



Quality Improvement Planning (QIP) Terms of Reference

**For Nursing,
Residential &
Domiciliary Providers**

1.0 Quality Improvement Planning (QIP)

1.1. In line with the Care Act 2014, the Lancashire Safeguarding Adults Board (LSAB) member organisations have committed themselves to the prevention of abuse and neglect and the improvement in the quality of care delivered to adults with care and support needs.

1.2. Overall Purpose

The Lancashire Quality Improvement Planning (QIP) process is a confidential, planned and coordinated multiagency response designed to ensure that when issues are raised regarding a significant shortfall in the quality of care delivered by a registered care provider these are addressed.

The following factors will trigger consideration of a QIP:

- ❖ Organisational abuse enquiries are ongoing or substantiated and no improvements, or limited improvements, have already been implemented by the provider.
- ❖ Where safeguarding enquiries have occurred within a care setting and wider concerns have been identified re the quality of care being provided.
- ❖ Concerns exist with organisational leadership and/or culture in which senior managers within the setting/organisation are implicated
- ❖ Significant breaches of the CQC's five essential standards of quality and safety resulting in special measures status
- ❖ Where there are high levels of complaints or safeguarding activity indicative of wider quality issues within the setting/organisation which are a cause for significant concern.
- ❖ Where compliance and contract monitoring reporting identify an ongoing failure to address actions identified in the LCC contract improvement plan.
- ❖ Where there is data via the quarterly quality returns to CSU – Contract Management Team indicate there may be risks to the health and clinical needs of the people who use the service.

The QIP process is not a replacement for individual safeguarding alerts, referrals and enquiries. The QIP process is not an emergency response. Operational safeguarding enquiry teams undertake individual safeguarding enquiries in accordance with the Care Act 2014 and the LSAB multiagency policy and procedures.

1.3 Terms of Reference

The QIP process is a proactive and planned approach, and will review and monitor the implementation of a QIP improvement plan which will be developed by the provider. The provider's QIP improvement plan is the bringing together in one document all the key areas of concern from a number of separate agencies. The purpose over a series of meetings is for professionals to support a provider to make improvements by:

- ❖ Supporting the provider to be responsible for developing a comprehensive QIP improvement plan with indicative timescales and ownership of the action identified.
- ❖ Collating and assessing information/intelligence in relation to the concerns raised about the provider.
- ❖ Seeking assurance that the needs of service users are being met through the undertaking of individual resident reviews.
- ❖ Determining if a recommendation for a contract suspension for new resident admissions is required.
- ❖ Monitoring and reviewing progress against the QIP improvement plan.
- ❖ Requesting further information to demonstrate improvements made and the way these will be sustained.

When considering whether or not a QIP process might be triggered, consideration will be given to what benefit the QIP process will bring in terms of supporting a provider to improve the overall quality of the service provided, therefore ensuring the safety of the people who use the service.

The involvement of providers in making improvements to address quality concerns is expected in line with contractual requirements. Their attendance and involvement in the QIP meeting process is voluntary. Where a provider is to be offered the support of a QIP process, the chairperson will contact the proprietor and/or the registered manager in advance of the first QIP meeting to make arrangements.

2.0 Provider Support

Through the QIP process providers will be supported in the following ways:

- ❖ Assistance to develop their QIP improvement plan.

- ❖ Invited to regular meetings to feedback on the progress being made against their QIP improvement plan.
- ❖ Receiving constructive and meaningful feedback and advice via audit or monitoring visits.

- ❖ Provided with the contact details for multiagency professionals and support services.
- ❖ Being made aware of best practice tools, resources and forums.
- ❖ Signposting to other organisations.

3.0 Appointment of Chair

The chairperson for a QIP meeting will be agreed at the Radar. The chairperson may be from CCG or LCC. The nature of the concerns will assist in determining an appropriate chairperson. The chairperson for providers of Adult Mental Health Services will be from LCFT.

4.0 Membership

Provider Representation:

- ❖ Registered Manager
- ❖ Nominated individual and/or provider
- ❖ Other key representative supporting the improvement plan

Agency representation may include:

- ❖ LCC Safeguarding Quality Improvement Team
- ❖ LCC Safeguarding Enquiry Service
- ❖ CCG Safeguarding and/or Quality Lead
- ❖ Commissioning Support Unit (NHS) Contract Management Team
- ❖ LCC Contract Management
- ❖ CQC
- ❖ NHS Services
- ❖ Police
- ❖ A note taker will be in attendance

5.0 Roles and Responsibilities of Representatives

5.1 The Chair will make contact with the provider, provide the terms of reference and the offer of a pre-meeting discussion to explain the QIP process.

5.2 Providers are invited to bring key representatives who are supporting them with the implementation of their improvement plan to QIP meetings.

5.3 Agency representatives will be expected to provide the chairperson with a written summary of concerns prior to the initial QIP meeting. This information must have been shared already with the provider and will be discussed during the meeting to feed into the provider QIP improvement plan.

5.4 Requests for others to attend who have no direct involvement e.g. students for training purposes will be permitted to attend only with the agreement of the provider and chair.

5.5 The provider will update their QIP improvement plan and submit it to the chair seven days in advance of the meeting.

6.0 Frequency of Meetings

6.1 Once the QIP process has been initiated, the frequency of subsequent meetings will be agreed, based on the actions to be undertaken, and the progress made.

6.2 At each QIP meeting a date will be arranged for the subsequent meeting.

6.3 Additional meetings can be arranged if information arises that is a cause for concern, and may impact on progress.

6.4 The QIP process is time limited and should not exceed a maximum of six months. In exceptional circumstances this may be extended with the agreement of the County Panel.

Progress will be reviewed at each QIP meeting. Where there is concern with the progress of the QIP improvement plan a referral to the County Panel may be required.

6.5 The QIP process will conclude when the actions identified at the start of the process, detailed in the QIP improvement plan, are completed and there is assurance that the safety and quality of service is in line with contractual standards.

6.6 The final QIP meeting will confirm support services available and confirm routine contract monitoring arrangements

6.7 The QIP process will not usually be offered within a 2 year period with the same proprietor, and repeated failure to maintain improvements will be referred to the County Panel.

7.0 Format of Meetings

7.1 A QIP meeting can consist of up to 3 distinct parts:

- ❖ **Part i - Agency Representatives:** key summary and discussion about the agencies concerns
- ❖ **Part ii – Provider representatives join the meeting (If participating in the QIP meeting process):** Information is shared with the provider, who will be asked to provide an update on their QIP improvement plan.
- ❖ **Part iii -** As required for agency action.

7.2 Notes will be available for all QIP meetings, and the outcome will be shared with the attendees and those who sent apologies.

7.3 Quality Improvement Planning (QIP) will report to the County Panel.

8.0 Confidentiality

Members are expected to adhere to confidentiality/information sharing procedures as per LSAB safeguarding procedures. Only secure email will be utilised should it be necessary to share staff or service user information.

These terms of reference will be reviewed and updated in light of experience, learning and changes in legislation.