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Quality Assurance-Task and Finish Working Group

DRAFT v1 Project Brief

1.   Project Definition

The Care Act 2014 describes the responsibilities of local authorities to reduce the risk of provider failure or the impact of a failure should one occur. The provider is defined as any registered care provider who is carrying out regulated activity for people in the local authority area.

In December 2014, following enforcement action by the CQC, a Nursing Home in Surrey closed and the people who were living there moved to other accommodation. The inspection was carried out as a result of receiving concerning information from partner health and social care agencies about the poor care, and threat to the welfare and safety of the people who lived in the home.

The report identified a number of areas of concern which led to the CQC decision to urgently remove the provider's registration for this home. The home environment fell well below adequate standards and there were significant breaches of regulatory requirements. The outcome was extreme provider failure people living in the home were exposed to significant harm and despite CQC warnings, the providers failed to take action to improve the situation.

Following the closure of the home it was agreed that a multi-agency task and finish working group should

- Apply a project framework to structure terms of reference and purpose, feasibility and scope, main lines of enquiry and timescales.
- Conduct an in depth review of Quality Assurance (QA) current state policy, processes, systems and structure. Complete a risk assessment and risk management plan.
- Consider current national and local research studies, learn and engage in debate.
- Establish workstreams and identify tasks based on SMART principles.
- Establish open and honest debate with all stakeholders including people who use services and the provider market,. Work together to understand what constitutes best practice, excellent standards and registration and legislative requirements.
- Produce a report to be submitted to relevant scrutiny bodies outlining details of the review, evidence gathered, conclusions and recommendations to provide strategic guidance.

The change outcomes across Surrey that the project aims to deliver are as follows

- A rapid review of the current state QA policies, procedures and structure including roles and responsibilities. A risk assessment, risk register and risk management plan is put in place and recommendations are made to provide strategic guidance on a QA service for the future..

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- Following review, recommendations are made to establish a multi-agency shared information system to gather, record and report hard and soft intelligence from a variety of sources and trigger an 'early warning' response of provider failure.

- Recommended clear and agreed lines of responsibility for pro-active response to intelligence reports.

- Market mapping of regulated care providers and identification of hard to replace service provision to pro-actively plan, monitor and shape the market.

- A shared understanding and implementation of best practice across all stakeholder groups.

The aims and objectives are:

- To protect vulnerable people who use care and support services.

- To create a robust multi-agency QA model for use in Surrey.

- To connect Surrey to national research studies to develop best practice in preventing provider failure and sustaining best practice.

- To develop a multi-agency 'early warning' shared intelligence information system to log hard intelligence information from various sources, log and monitor comments, concerns and alerts at any level and from any service.

- To create clear lines of responsibility regarding pro-active response to intelligence.

- To engage stakeholders and consider what constitutes best practice and sustainability.

- To develop an integrated model of best practice to pro-actively map, monitor and review regulated services in Surrey.

This will be dependent on the outcome of the feasibility study.

2.   Plan

2.1   Approach

- Undertake a feasibility study to determine if all the outcomes are necessary and assess the options for taking them forward:

- Define and agree the scope of each of the outcomes that will be taken forward (Agree high level schedule and timescales)

- Establish workstreams, agree leads and membership.

- Plan activity for each work stream and agree requirements, deliverables and key milestones.

2.2   High Level Schedule

QA Task and Finish Project											
Phase	**Product**	**Timescale (2015, month)**									
		April	**May**	**June**	**July**	**Aug**	**Sep**	**Oct**	**Nov**	**Ongoing**	
Stage 1	Feasibility Study Project scope and set up	▓	▓								
Stage 2	Project Team set up	▓	▓								
	Workstream set up	▓	▓								
	Task lists defined	▓	▓								
Stage 3	QA review, risk assessment	▓	▓								
	Progress reports			▓	▓	▓					
Stage 4	testing in pilot area					▓	▓				
	Roll out of model							▓	▓	▓	

2.3   Detailed Schedule

To be completed

3.   Governance

3.1   Organisational Structure

This is still under consideration. Possible options are to have wide multi-agency consultation group that meets every quarter and agrees representatives which form a steering group that meets on a monthly basis. TBC

3.2   Project Sponsor-Vernon Nosal

Project Manager-Stella Smith

3.3.   Current Consultation Group

Cathie Sammon- SABP Trust
Charlotte Langridge- Business Intelligence Lead
Chris Hastings - Quality Assurance Manager
Christine Caines -Assistant Senior Manager Mental Health
Clare Creech - CQC
David John - Audit Performance Manager
Dilip Agarwal - Customer Relations Manager
Eileen Clark

Ian Lyall - Senior Category Specialist
Jean Boddy - Area Director for Farnham and Surrey Heath
Jim Poyser - Practice Development Manager
Jo Poynter - Area Director for East
Joanna Victor-Smith - Quality Assurance Manager
Juliette Flynn - SABP Integrated Mental Health Service
Lorna Hart
Matthew Parris
Neil Cox
Paul Coleing – Quality Assurance Manager (Secondment)-Service Delivery
Philippa Alisiroglu - Interim Assistant Director
Simon Willis - Service Delivery Manager

4. Stakeholders

Stakeholder plan to be completed

5. Monitoring and Reporting

To be agreed

6. Dependencies

This project is linked with the ongoing SCC Joint Community and Care Home Provider Failure Protocol and the national studies on market overview, surveillance and the Dept of Health Provider Failure Toolkit.

7. Financial Information

7.1   Costs- Budget to be agreed

Staff Resource

TBC but will include attendance at meetings, research and workstream activity

Information System Development

TBC but possible resourcing for AIS add on application or new information system.

Stakeholder Engagement Activities

TBC but possible resourcing for communications, workshop style events, venues, catering etc

7.2   Savings/Benefits

The overriding benefit of this project will be to provide more robust quality assurance of all regulated care providers. The vision is for risks to be identified and managed at an early stage and for people needing care and support to be protected from significant harm.

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- There may be insufficient QA resource to implement a rapid review and management plan. In mitigation support may need to be provided from partners.

- A multi-agency shared information system may not be available. In mitigation other options will need to be considered.

- All current national research studies are on hold because of the general election. This could delay the information systems options appraisal. In mitigation it is uncertain what models of practice currently exist, particularly in areas that have more established integrated health and social care systems in place.

- Stakeholders may not be willing to engage. In mitigation a stakeholder analysis, management and communications plan will encourage engagement.

- There may be insufficient frontline resource to monitor and review on a regular basis. In mitigation there could be consideration of an integrated health and social care area model of practice that encourages regular frontline presence, holistic support plan reviews and relationship building with local care homes.

9.   Equality Impact Assessment

To be completed

Stella Smith-Project Manager

April 2015

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