Lancashire County Council

Quality Performance Improvement Planning (QPIP)

Standard Operational Procedures

For Nursing, Residential & Community Care Providers

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Version Control

Version 1 – agreed 05/05/16	
Draft 1.2 – drafted 21/10/21	added feedback from focus group.
Draft 1.3 – drafted 02/12/21	LCC update.
Draft 1.4 – drafted 11/01/22	collated feedback from JL, CCGs etc.
Draft 1.5 – drafted 13/01/22	updated introduction, representation, confidentiality, table of appendices and included the learning from Rossendale. Addressed/added KTs comments and SSu additional review.
Draft 1.6 – drafted 11/02/22	completed with Judith Clark CCG.
Draft 1.7 – 07/03/2022	updated with feedback from Amy Nicholas, CSU, incorporated QPIP1.
Draft 1.8 – 11/05/2022	Risk scoring guide to be added as template.
Draft 1.9 – 20/09/2022	updates from Radar review and update CCG and HoS refs.
Version 2 – 20/12/2022	Finalised

Introduction

In line with the Care Act 2014, the Lancashire Safeguarding Adults Board (LSAB) member organisations 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.

The QPIP process was introduced in 2016, with the shared purpose and aspiration of QPIP multi agency partners to address collaboratively, issues of concern about a commissioned adult care provider to achieve sustainable improvements in culture and practice.

With the NHS transition towards integrated care systems, partnerships, and boards from 2021, collaborative working remains a priority. QPIP depends on multi agency partners working together equally, operating a collective model of accountability and decision-making that works though difficult issues where appropriate. The QPIP process creates a learning system, sharing evidence and insight to support improvements being embedded. The focus of QPIP is on improving health and care outcomes for people,

This Operational Guidance sets out the approach 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.

This document should be read in conjunction with the quality performance and improvement planning Terms of Reference.

1.0 Partner Representation

QPIP is a partnership of interested stakeholders. The main parties are LCC and the ICB. Other services within the ICB and partners, such as the Commissioning Support Unit (CSU) Care Quality Commission (CQC), Lancashire Fire & Rescue Service (LF&RS) are invited to join the initiative as necessary.

There are no contracts or service level agreements binding the stakeholders to performance or resource contribution levels. Participation arises from a sense of duty, regulatory responsibility, and a desire to improve the quality-of-care provision.

Input from partner agencies should be meaningful and mindful of the purpose of QPIP, and the demands upon all partner's and the provider's time. Partner agencies should ideally attend planned QPIP meetings when required but may submit a report via the chair. This information must have been shared already with the provider to feed into the provider QPIP improvement plan.

Authority to act is obtained by each partner using their organisation's governance arrangements.

2.0 Provider Representation

Provider engagement with the QPIP process is voluntary. An initial contact will be made with the provider to share information about the QPIP process and invite their representation and participation. Providers are invited to involve key representatives who they identify as essential in supporting them with the implementation of their improvement plan.

Providers are required to engage with the QPIP process and to attend QPIP meetings. Where a provider declines to attend a QPIP meeting due to a more urgent, pressing commitment, there is a requirement for the provider to submit a copy of their quality improvement plan with updates on progress.

3.0 Service User Representation

Feedback and commentary are welcomed and sought actively from Service Users, their families, friends, carers and/or advocates to ensure services are focused upon and meeting individual's needs.

The Provider is required to have internal quality assurance and monitoring systems in place in line with contractual obligations which seek the views and input of Service Users.

Assurance visits or other interventions will aim to ensure this representation is captured and that the Provider has assurance systems in place.

Attendance to QPIP of stakeholders and agencies that support and give a voice to people using services, e.g., Assigned social care workers, Healthwatch should be considered and channels for open communication and feedback maintained.

4.0 QPIP process overview

The recommendation to offer a QPIP intervention to a provider, normally arises from LCC or ICB and may be a recommendation from a Radar meeting which has considered the risks to quality and safety as well as the associated evidence. A decision to offer QPIP comes from a response to the intelligence we receive.

The QPIP process has two tiers. A risk assessment alongside professional judgement will be undertaken to determine what level of QPIP is initiated in

response. As a guideline, risk assessments that score between 20 and 27 will progress as a QPIP 1 process, whereas a risk assessment score of 28+ as QPIP 2.

The QPIP Chair will be determined by the circumstances of where the main concerns lie. For example, where the issues are social care and quality then LCC will lead, where the issues are predominantly clinical, include funded health care, and requires professional / clinical expertise, the ICB/CCG will lead. The Chair for QPIP1 may be to a delegated role and for community care providers, the QPIP Chair is ordinarily LCC. On occasions capacity is an issue, the chair may be allocated based on capacity, mutually agreed between and with support of partners.

A QPIP intervention should ensure that quality and safety outcomes are agreed, and all stakeholders work collaboratively, with mutual consent to ensure quality is delivered. This includes monitoring and taking clear action where quality is not meeting expected standards.

The QPIP process will not usually be offered within a 2-year period with the same proprietor.

5.0 How the QPIP process operates

- The decision, by partner's, to initiate a QPIP will be based on a risk assessment and a chair appointed
- The chair will meet the provider's representatives to assure them of the supportive nature of QPIP, the timescales, operational methods, and supplementary supporting information available
- A QPIP template will be offered to support the provider to develop their Improvement Plan
- The provider will be asked to provide details of residents / service users in receipt of a service and the relevant funding authority.
- Reviews of individual residents/service users' needs may be undertaken within the QPIP process to ensure that the health, social care, safety, and dignity needs of residents/service users continue to be met.
- The chair must ensure that a document store is created to keep all information relating to the QPIP and partner's supporting QPIP will also keep records.
- The chair must ensure that at the first and subsequent meetings, agency input and support will be identified.
- The development of the QPIP Improvement Plan for the setting/organisation is the responsibility of the provider and an initial plan will be submitted 7 days before the initial QPIP meeting.
- The Improvement Plan should detail - priorities for improvement, the nominated individuals responsible for the actions and timescales. This will be discussed and agreed at the first QPIP meeting

- Priorities and timescales within the improvement plan will be reviewed at each subsequent QPIP meeting
- Prior to formally meeting the provider's representative, the agencies involved in the QPIP may have a pre-meet. This is an opportunity to update and coordinate the information they wish to deliver or receive during the formal meeting.
- Formal meetings with the provider's representatives should be held as necessary. This is an opportunity to review progress with the action plan and agree next steps.
- The chair must ensure the prioritisation of issues to address, the duration of the QPIP and what outcomes are required to exit QPIP. This will be in collaboration with partners and should consider – high priority risk mitigation, introduction of improvement and embedding improvement.
- The chair must ensure that any reviews and support is prioritised and co-ordinated in a way as not to overwhelm the provider.
- The chair must ensure that when key staff who have been attending a specific QPIP for a sustained period leave, ensure there is a process where new attendees/replacements are fully briefed on the specific QPIP.
- A review of the risk and provider progress will be undertaken by QPIP partners during the QPIP meeting and recorded by the Chair.
- The provider can be asked about financial viability at any point of the process, and this will be escalated by both parties where it is of a concerning nature.
- If the risks escalate to score extremely high, the relevant Head of Service, and Chief Nurse should be notified to consider 'next steps'.
- Progress under QPIP will be reviewed at six weeks, 12 weeks and within 6 months or earlier. Partner confidence in the provider to effect change, consideration of escalation to Senior Management in each agency and decision made, should be recorded.
- Extensions are permitted where progress is being made. Reasons for extension must be recorded to capture themes and difficulties being encountered.
- Where the provider can demonstrate that they are within sight of achieving the desired achievements an extension may be agreed. The chair should record the reasons for granting the extension to aid learning and planning for future QPIPs.
- If an extension is to be granted, the chair should seek to have a peer review to agree the context and reasons by another chair or their line manager.
- QPIP 1 Where the Quality Assurance and Contracting visits, progress meetings and improvement plan feedback, show good progress on all high-risk actions and a move towards developmental actions, no further action will be required under this level and the provider will return to business-as-usual monitoring.
- QPIP 1 Where the Quality Assurance and Contracting visits, progress meetings and improvement plan feedback, show little progress on 75% of

high-risk actions or the Provider gives cause for concern again, within 12 months of being supported under QPIP1, further action is required, based on a reviewed risk assessment, this may lead to QPIP2 and/or escalation under contract arrangements.

- ❖ QPIP 2 Providers who have not achieved or maintained the desired improvements as per the timescale within the action plan or are unlikely to do this even with a short extension, will be closed to the QPIP process and escalated to the Head of Service, Quality, Contracts and Safeguarding and Chief Nurse (if the setting is a nursing home and has contracts with the home). Consideration for legal advice at this time is required and this may lead to contract termination.
- ❖ QPIP members will obtain assurance throughout the process with a final assurance visit before the QPIP improvement plan is signed off.
- ❖ QPIP members will debrief from and evaluate the QPIP process, to include lessons learnt, themes and trends, and report on these to their respective Heads of Service and Safeguarding leads.
- ❖ The experiences of providers will be sought via the evaluation form.
- ❖ Following the completion of the QPIP process, the care provider will be monitored via Radar for at least 3 months, then usual contract monitoring arrangements will apply to evidence that improvements are being sustained.

6.0 Contractual Matters

Decision to recommend a formal suspension of the contract for new admissions

1. Where there are significant concerns with safety and quality or services are in breach of their contract, a contract query/warning letter will be issued to allow the provider to correct the shortfall of standard as per the normal contract process.
2. The QPIP meeting may consider whether a suspension of the provider is required.
   - ❖ **Formal suspension (Residential and Nursing):** The requirement not to accept any new residents is imposed upon the provider and their contract is suspended.
   - ❖ **Formal suspension (Community):** No new care packages will be commissioned.
3. The decision to apply a formal suspension will be considered jointly, and aligned, utilising LCC and ICB Suspension Policies. When a formal suspension is the recommendation of the QPIP process, a request together with rationale will be made through both LCC and ICB, following the organisation's commissioning contract escalation procedures.

4. Where a residential or community provider is inadequate in all five domains of CQC Inspection Framework and placed in special measures by CQC an authorisation for formal suspension will always be recommended by LCC and ICB in consultation with Contract Management.
5. The suspension status will be reviewed at each QPIP meeting and any recommendation to lift the suspension, submitted through the respective commissioning contract procedures.

7.0 Governance Arrangements

Information regarding themes, trends and lessons learned from QPIP activity, will be reported to the Quality Sub- Group of the ICB regulated care workstream, the Lancashire Safeguarding Adults Board and wider partners to inform practice learning and commissioning.

The Safeguarding Adult Leadership group will report to the Lancashire Safeguarding Adults Board on QPIP activity through routine quarterly reporting.

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.

To ensure the safety and welfare of all Service Users, information on Providers and Service Users may be shared with:

- Other Local Authorities and ICBs who have individuals placed within services or considering an imminent placement
- Relevant employees within LCC and ICB
- CQC who may be informed of concerns about a regulated Service
- The Provider - concerns will be shared and discussed with the Provider, as appropriate, in an open and honest manner.

9.0 QPIP Resources

The QPIP Process has the following resources available to Chairs as a toolkit.

Escalation and de-escalation flowchart

QPIP Terms of Reference
QPIP Risk Profile Tool
QPIP Improvement Plan Templates – Excel and Word version
QPIP Agenda
QPIP Provider Meeting Template

QPIP Leaflet for Staff
QPIP Poster
QPIP Provider tool kit
QPIP visit report template
Risk Assessment Tool for review during QPIP to assess current situation
LCC Minute taking service
QPIP Evaluation Survey

10.0 Review

These standard operating procedures will be reviewed and updated in light of experience, learning and changes in legislation.

Toolkit

	Document Title	Location
1.	QPIP Terms of Reference	QPIP TOR Version 4.docx
	Escalation and de-escalation flowchart	Appendix 1 Escalation - deescala
	Pre QPIP-Risk Profile Tool	Appendix 3 Risk Profile tool.docx
	QPIP 1 Outline & Guidance (LCC)	20181003 QPIP Level 1 Cause for Concern
	QPIP 1 Improvement Plan Template (LCC)	QPIP 1 Improvement Plan.docx
	QPIP1 Meeting Agenda Template (LCC)	20181003 QPIP Level 1 AGENDA PROVIDE
	QPIP 1 Provider Meeting Template	QPIP 1 Provider Meeting Template.d
	QPIP 2 Improvement Plan Template - Word	QIP Implementation Plan - Final V1 27.04
	QPIP 2 Improvement Plan Template - Excel	Action plan 4 PBI - Jan-Jun.xlsm

		Action plan 4 PBI - Jul-Dec.xlsm
	QPIP2 Agenda Template	Agenda for QPIP 2.docx
	QPIP2 Provider Meeting Template	QPIP 2 meeting template.docx
	QPIP Leaflet for Staff	5773 (QPIP) Leaflet for Staff .pdf
	QPIP Poster for staff	5773 (QPIP) Poster for Staff A3.pdf
	QPIP Provider tool kit (TBC)	
	Example QPIP visit report template	Example Provider monthly visit report.
	Risk Assessment Tool for review during QPIP to assess current situation Scoring Guidance	Risk Assessment DRAFT.xlsx
	QPIP access to LCC Minute taking service; - • Health Chair via LCC rep. • LCC Chair via MinuteTakingService@lancashire.gov.uk	
	QPIP Evaluation Survey	201904 QPIP Evaluation form v1.c