

The Service Improvement Panel (SIP) Terms of Reference

SIP Membership (June 2019): Marnie Naylor (Quality Monitoring Lead and lead for SIP/Chair), Michelle Jenkins (Head of Professional Standards, Safeguarding & Quality Monitoring: Chair), Carol Hards (CCG), Isabelle Kay (CCG), Tracey Mansell (CMT), Claire Machin (Assessment lead), **(SPFT: SOAMHS rep TBC each meeting)** David Allerton (SPFT: functional adults), CCG-CHC rep, Claire Rowland (lead Commissioner)-Alex Saunders (covering CR), Lisa Akmenkalns (commissioner-homecare and care homes), Alex Morris (CCG safeguarding lead), **CLDT REP**, Lou Aish (CLDT Commissioner or Jenny Cain), Michael Malone (minute taker) to include a member of the QM Team rep tbc each month

Minutes to be circulated to: All of the above: Andy Witham (head of commissioning), Richard D'Souza (Service Manager SPFT), Ian Wilson (CCG), Candy Gallinagh (CHC), Richard Stevenson, Liam Sargent

1. Terms of Reference

- a. To co-ordinate, share and review the information available regarding the quality of Health & Adult Social Care (HASC) social care services.
- b. To focus on those services which have crossed the escalation threshold and require the monthly focus afforded through SIP to identify services where concerns regarding quality are evidenced.
- c. To ensure robust improvement planning and that these plans are delivered in a timely manner.
- d. To support the delivery of improvement plans by linking providers into local programmes that support quality improvement.
- e. To recommend enforcement action in relation to contracted services as appropriate.
- f. To share areas of development required within the City (for Commissioners to monitor/use data).
- g. To establish priorities in relation to available capacity within the Quality Monitoring Team: QMT.
- h. To report emerging themes re service quality into the broader Care Governance process (Care Governance quarterly Report) share intelligence with CQC and CCG colleagues/other.
- i. To report into the Care Governance Board on activity.

2. The Service Provider Profile, held by the Quality Monitoring Team (QMT) will hold relevant intelligence about provider services, this will include information relating to but not exhaustive:

- Safeguarding (causes for concern & section 42 enquiries)
- Complaints
- Whistleblowing
- CQC feedback/inspection reports

- Information gathered by others e.g. soft intelligence
- Commissioning Feedback/concerns

3. In most instances the levels of concern discussed will be of a level that improvement activity will be monitored directly within the QM Team, working with Commissioners and those responsible for the contract element. The broad themes and trends will be shared during monthly SIP meetings and feed into the quarterly Quality Monitoring Report shared at quarterly Care Governance Meetings. The report will be available in the public domain as required.
4. However sometimes the level of concern will require escalation into the SIP such that the service is subject to monthly review by the SIP in relation to improvement planning and actions that maybe required by the Council in relation to this.
5. Escalation into the SIP will usually be a matter of judgement for the panel members in each instance. The following factors will be of relevance ;
 - a. Where a section 42 investigation has led to a significant shortfall during investigation relating to the safety of others in relation to a provider then escalation into SIP will take place automatically.
 - b. Where the CQC have issued warning notices and enforcement action then escalation into SIP will automatically take place.
 - c. The breadth of the concerns re quality and their impact on people using the service.
 - d. The confidence in a provider to deliver improvements.
 - e. Where previous levels of concern have not escalated into SIP but the provider has consistently failed to deliver the improvements identified.
 - f. Themes emerging about a service through various avenues e.g. complaints, section 42 enquiries, whistle blowing etc.
 - g. When a home is closing/terminating its business.
6. The SIP will :
 - a. Agree on risk ranking of services and any immediate actions to follow e.g. the Quality Monitoring Team to carry out a focussed visit, a multi-disciplinary meeting to be convened etc.
 - b. Monitor progress and feedback as required each month against the improvement plans of specific service providers.
 - c. Identify available support across the care system that may assist the provider (e.g. training programmes, best practice, dignity groups, quality assurance groups, health support).
 - d. Identify any enforcement actions required in relation to the contract for service (working closely with those responsible for contract management).
7. The SIP will meet monthly but responses to any concerns re quality need to be timely and need not wait until the SIP meets. The SIP will provide a monthly overview of activity and priorities.
8. Principles of SIP: guidance for the members when to add or remove from the main risk ranking table (Red/Amber/Green), when to initiate 'professionals meetings etc.
See appendix one

9. Sharing of sensitive information between organisations (**General Data Protection Regulation**) added June 2019. Below are some basic principles that SIP must follow in keeping with the GDPR Act 2018:
- a. Be clear what information is being shared for?
 - b. Ensure any guidance reflects expectations of privacy at work which is not the same as a private setting (staff names).
 - c. People using a service; their name can be included in sharing of information if the impact on an individual case is in order to do what we need to do. Where possible names will not be included or shared in any data, unless the above applies.
 - d. If a setting is at potential risk it is reasonable to share as much information as is reasonable example CQC serving notice.
 - e. Information shared is relevant, not too little, and not too much. The panel to decide what information is recorded and shared.
 - f. Include in any guidance why we keep information; how things are working and looking for improvements and sharing of knowledge to improve services. The Quality Monitoring Team's quality assurance framework clearly states the purpose of record keeping, monitoring of services to improve quality of care.

Data protection regulations SIP must follow under the lawful data act:

- **GDPR Article 9: 1:** Processing of personal data revealing racial or ethnic origin, political opinions, religious or philosophical beliefs, or trade union membership, and the processing of genetic data, biometric data for the purpose of uniquely identifying a natural person, data concerning health or data concerning a natural person's sex life or sexual orientation **shall be prohibited**
- **GDPR Article 9 (2g)** processing is necessary for reasons of substantial public interest, on the basis of Union or Member State law which shall be proportionate to the aim pursued, respect the essence of the right to data protection and provide for suitable and specific measures to safeguard the fundamental rights and the interests of the data subject;

<http://www.privacy-regulation.eu/en/article-9-processing-of-special-categories-of-personal-data-GDPR.htm>

- **Data Protection Act, schedule 1** Health or social care purposes
 1. This condition is met if the processing is necessary for health or social care purposes.
 2. In this paragraph "health or social care purposes" means the purposes of—
 - a. preventive or occupational medicine,
 - b. the assessment of the working capacity of an employee,
 - c. medical diagnosis,
 - d. the provision of health care or treatment,
 - e. the provision of social care, or
 - f. the management of health care systems or services or social care systems or services.

Safeguarding of economic well-being of certain individuals 19(1) This condition is met if the processing—

- a. is necessary for the purposes of protecting the economic well-being of an individual at economic risk who is aged 18 or over,
- b. is of data concerning health,

- c. is carried out without the consent of the data subject for one of the reasons listed in sub-paragraph (2), and
- d. is necessary for reasons of substantial public interest.

(2)The reasons mentioned in sub-paragraph (1)(c) are—

- a. in the circumstances, consent to the processing cannot be given by the data subject;
- b. in the circumstances, the controller cannot reasonably be expected to obtain the consent of the data subject to the processing;
- c. the processing must be carried out without the consent of the data subject because obtaining the consent of the data subject would prejudice the provision of the protection mentioned in sub-paragraph (1)(a).

(3)In this paragraph, “individual at economic risk” means an individual who is less able to protect his or her economic well-being by reason of physical or mental injury, illness or disability.

<http://www.legislation.gov.uk/ukpga/2018/12/schedule/1/enacted>

Appendix one

Principles of SIP main table risk ranking for guidance only

Risk Ranking Category	Length of time on SIP- progression to-	Themes e.g. complaints, section 42 enquiries, whistle blowing etc.	CQC Warnings & inspection ratings	Other e.g. section 42 enquiry	Response
RED	<p>6 months> investigate/initiate holding a 'professionals' meeting, or escalate to next level e.g. suspension process</p> <p>Straight to RED (see response column)</p>	Following intervention e.g. QM Team/ Clinical quality monitoring assurance visit themes continue to materialise with no significant improvement	Inadequate Rating : immediate entry level or CQC have issued warning notices and enforcement action	A significant shortfall during investigation relating to safety of others in relation to a provider or Where previous levels of concern have consistently failed to deliver the improvements identified	SIP priorities to include Quality Monitoring assurance visit within 28 days timeframe and continued close monitoring of service
AMBER	<p>2-6 months consider moving to Red or Green depending on new evidence provided</p>	Themes are consistent over several months	Requires Improvement in 4+ areas	A moderate shortfall during investigation relating to safety of others in relation to a provider Or Some improvements are still required following being identified	On-going monitoring & support e.g. High level of Falls: falls prevention team input, planned quality assurance visit within 4-8 week timeframe
GREEN	<p>2 months removal from main table or move to Amber</p> <p>(if no improvements move to Amber 2 months>)</p>	1+ theme/s start to emerge from intelligence gathered	Improvements are made but may have 1-2 requirements still outstanding	Low level concerns during investigation relating to safety of others in relation to a provider Or Minor improvements are still required following	Support from teams Plan a short focussed quality monitoring assurance visit within 4-8weeks

			being identified	
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Yellow
Any service that has served notice to close add to SIP main table, and highlight in Yellow. Treat in the same way as any other service on SIP

Updated March 2019 Marnie Naylor & SIP representatives