Governance Policy

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The Bramley Health governance policy sets out the values, principles and procedures underpinning the health and social care providers governance systems. Bramley Health has an open and transparent ethos and culture which is entirely aligned with the Care Quality Commission's Regulation 17: Good Governance, which requires Health and Social Care providers to have systems and processes in place to ensure they are meeting requirements of the Health and Social Care Act 2008.

Governance systems within Bramley Health ensure that the organisation, and all of its services, manage the organisation effectively so that all employees fully understand their roles and responsibilities and are accountable to ensuring effective person-centered care. The organisation will assess, monitor and improve the quality and safety of all our services. This includes:

- Identifying and addressing risks to individuals, employees and others.
- Promote welfare, health and safety
- Empowering the rights of individuals afforded by regulations and legislation such as human rights, equality, consent and privacy.
- The organisation is committed to keeping records of individuals, employees and others accurate and secure

Bramley Health is committed to continuously improving the quality of its services, including high standards of clinical oversight, so that it achieves excellence in all aspects of personal, health, and social care. To achieve this, we recognise the importance of positive leadership and management to develop the services in line with person-centred values and standards of care that reflect these in all respects of its service delivery. Quality is applied to both care and health services along with our staff and facilities. What quality means to us:

- Consistent delivery of care and education at the highest level
- Safe, effective, regulated service
- The highest caliber of staff
- Investment into facilities to ensure they are always fit for purpose
- Listening to our service users

Our services will always treat people receiving care with respect, dignity and compassion by having a well-trained, highly motivated and professionally led staff group that are aware of its legal, ethical and moral duties working under the leadership of a qualified and committed management team.

1.0 Guiding principles, Vision and Values

Bramley Health is passionate about providing the highest standards of care, treatment and education in a safe, therapeutic and flexible environment that enables each individual who uses our service to achieve their maximum potential. We are committed to providing a fulfilling working environment that encourages personal and professional development. Our aim is to be an outstanding organisation delivering quality, innovation and value for money services.

Our ultimate purpose is to work with individuals that use our service, their families, commissioners and other stakeholders, to enable all individuals to take control of their lives. Bramley Health Limited as a 'Registered Provider' aspires to deliver the highest quality care.

We expect our staff to deliver the highest standards of treatment, care intervention and education. This is supported by a culture of being open, evidence based practice, continuous learning and improvement. We aspire to be a beacon of good practice for other health and social care organisations by being transparent about safety, quality, compliance and governance.

We will ensure that our services are safe, effectively regulated. We will measure our success by providing objective, quantitative and auditable data that measures outcomes, effectiveness, and user experience to continually drive improvement.

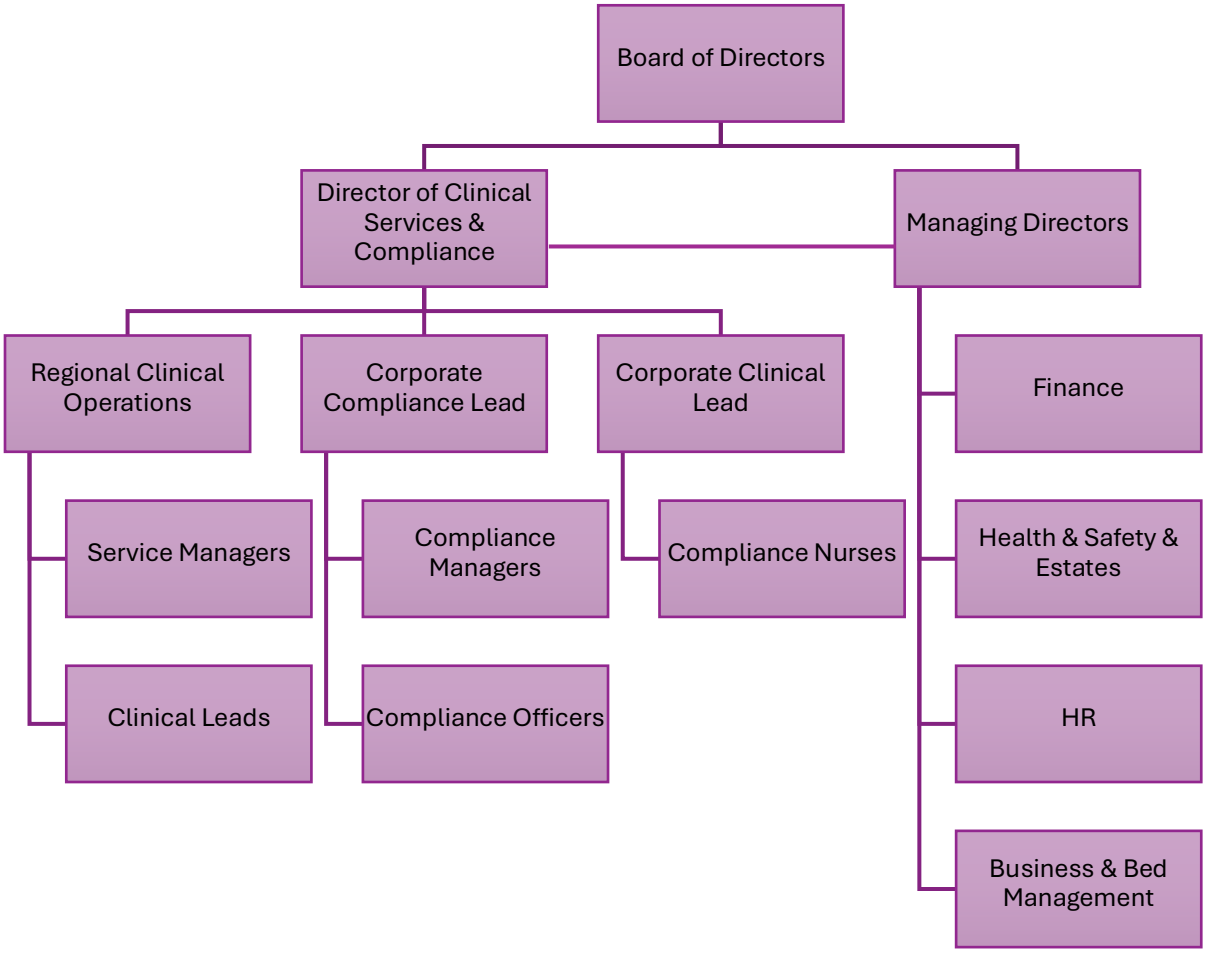
Our governance structure allows information to flow through the organisation so that it is shared with all departments and employees. The company takes a 'Board to Floor' approach so that all managers and directors share information to all areas of the company. In addition, Bramley Health also values and advocates a 'Floor to Board' reciprocal principle. This allows and advocates for direct information and feedback to go to the board from any employee where needed. This is achieved through meetings, forums, drop in sessions, service visits and Freedom to Speak Up so that the board knows and understand what the employee and service user experiences are of the services.

2.0 Governance Structure

The Bramley Health governance structure ensures that all parts of the company work in cohesion to deliver high standards of care and treatment to all service users and patients. All elements of governance work to make sure that there are processes in place to identify areas of improvement and drive forward quality care and treatment.

2.1 Management Structure

There is a clear structure for senior company staff, and this provides accountability for each department. All managers ensure that they lead their services or departments with positive leadership and ensure person centered care and treatment. All managers fall under the remit of the directors who are in turn accountable to the company board.



In addition, there are key roles in the company that are allocated by qualified, trained professional employees. These are:

- Responsible Officer – RO
- Nominated Individual – NI
- Data Protection Officer – DPO
- Senior Information Risk Owner – SIRO
- Caldicott Guardian – CG
- Freedom to Speak Up Guardian - FTSU

- Safeguarding Lead – SL
- Infection Prevention Control Lead - IPC
- Health & Safety Lead – H&S

2.2 Meeting Structure

The governance structure ensures that there are meetings in place to make sure all regulations are met in all services across all areas and information is shared to all departments. Our meetings make sure that there is clear understanding of the areas that require improvement, and they drive change, new ways of working and ensure that service users and patients remain at the center of company decisions.

Corporate Clinical Governance (CCG) has terms of reference, minutes and has identified action plans where there is a person accountable for the completion of each action. These remain until there is evidence that the action is completed to the required standard.

Information flows in to and out of CCG and shared across the company through meetings, action plans, newsletters and departmental updates. We are open and honest in areas that are not meeting the required standards, as well as celebratory in our successes. CCG has a clear structured agenda and responds to the needs of the services and the company. Innovation is welcomed and new ideas are received and reviewed for incorporation in to day to day operations in line with regulations.

The CCG agenda ensures that all areas of the company are reported on, analysed and areas for improvements are identified. The agenda is separated in two parts, these are then reviewed on alternate months and are as follows:

Part 1:

Action Plan
CCG Action Plan Review and update
1. Clinical Effectiveness
1.1 CQC Compliance: - **1.1.1 CQC Status for all Bramley Health services**
1.2 Policies & Procedures - **1.2.1 Policies for Ratification / Review / Development** - **1.2.2 Policies for Development** - **Polices to be allocated out**

1.3 Quality of Care within Services - **1.3.1 Weekly Dashboard** - **1.3.2 Ongoing Action Plans** - **1.3.3 Compliance Reports** - **1.3.4 Out of Hours Spot Checks**
1.4 Service Development - **1.4.1 Managers Reports** - **1.4.2 ECHO Reports** - **1.4.3 OOMPH Report**
1.5 Forms for Ratification - **1.5.1**
1.6 Health & Safety - **1.6.1 Health and Safety Audits**
2. Education & Training
2.1 Training & Development - **2.1.1 Training Committee**
3. Staffing & Staffing Management
3.1 Safer Staffing - **3.1.1 Monthly Safer Staffing** 3.2 HR & Recruitment - **3.2.1 HR Report** - **3.2.2 Annual Leave & Sickness** 3.3 On Call - **3.3.1 Hospital On Call Log** - **3.3.2 Care Home On Call Log**
4. Risk Register
4.1 Corporate Risk Register - **4.1.1 Corporate Risk Register**
5. Any Other Business

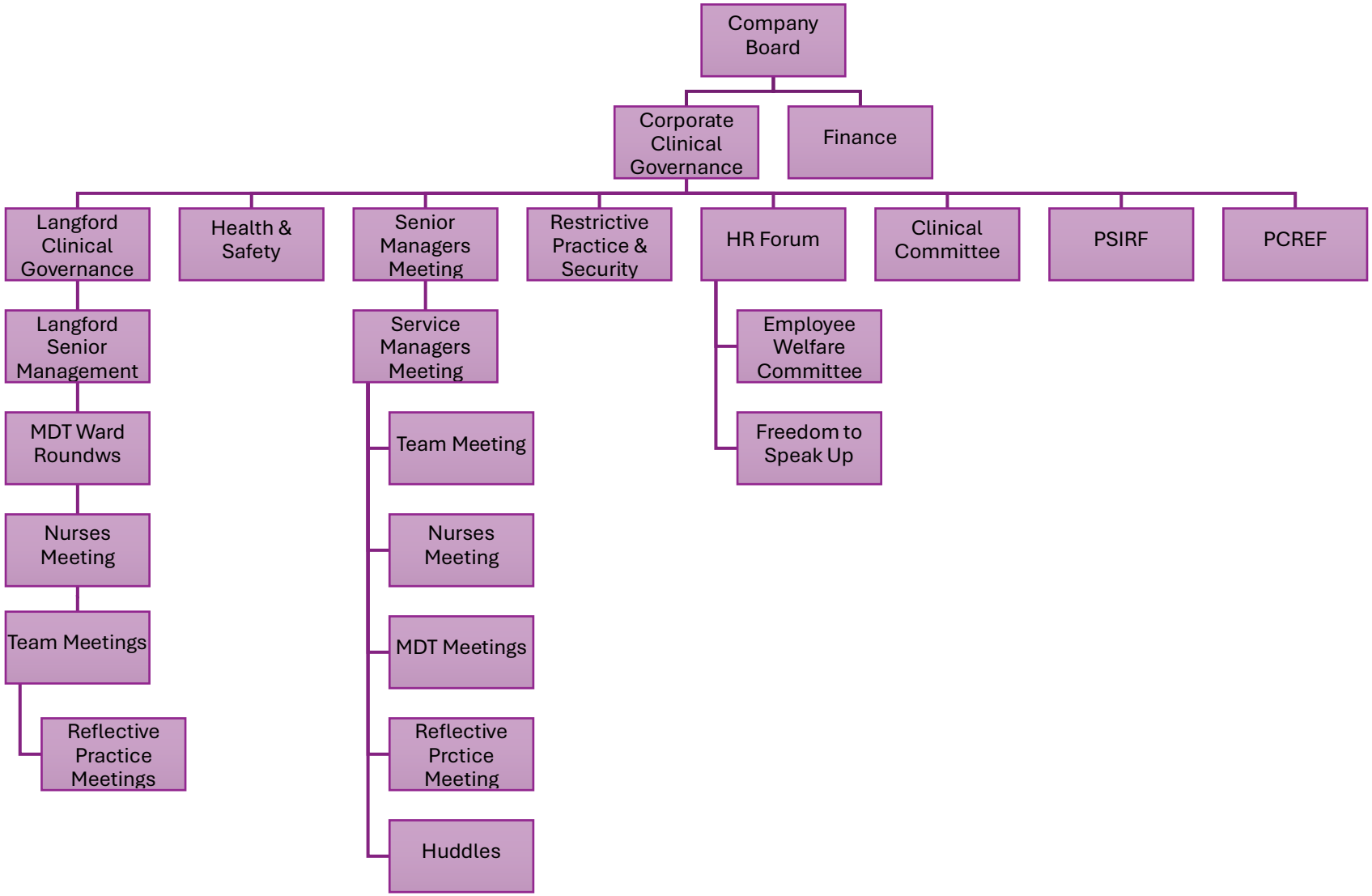
Part 2:

Welcome, Apologies & Action Plan
1. Risk Management & Patient Safety
1.7 CQC Compliance: - **1.1.1 CQC Status for all Bramley Health services**
1.8 Policies & Procedures - **1.2.1 Policies for Ratification / Review / Development** - **1.2.2 Policies for Development** - **1.2.3 Polices to be allocated out**

1.9 Safeguarding Adults & Children: - **1.1.1 Safeguarding Report**
1.10 Serious Incidents Requiring Investigation (SIRI) and Investigations - **1.2.1 Open SIRI's** - **1.2.2 Investigations – CONFIDENTIAL, NO EMBEDDED ITEMS** - **1.2.3 Death of Service Users**
1.11 Incident Management - **1.3.1 Incident Logs**
1.12 Complaints & Compliments - **1.4.1 Complaints & Compliments**
1.13 Security - **1.5.1 Security Breach Log**
1.14 Duty of Candour
1.15 Ligature Risks - **1.7.1 Changes to environment** - **1.7.2 Ligature Risk Assessment Updates** - **1.7.3 Heat Maps** - **1.7.4 Ligature Incidents and Lessons Learnt**
1.16 PSIRF & Culture of Care - **1.8.1 PSIRF Updates** - **1.8.2 Culture of Care Updates**
1.17 Multi-agency working (police, NHS England, local authorities) - **1.9.1 AWOLs** - **1.9.2 Police Contact**
1.18 Pharmacy/Medicines Management - **1.10.1 Medication Errors** - **1.10.2 Langford Ashtons Invoicing –** - **1.10.3 Langford Ashtons Report –**
2. Clinical Information
2.1 Information Governance - **2.1.1 IG Breaches** - **2.1.2 Requests for information** - **2.1.3 Breaches reported by Bramley Health**
3. Clinical Effectiveness
3.1 Meetings - **3.1.1 Clinical Committee Update** - **3.1.2 Training Committee Update** - **3.1.3 RPI & Security Meeting Update** - **3.1.4 Compliance Meeting Update**
4. Any Other Business

All other meetings within the CCG framework have terms of references and a set of required attendees to make sure their purpose is effective. For each meeting, this information can be found with the agendas and minutes of the meeting. The meeting structure can be found below and this demonstrates how the meetings interact with each other and work cohesively.

Bramley Health Meeting Structure:



3.0 Compliance Team

Bramley Health has an internal compliance team that serves to act as an independent team that support the company and all of its services to maintain and continually improve regulatory standards therefore driving up the quality of care for service users and patients.

The team has a mixed skill set of nursing and non-nursing compliance officers. The registered nurses are predominantly focused on clinical care and the non-nursing compliance officers primarily support with non-clinical care. All compliance team members work collaboratively with each other and the services to identify any aspects of the service that are not at required standards as well as guide in improvements.

Compliance team members visit all services on a regular basis, often weekly, and ensure communication to the services team is done in a timely manner to report back to the Service Managers any necessary actions that required attention and completion. The team is fully integrated in to the company structure and provides additional support where directed to.

The compliance team completes all mandatory training to ensure they are fully equipped to help and support services and employees maintain and improve standards.

4.0 Assurance

Bramley Health makes sure that all employees and departments have clear responsibilities, roles and systems of accountability as well as good governance in place. This is achieved through strong, experienced and qualified leaders that are effective in their roles and work within a clear and robust governance structure across the organisation.

All staff clearly understand their roles and responsibilities through effective induction, training and supervision. There is a clear governance structure in place across the organisation and within the services, as seen in section 2.0 Governance Structure.

There is a robust compliance program in place in every service which includes daily, weekly, monthly, quarterly, bi-annually and annual audits. In addition, every service has an ongoing action plan and this is reviewed monthly. The compliance team are responsible for signing off completion of actions and whilst they are part of Bramley Health they operate separately from the teams within services.

As a further layer of quality assurance, the compliance team conducts quarterly mock inspections with any identified actions being added to the ongoing action plan for rectification. There is also an additional level of quality assurance, Bramley Health have contracted an external Consultancy

Company to carry out quarterly Mock CQC Inspections to provide an independent view of the standard of care in our services.

5.0 Auditing Programme

There is an audit programme in place for all services within Bramley Health. Each service will complete audits on varying intervals as indicated in the table below. The Audits are reviewed by the compliance team to make sure that they have are kept up to date, relevant, as well as amended to reflect learning within in the company and from wider professional partners.

Audit	Frequency
Medication Audits	
Daily Medication Audits	Daily
Daily Night Medication Audit	Daily
Daily Clinic Room Audit	Daily
Daily Medication Form	Daily
Daily Environmental Checks	Daily
Daily Sensory Mat Checks	Daily
Weekly Medical Devices Audit	Weekly
Weekly Controlled Drug Audit	Weekly
Weekly PRN Audit	Weekly
Managers Clinic Room Audit	Weekly
Local Audit Schedule	
Tumble Drier Fluff Removal Audit	Daily
Fire Audit (including fire alarm test)	Weekly
Equipment Cleaning Checklist	Weekly
Hot Water Temperature Test	Weekly
Stoma and PEG/RIG Site Visual Assessment Record (if applicable)	Weekly
Kitchen & Fridges Spot Check	Weekly
Nurse Call Staff Response Time Audit	Weekly
PEG Pump & Stand Cleanliness Audit *(if applicable)*	Weekly
Hand, Foot & Lower Back Audit	Weekly
Weekly Activity Report	Weekly
Monthly Clinic Room Audit	Monthly
Monthly PRN Protocol Audit	Monthly
Managers Environmental Checks	Monthly
Kitchen First Aid Audit	Monthly
Food Probe Calibration	Monthly

Carbon Monoxide Detector Audit	Monthly
Vehicle Inspection Audit	Monthly
Flush Routine	Monthly
Hot Water Test Audit	Monthly
MEWS Audit	Monthly
Kitchen Equipment and Infection Control Audit	Monthly
Emergency Lighting Test	Monthly
Safer Staffing Report	Monthly
Case File Audit	Monthly
Cleaning Audit	Monthly
Health & Safety Audit	Monthly
BLS Drill	Monthly
DNAR Audit	Monthly
PEEP Audit	Monthly
Physiotherapy Engagement Audit *(if applicable)*	Monthly
Extractor Fan Cover Cleaning Schedule	Bi-Monthly
Shower Head Cleaning / De-Scaling Record	Bi-Monthly
Corporate Audit Schedule	
COVID-19 Infection Control Audit	Monthly
Health & Safety Peer Audit **(May, Aug, Nov, Feb)**	Quarterly
Restrictive Practice Audit **(Jan, April, July, Oct)**	Quarterly
Quarterly Newsletters **(Feb, May, Aug, Nov)**	Quarterly
Case File – Peer Review **(March, June, Sept, Dec)**	Quarterly
Hand Hygiene Audit **(March, June, Sept, Dec)**	Quarterly
Oral Health Assessment **(Jul, Oct, Jan, Apr)**	Quarterly
COSHH Audit **(April, Oct)**	Bi-Annual
Infection Control Audit **(April, Oct)**	Bi-Annual
Staff Understanding of Safeguarding **(May, Nov)**	Bi-Annual
Staff File Audit **(June, Dec)**	Bi-Annual
Incident Reporting Audit **(June, Dec)**	Bi-Annual
Patient Finance Audit **(June, Dec)**	Bi-Annual
Pharmacy Report	Bi-Annual
Physical Health Audit **(Feb, Aug)**	Bi-Annual
Local Contingency Plan Review **(Feb, Aug)**	Bi-Annual
Fire Risk Assessment Review **(Apri)**	Annual
Environmental Risk Assessment **(May)**	Annual
Carers Survey **(June)**	Annual
Care Home Service User Survey **(June)**	Annual
Workstation Self-Assessment **(June)**	Annual
Fire Door Gap Audit **(Nov)**	Annual
Staff Survey **(Feb)**	Annual
Dignity in Care Audit **(Oct)**	Annual

Culture of Care Barometer **(July)**	Annual
Care Home Friends & Family Test **(June)**	Annual
Meetings	
Weekly Clinical Meeting	Weekly
Community Meeting	Monthly
Staff Meeting	Monthly
Safeguarding Champions Meeting	Monthly
Nurses Meeting	Monthly
Reflective Practice Meeting	Monthly
Senior Support Worker Meeting **(July, Oct, Jan, Apr)**	Quarterly
Staff Forum Meeting **(Oct, April)**	Bi-Annual
Sharepoint Logs	
Safeguarding Matrix	Monthly
Training Matrix	Monthly
Supervision & Appraisal Matrix	Monthly
Complaints & Compliments Matrix	Monthly
Incident Log	Monthly
DoLS Log	Monthly
Covert Medication Log	Monthly
SIRI, AWOL & Police Contact Log	Monthly
Risk Register	Monthly
Spot Check Log	Monthly
DNAR Log	Monthly
On Call Log	Monthly

When an audit has been completed it is uploaded to the service's audit programme document. Each service has its own document, in this if there are any breaches to compliance standards they are identified as well as an action that is required to be completed to correct the breach. Any action must have evidence to support its completion.

All outstanding actions from audits are compiled into the weekly quality compliance dashboard which is communicated to all services, regional managers and directors weekly. Each service reviews this action plan and updates all actions with progress on completion. Actions can only be marked as completed by the compliance team once the evidence for completion has been reviewed and verified. The service's action plan is reviewed monthly by the Compliance Team to ensure that any breaches are being addressed and improved upon.

The audit programme, weekly dashboard and ongoing action plans feed directly into management meetings which takes place at the service (and at a Head Office level). These can be seen in section 2.0 Governance Structure.

6.0 Risk Management

Bramley Health takes all potential risks seriously and ensures they are of equal importance to the company to reduce and safely manage. This is inclusive of environmental, health and safety, employee and service user and patient risks.

There is a company risk register in place which assess and evaluates company risks that is reviewed through CCG. This allows risks to be known and shared to make sure the company is taking the appropriate action where needed.

There is a clear risk management policy in place and the Patient Safety Incident Response Framework policy. These direct all employees on how to manage, reduce, mitigate and respond to risks so that all those in our services are exposed to the lowest possible risks for themselves and others. Risks and patient safety incidents are overseen through CCG and any actions required are directed accordingly.

7.0 Service Improvement and Innovation

As a service provider we are always looking for new ways to do things better. Innovation can be in the form of a new idea or by simply being innovative with an existing one, to create something new or different.

What innovation means to Bramley Health:

- Consistently reviewing the way we work to ensure we continually develop best practice
- Not accepting the status quo if things could be improved
- Being at the forefront of care and educational trends and solution and creating unique market leading practices

The meeting structure enables relevant information to be freely cascaded, such as lessons learnt and improvements through daily huddles, monthly supervision, monthly nurses' meetings, team meetings, monthly safeguarding meetings, monthly reflective practice meetings and quarterly newsletters.

All improvements have an identified accountable person that is responsible for making sure that the required actions are delivered within the identified timeline. The meeting structure allows for communication between departments to achieve the outcome in the most effective way possible.

We value information shared with us about our services internally and externally, as such we welcome external stakeholder feedback. This is received in a range of ways which are outlined below:

- Complaints
- Compliments
- Advocacy
- Safeguarding teams
- Professional partners, such as commissioners, social workers, care coordinators
- Families and carers

We use all information throughout our governance systems and processes to learn and improve our service delivery to drive the standards of care and treatment. In addition, our workforce feedback through colleague engagement via HR forums, drop in sessions, team meetings, the welfare committee and the FTSU is invaluable to be able to improve every part of the company.