, any staff employed by the company and any sub-contractors working on behalf of the company.
- Putting into place appropriate actions plans to ensure improvement is delivered and monitoring the action plans to ensure that improvement is delivered within identified areas within an appropriate timescale.

The registered manager is assigned responsibility for data collection and reporting within the organisation, with the following detailed for each audit activity:

- Activities, Methodology, Frequency and Responsibility.
- Expected results, i.e. key performance indicators.

The information is provided in the pre-agreed company format. The registered manager is responsible for ensuring that results are:

- Recorded and analysed to identify themes and trends.
- Themes and trends are reviewed to formulate risks and issues.
- Risks, issues and appropriate mitigation is discussed at the directors meeting as part of the business cycle.

Company Directors

The company directors agree to:

- Take responsibility and accountability for specific areas of the business in conjunction with their statutory responsibilities as a director.
- Participate in regular meetings at agreed intervals throughout the year and provide assurance regarding their areas of responsibility within the company.
- Review and develop a business cycle of agenda items, in-line with company policies, to ensure effective oversight of all business operations.
- develop improvement actions appropriate to any quality assurance findings.
- agree timing of review processes to ensure actions are working.
- engage with key stakeholders to develop and deliver the actions.
- Implement and model improvement behaviour as part of their own delivery of service within the company.
- Check and challenge the actions of other directors to be assured regarding areas of the business that they are not directly responsible for.

Procedures and Processes

The company aims to deliver the highest quality care and support possible to patients, carers and their families when using any of the services provided by the company. To ensure delivery of this aim we will

- Collate feedback from our own routine evaluations, for example, pre-clinic environmental evaluation;
- Distribute and collate patient/customer satisfaction surveys;
- Produce action plans that deliver against the company's aspiration to continuously improve patient and customer experience;
- Discuss the results of quality assurance and audit activities regularly as part of the company business cycle and with other organisations that represent or have a commercial relationship to deliver activity on the company's behalf.

All company representatives, whether employed directly by, or have a commercial relationship to deliver activity on behalf of the company, are required to demonstrate their commitment, understanding and adherence to delivering the highest standards of quality care to all of our service users, in all aspects of their roles, and to discharge their responsibilities accordingly. In particular:

- The directors are accountable for establishing a quality management system to ensure continuous improvement and a high-quality, safe service.
- All staff are responsible for the quality of their work and trained to perform their duties to the required legal and organisational standards set out in policies and procedures.

- Sub-contractors and partnership organisations must meet agreed and specified standards as outlined in any Service Level Agreement.

The company improvement plan will form part of the annual business plan at the directors meeting. The plan will take into consideration the results of data collection and identify any areas of improvement. Any improvement identified will

- focus on specific and measurable standards to improve, with assigned responsibility given to a relevant director to oversee improvement.
- consider ongoing feedback from service users, professionals, relatives and staff to ensure that improvements are being delivered and sustained.
- be monitored through discussion at the director's meetings as part of the annual business cycle.

Annual appraisals will be used to link staff development, company and personal objectives, to ensure continuous improvement, service success and quality.

Evidence and Best Practices

This policy sets out the values, principles and policies underpinning our approach to maintaining and improving quality and maintaining high standards; this includes following CQC guidelines to ensure evidence-based practice and the highest standards of care wherever possible. In addition, the company will identify guidance from other sources including:

- NICE
- NHS England / Department of Health and Social Care
- Professional bodies and Royal Colleges.
- Practice expert third sector organisations such as Bowel Cancer UK.
- Medical/Healthcare Companies and relevant clinical trials

This list is not exhaustive. The company will use information from the sources to enhance clinical practice, improve systems, policies and procedures, support development for staff. As new evidence becomes available it will be used to enhance improvement priorities and drive evidence based and best practice within the company.

The company places a strong emphasis on providing the highest quality of care possible for all patients and is committed to continuous improvement. The company will use the following systems and procedures to support its continual improvement:

- Engagement with patients, carers and their families.
- Engagement with professionals outside of the company who work with the company in-terms of both referring patients and providing services on behalf of the company.
- Analysis of complaints and compliments for specific trends or themes.
- An internal audit schedule.

- Measurable quality objectives that reflect our aims in terms of patient/customer satisfaction as well as key KPI such as wait time and report turnaround times.
- Management and peer reviews/external audits.

Governance

Governance is primarily the responsibility of the board of directors, which oversees management and ensures that strategic decisions align with the company's goals and stakeholder expectations. It is distinct from day-to-day operational management, focusing instead on high-level oversight, strategic planning, and long-term sustainability. Effective governance helps businesses:

- Build trust with stakeholders and enhance reputation.
- Ensure compliance with laws and regulations.
- Promote sustainable growth and value creation.
- Mitigate risks and prevent mismanagement or unethical practices.

Individual Director Responsibilities

The table below outlines the specific responsibilities that the directors share and are individually accountable for.

- Vicky Fawcett and Leila Chandler are responsible for the oversight of the clinical elements of the business.
- Mark Edson is responsible for the non-clinical elements of the business.

The directors acknowledge a shared responsibility for areas dictated by the company structure, e.g. financial responsibility, and will hold each other to account for their specific area of delivery within the business.

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Director Assurance

It is the responsibility of each individual director to ensure that they have the required level of knowledge and have carried out (or are satisfied with) the due diligence of the other directors with respect **to all areas of the business**.

Should an individual director feel as though they do not have the required level of knowledge to adequately check and challenge another area of the company and/or director, it is the individual director's responsibility to either

- obtain the required level of knowledge through appropriate, evidence based, training or research to improve their understanding.
- discuss with other trained professional(s), who have demonstrable experience, to verify the accuracy or suitability of claims and/or decisions made.
- engage a professional, who has demonstrable experience in the relevant subject area, to scrutinise the relevant area of the business where the director feels that their knowledge is lacking.

In the above circumstance directors should make an open and honest declaration about the situation, informing other the directors of the actions that they will take with an associated timescale for completion. This should be documented as part of the minutes of the relevant director's meeting.

In exceptional circumstances, for example suspicion of another director commiting a crime, fraud or abuse, it is acceptable for an individual director to carry out check and challenge and carry out further investigation without informing other directors or documenting as part of meeting minutes. However, upon the conclusion of such investigation this should be declared and documented as part of the subsequent meeting minutes with a clearly defined outcome of any investigations.

In any circumstance, it is the responsibility of the individual director to declare to relevant authorities any breach of statutory duty or compliance with relevant laws at the earliest opportunity after they become aware of such a breach.

Data Privacy

Directors are reminded that all company data is governed by the company privacy policy and GDPR legislation.

It is of paramount importance that these policies and guidelines continue to be complied with at all times, and that access to company data, including (but not limited to) financial information, patient records, business plans, customer information is not given to any person (or organisation) with whom the company does not have either

- A commercial agreement that covers processing of specific data for delivery of business activities or reporting as outlined in the company privacy policy.
- A 'live' data sharing agreement that covers the specific data to be shared with appropriate non-disclosure arrangements for sensitive company information.

If neither of the above arrangements are in place the relevant director is responsible for making sure that they are put into place **prior to any data being shared**.

Business Cycle

To ensure that the directors maintain high-level oversight and appropriate awareness of strategic planning, and long-term sustainability (both operationally and clinically) this policy implements an annual business cycle that stipulates standing agenda items and meet schedules.

Where possible all formal company meetings should be recorded to provide an accurate account of proceedings.

Any minutes/summaries (produced by participants or Artificial Intelligence) should be circulated to all participants (by attachment or link) and stored centrally for access later.

There should be a **minimum of 10 meetings (as a combination) scheduled throughout the financial year.**

For those months where there is no scheduled meeting then the relevant reports should be produced and circulated for review.

Meetings will be quorate with 2 out of 3 directors present in addition to any other participants.

Meeting Types

Monthly Director Meetings

- Scheduled to occur within a specific month.
- Will be more operationally focused looking at new, ongoing or previous issues and actions.

Each monthly meeting should (as a minimum) cover discussion regarding the following agenda items;

Agenda Item	**Suggested Discussion**

Complaints and Incidents	• New and ongoing complaints findings and resolutions.
	• Identification of any new trends that need to be managed via the risk or issue register.
	• Policies and/or procedures to be adapted and proposed adaptations.
	• **Must include discussion regarding:**
	  ○ Infection Prevention and Control Issues/Compliance.
	  ○ Medicines Management Issues/Compliance

Live Risks	• Risk currently documented and being actively mitigated within the company. • Agreement on any increase/decrease to risk scoring depending on currently business situations. • Any known risk to business continuity and appropriate mitigations.
Audit Feedback and compliance	• Discuss current scores vs benchmarking and previous month(s) • Proposed actions for improvement and feedback from actions already carried out.

Service Level Agreement Concerns	• Any concerns regarding services provided to/or on behalf of the company with other organisations in the context of agreed Service Level Agreements

Quarterly Director Meetings

Scheduled to occur once per quarter and may substitute the relevant monthly meeting within the specific time period depending on business priorities.

Will be more strategically focused analysing trends and improvement actions in the context of service delivery.

Each quarterly meeting should (as a minimum) cover discussion regarding the following agenda items and, if replacing a specific monthly meeting, items described as essential agenda items for monthly meetings;

Agenda Item	**Suggested Discussion**
Complaints and Incidents Themes	• Themes regarding complaints. • Themes regarding issues. • Detailed discussion regarding implemented/proposed service improvement actions.
Infection Prevention and Control	• Consideration of recent Infection Prevention and Control issues and Trends (as a minimum since previous meeting and annual trend), including Deep-Dive investigation reports into specific issues highlighted for further investigation in the relevant monthly meetings. • Consideration and adoption of any legislative changes and their effects on Company operations.
Medicines Management	• Consideration of recent Medicines Management issues and trend (as a minimum since previous quarterly meeting and annual trend), including Deep-Dive investigation reports into specific issues highlighted for further investigation in the relevant monthly meetings. • Consideration and adoption of any legislative changes and their effects on Company operations. • SLA review of online pharmacy partner(s) KPI.
Action Plan Review	• Review of the completion of action plans related to quality improvement. • Assurance to be sought (and discussed/presented) of completion of relevant actions.
Risks	• Risks currently scoring over 12 discussed in detail.
Audit Feedback and compliance	• Themes and trends regarding results to be discussed. • Suitability of audits and improvements or new audits to be introduced.
Service Level Agreement Detailed Review (in line with agreement schedule)	• KPI's for specific agreements reviewed and analysed. • Providers invited for discussion where appropriate.
Service Capacity and Continuity	• Review and approve capacity plans for delivery of a safe service over the coming quarter to ensure care is not compromised.

Financial Summary	• Financial position and sustainability.

Meetings will be quorate with 2 out of 3 directors present in addition to any other participants.

Example meeting schedule

	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly												
Quarterly												

Provides a break for annual leave in August and December – quarterly meetings in Jun, Sep, Nov, Mar replace the relevant monthly meeting. **Total meetings throughout the year = 10.**

Compliance and Enforcement

1. Quality assurance reporting

As part of the regular directors meeting the data analysis will be presented by the Registered Manager and discussed. The directors will agree a consensus for next steps for quality improvement.

2. Audits

The audit programme for the company is detailed below. During development of the audit programme the Company has taken a risk-based approach to ensure that the data acquired, the analysis and the development of actions plans to improve services, positively impacts on continuous improvement for the benefit of patients, carers and their families. The audit programme has been developed to identify:

- Themes and trends
- Early identification of risks
- Areas requiring improvement
- Areas of issue and concern

Audit activities include:

Activity	**Frequency**
Pre-Clinic Audit	Minimum of 1 per clinician within clinics delivered within the relevant month.
Accident / Incident Reports	• Per submission of report. • Monthly as part of trend analysis or review.
Complaints	• Weekly for individual complaints. • Monthly as part of trend analysis or review
Clinical Records	• Prior to each appointment. • Monthly as part of waiting list review.
Patient Feedback	Monthly.
Service User Feedback (non-patient)	Monthly.
Prescribing Audit	Monthly as part of reconciliation of prescribed drugs.

The audit activities and their frequency will be reviewed annually by the registered manager and directors.

Changes to frequency of audits may be updated depending on the current risk in each audit area, e.g. pre-clinic environment audit before every clinic if environmental issues have been raised as a concern.

3. Supervision and spot-checks

The quality and competence of service delivery will be monitored by regular supervision and spot checks; this could include direct observation of practice, review of recorded video pre-assessment/recorded voice calls, unannounced visits to locations where the company provides services.

Where a lack of competence is identified, an honest conversation will take place with the relevant individual/organisational representative, and an action plan will be agreed and implemented to support the individual/partner organisation to improve their practice and achieve the SMART objectives agreed to achieve competence. Support activities may include:

- Training or recommendation to deliver training.
- Coaching/Mentorship.
- Further announced and/or unannounced checks.
- Setting key performance indicators (KPIs) and monitoring performance against these indicators.

Where staff do not improve following agreed support, and there is no alternative, the company will follow disciplinary procedures and move to dismiss the individual.

Where partner organisations delivering a service on behalf of the company do not improve, the company reserves the right to withhold payment for any services delivered on behalf of the company and withdraw from any contractual agreements (in line with any penalties or clauses within such agreements).

4. Action Plans

The company will develop action plans in response to the findings of the audit and quality assurance activities. The aim of any action plan is to deliver improvement for patients, service users, performance of staff and to ensure compliance with regulations, legislation and guidance.

Action plan content will include (but not be limited to):

- **The descriptions of the actions to be taken.** This should be specific and not generic. For example, “improve patient feedback response” is too vague and open to different

interpretation. This could be replaced with “Distribute an increased amount of patient questionnaires, compared to the previous month, with an aim to increase feedback rate.”

- **Date that the action is to be completed by.** This should be updated if any deadline set is unachievable and there should be reasons logged as to why the initial completion date was not achieved.
- **Who is responsible for ensuring the action is completed**. The person indicated may not physically need to complete the action themselves, but they are responsible for checking that the desired outcome has/is being achieved and that they are assured the action has been successfully completed.
- **Any additional resources required**, e.g. manpower or funding.
- **What success looks like when the action is completed.**
- **The priority of the action** – this is important especially if a list of actions are required to deliver improvement. If there are multiple actions within a priority, then the action that would have the most impact/greatest consequence should be completed first with each subsequent action within the category considered in the same way.

  Actions should be completed according to the assigned priority and not the quickest or easiest.

  Priorities should be within the following categories;

Priority	Description / Example
Immediate	Action should be started immediately as soon as the person responsible is made aware. Examples would include anything relevant to patient safety and/or health and safety risks that could be life threatening or could result in major injury. For example, unblocking fire exits.
High	Action should be started within the next 24 hours (within 1 working day). Examples would include anything relating to significant service disruption or non-compliance with relevant legislation. For example, retraining member of staff to ensure compliance with company policy and/or legislation.
Medium	Action should started within the 24-48 hours (within 2 working days). Examples would include something which is likely to lead to patient raising a formal complaint, something which could lead patient safety implications if not acted upon.
Low	Action should be started with 72-120 hours (3-5 days). Action will not have any significant impact on service delivery, patients or staff.

- **Comments –** these should be relevant to action and provide additional information for the person responsible and the people completing the action.

Any actions plans will be agreed with all relevant stake holders, which may include managers, staff, service users or their representatives, external agencies, e.g. commissioners and/or CQC.

Action plans will be stored centrally on the company SharePoint site to provide a central repository of actions and enable access to the most up to date document at all times.

All stakeholders within the company should be able to access the relevant action plan(s). If access is not available, then this should be sought by the relevant individual at the earliest opportunity. All stakeholders should be actively involved (and be prepared to demonstrate their involvement) in completion of the agreed action plan.

Copies of action plans related to quality improvement should not be stored on personal computers, laptops, tablets or other devices.

Access to such action plans may be limited if they contain information of a sensitive nature that would not be deemed appropriate for open access to all within the company.

The monitoring of the action plan progress will include:

- Discussion and review at director meetings.
- Plan, Do, Check and Act (PDCA) cycle to ensure the actions taken are effective and resolving the identified issue or concern.
- Where actions are not having the expected effect or resolving the identified issues, then the Registered Manager will update the actions to resolve the identified problem.
- Where an action plan has been updated, then this will be republished to the relevant stakeholders (via link) and the PDCA cycle will continue to be used to monitor the progress.

Related Policies

- Complaints Policy
- Infection Prevention and Control Policy
- Medicines Management Policy
- Data Privacy Policy