Lancashire County Council

Quality, Performance and Improvement Planning (QPIP)

Terms of Reference

For Nursing, Residential & Community Care Providers

Version control

Version 2.1 – Draft 19/10/2021	
Version 3 – Draft 11/02/2022	
Version 4 – 20/12/2022	Updated following multi-agency review lead by Sue Shannon 2022.

Quality, Performance and Improvement Planning (QPIP)

1.1. In line with the Care Act 2014 (as amended 2016), 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.

This Terms of Reference sets out the purpose and structure of QPIP, within the Lancashire and South Cumbria Integrated Care System (ICS), agreed by the Integrated Care Board (ICB), Lancashire County Council (LCC) and partners to ensure local care and support services can meet individual needs and where possible, enhancing local service capacity.

1.2. Overall Purpose

The Lancashire Quality, Performance and Improvement Planning (QPIP) 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 QPIP process has two tiers

The following factors will trigger consideration of QPIP1:

- When contracts have undertaken a quality audit or contract monitoring and compliance exercise with a Service Provider and found areas for improvement
- Where the health, wellbeing and safety of the service users is deemed to be at risk
- Where compliance and contract monitoring reporting identify a failure to address actions identified in the contract improvement plan.
- Where there are levels of complaints or safeguarding activity suggestive of wider quality issues within the setting/organisation which are a cause for concern.
- Where there is data via the quality returns to CSU – Contract Management Team which indicate there may be risks to the health and clinical needs of the people who use the service.
- Shortcomings identified in more than one of the CQC's five essential standards of quality and safety
- Concerns exist within the organisation regarding leadership and/or culture.
- Where safeguarding enquiries have occurred within a care setting and wider concerns have been identified re the quality of care being provided

or a marked increase in volume/emerging patterns or where continuous outcomes are inconclusive or unresolved
- ❖ Cases where providers do not co-operate with investigations

The following factors will trigger consideration of a QPIP 2:

- ❖ 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 contract and quality monitoring reporting highlight an ongoing failure to address actions identified in the related improvement plan.
- ❖ Where there is data via the monthly and quarterly quality returns to the Contract Management Team which indicate there may be risks to the health and clinical needs of the people who use the service.

QPIP 2 may be a response to one or a combination of the above triggers. Whilst each may manifest itself in a number of ways, the root cause is usually complex and rooted within the organisational structure and culture of the setting. A QPIP 2 will not therefore be merely satisfied with addressing the symptoms of the failings. This is because it leaves the Provider at risk of failing again. This would invoke a cyclical pattern that will put an unnecessary strain on the resources of the stakeholders addressing the issue. The QPIP 2 will therefore seek to be assured that sustainable changes are embedded within the organisation to prevent the trigger from recurring.

The QPIP process is not a replacement for individual or organisational safeguarding alerts, referrals, and enquiries, nor should it be considered as 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 Overall Process

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

- Supporting the provider to be responsible for developing and sharing a comprehensive QPIP improvement plan with indicative timescales and ownership of the action identified.
- Supporting the provider to assess risk, prioritise risk mitigation, introduce and embed improvements
- Collating and analysing information/intelligence in relation to the concerns raised about the provider.
- Gaining assurance that, through the needs of service users are being met.
- Determining if a recommendation for a contract suspension is required.
- Monitoring and reviewing progress against the QPIP improvement plan.
- Requesting further information to demonstrate improvements made and the way these will be sustained.

When considering whether or not a QPIP process might be triggered, consideration will be given to what benefit the QPIP process will bring. This may include supporting a provider to improve the overall quality of the service provided, therefore ensuring the safety of the people who use the service. Organisation leads will contribute towards a risk assessment which will outline the evidence for decisions made.

The involvement of providers in making improvements to address quality concerns is expected in line with contractual requirements. Their attendance and involvement in the QPIP meeting process is voluntary. The decision to engage with a QPIP intervention is at the provider's discretion. Their willingness to engage as well as their commitment and capacity to improve should be assessed at the start and periodically throughout the QPIP process.

Where a provider is to be offered the support of a QPIP process, the chairperson will contact the proprietor and/or the registered manager in advance of the first QPIP meeting to make arrangements. The supportive nature of QPIP should be stressed along with the need for the provider to take ownership of delivering prioritised results in any stipulated timeframe.

For providers that are part of a bigger group/brand notification of QPIP action will also be communicated to the CQC registered nominated individual.

2.0 Provider Support

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

- Determine if discussion for a voluntary contract suspension or restricted admission/commissioning of packages of care is required to give time to make the required improvements.
- Assistance to prioritise the provider's QPIP improvement plan.
- Invited to regular meetings to feedback on the progress being made against their QPIP improvement plan.
- Receiving constructive and meaningful feedback and advice via audit or monitoring visits. These visits may take place unannounced with agreement from the provider.
- Provided with the contact details for multiagency professionals and support services.
- Being made aware of best practice tools and resources; with a view to the provider implementing to support quality improvement
- Signposting to other organisations; this may include buddying up with another provider in the area or in the same organisation if it is a large provider with multiple registered locations.
- Facilitate discussions for issues that are barriers to making improvements as identified for e.g., lack of support from nominated individual, financial instability, lack of support from other statutory organisations.
- Details of local forums with the expectation that attendance is maintained
- Flexible to meet the needs/themes of the emerging situation
- Where practicable to do so, stagger the engagement of the assisting agencies in line with the prioritised improvement plan. This will avoid overwhelming the provider whilst allowing them to focus on addressing the high-risk areas.

3.0 Appointment of Chair

The chairperson may be from Health or LCC and will be agreed between partners. The nature of the concerns will assist in determining an appropriate chairperson. If the QPIP is concerning a provider of a specialist service, the chairperson will arrange for appropriate expertise to input into the process, this may be either during meetings or on audit visits.

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 Social Work Team
- LCC Safeguarding Enquiry Service
- ICB Safeguarding and/or Quality Lead
- Commissioning Support Unit (NHS) Contract Management Team
- LCC Quality Improvement & Contract Management Team
- CQC
- NHS Services
- Police
- A note taker will be in attendance
- Other professionals as appropriate, identified by ongoing activity/themes

5.0 Roles and Responsibilities of Representatives

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

5.2 Providers are expected to bring to QPIP meetings key representatives supporting with the implementation of their improvement plan.

5.3 Agency representatives will be expected to provide the chairperson with a written summary of concerns prior to the initial QPIP meeting. This information must have been shared already with the provider and will be discussed during the meeting to feed into the provider QPIP 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 QPIP improvement plan and submit it to the chair seven days in advance of the meeting.

5.6 The provider and agency representatives will contribute to the evaluation of the QPIP intervention

5.7 Lancashire County Council will collate and evaluate the effectiveness of QPIP for reporting purposes.

6.0 Frequency of Meetings

6.1 Once the QPIP process has been initiated, the frequency of subsequent meetings will be agreed, based on the actions to be undertaken, and the progress made. As a minimum, there will be 4 weeks in between meetings.

6.2 At each QPIP 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 QPIP process is time limited and where possible should not exceed a maximum of six months.

6.5 Where there is concern with the progress of the QPIP improvement plan, escalation will be via the provider's CQC registered nominated individual. Senior representatives from the provider organisation will be required to attend a meeting to decide ongoing roles and responsibilities through the process.

6.6 A review of the risk and provider progress will be undertaken at each QPIP meeting, where there is concern with the progress or risks arising, escalation under contract arrangements will be considered.

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

6.8 The final QPIP meeting will confirm support services available and confirm ongoing contract monitoring arrangements

6.9 The QPIP 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 a multi-agency group to discuss what support should be provided.

7.0 Format of Meetings

7.1 A QPIP1 meeting can be undertaken in a variety of formats. These include formal or informal meetings, quality visits, and enhanced monitoring.

7.2 A QPIP 2 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 QPIP meeting process):** Information is shared with the

provider, who will be asked to provide an update on their QPIP improvement plan.

- **Part iii -** As required for agency action.

7.3 LCC Minute Taking Service can be booked for QPIP meetings. Notes will be available for all QPIP meetings, and the outcome will be shared with the attendees and those who sent apologies.

8.0 Confidentiality

8.1 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.

8.2 North West Commissioning organisations will be informed of QPIP action via the North West Association of Directors of Adult Social Services (NW ADASS) Information Sharing protocol.

9.0 Review

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