

Croydon Addendum to Pan London Safeguarding Adults Procedure

The process and policy for provider concerns

July 2018 – VERSION 0.2

DOCUMENT CONTROL

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MAINTENANCE

KEY CONTACTS:	Every six months
OWNER:	Annually

INTERDEPENDENCIES AND LINKED PLANS

(Plans / documents that may impact on your business continuity plan or processes)

PLAN	OWNER
Pan London Safeguarding Policy	ADASS (London Region)
Corporate Business Continuity Plan	ICU
Care Act Guidance 2014 (Amended)	Department of Health

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Introduction

1. Background and Aims:

London Multi-Agency Policy and Procedures to Safeguard Adults from Abuse was officially launched in February 2016. The Safeguarding – Provider Concerns (Section 5.7) process is a 6 step progression that applies to all care and support provision, whether directly commissioned or not by a Local Authority or Clinical Commissioning Group (CCG) or NHS England; and irrespective of whether or not it is included in the CQC market oversight regime.

The provider concerns process should be considered where there are patterns of safeguarding concerns that indicate that the provider has not made any changes to reduce the number of incidents surrounding the same or similar situations. If there is concern that the provider is unable to provide care and support in a safe environment that respects the human rights of people in receipt of that care. Care should be free from abuse and neglect.

Provider concerns can be considered for a one off incident (see Page 100 of the *Pan London* document for decision making guidance).

2. Communication strategy

The below is a checklist for internal and external communication. Once provider concerns have been agreed upon the below strategy needs to be considered/implemented.

London Multi-Agency Communication Strategy	
1	Relevant Heads of Service and Directors.
2	Provider Concerns Coordinator will be point of contact for the provider during the whole process. (See Step 1) If the provider is a social care provider then a team member of the Professional Standards team within LBC will be the process coordinator. If the provider is a health provider then a member of the CCCG safeguarding team could be the process coordinator but this is to be discussed with the Safeguarding leads for Council and CCCG on a <i>case by case basis</i> .
3	Provider Concerns Coordinator has responsibility for sharing information with relevant external organizations I.E. ADASS, NHS England, CQC.
4	Consider informing Press office, Elected Members and Council Executive Management. Head of Service to agree when this should be invoked.
5	Any provider concerns notifications (to enter or exit the process), suspensions or place with caution notices are to be on letter headed paper and signed at Director or Head of Service level (if the Director is not available) level.
6	Service user communication will be agreed at Step 2 of the Provider Concerns Process. (See Below)
7	Provider Concerns Coordinator will inform Heads of Service, Team Managers and Provider Relations on any agreed upon communication.

Note: *Communication strategy to be discussed at each step of the process and actions agreed and reviewed with oversight from the Chair. Consideration must be given to how the Council, Safeguarding Boards Partners and Providers communicate and with whom. However consideration must also be given based on the needs of individual service users and their relatives and networks. Thus consider the need for communication strategies bespoke to individual service users, who will deliver the messages, by when and what the message will be.*

3. Duty of Candour

The Francis Report recommended the development of a culture of openness, transparency and candour in all organisations providing care and support. Since October 2014, NHS providers are required to comply with the duty of candour. Meaning providers must be open and transparent with service users about their care and treatment, including when it goes wrong.

The duty is part of the fundamental standard requirements for all providers. It applies to all NHS trusts, foundation trusts and special health authorities from October 2014 and for all other service providers or registered managers, from April 2015.

The Duty of Candour should inform the Provider Concerns process at each stage. This should be included in the communication strategies with clients, families, providers, ADASS and other relevant parties.

4. Key Document Involved in Provider Concerns

Risk Assessment and Action Plan (owned by Provider Concerns Coordinator)

A risk assessment and resulting action plan (to meet each identified risk) should be drawn up and updated throughout the process. Where there are high risk concerns, there will be a need to put in place safeguards and agreed triggers to escalate matters. Risk management to be assured that action will be timely and safeguard people on a sustainable basis is essential. Risk will determine commissioning intentions, and be the evidence base upon how decisions are made.

Risk management for commissioning authorities may be additional visits both announced and unannounced. Training support for example, an occupational therapist ensuring the right slings are used to reduce immediate risks of falls.

The level of risk should be shared with the provider and frank discussions about any proposed action that might be taken by commissioners, providing adults are not put at further risk by doing so. Providers should be encouraged to find solutions to mitigate against risk. Actions might include providing additional resources to support improvement planning, resourcing training, and purchasing new equipment.

The risk assessment and action plan is to be owned by the provider concerns coordinator and updated by the provider and is the Council's tool to manage provider risk. Every care should be taken at each step of the process for these documents/ plans to be compared and shared to ensure up to date and accurate information.

The first production of this document is completed by the process coordinator and is presented at the first Provider Concerns meeting. After this meeting the provider will take the risk assessment away and complete the resulting actions section before sending back to the process coordinator.

This process of updating the document is completed for each provider concerns meeting and more frequently (in between meetings) if required by the process/ levels of risk/ unexpected events.

5. Data Protection

Data protection must be considered at every stage of the provider levels concerns process. Personal information must be obtained lawfully and used only for the purposes for which it is intended at the time of receiving the information. This information cannot then use the information for additional purposes unless an exemption allows you to do so. All service providers and their sub-contractors must comply with the General Data Protection Regulations 2018.

Safeguarding plans/ enquiry details pertaining to individuals (Section 42 enquiries) and may or may not be relevant to provider concerns process. Data Protection needs to be considered when combining aspects of provider concerns process and individual safeguarding enquiries.

6. Business Continuity Considerations

Business Continuity needs to be considered at all points along the provider concerns process. If at any point care continuity is at immediate risk of failure then the Croydon Businesses Failure Continuity Plan should be enacted.

Sean.rafferty@croydon.gov.uk should be contacted as category manager to discuss any providers at risk of failure or voluntary market exit.

At the start of the provider concerns process the service provider should provide the London borough of Croydon with the most up to date business continuity plan and service user register.

7. Decision Team and Roles

ROLE	ADULT SOCIAL CARE
1	Safeguarding Head of Service
2	Appropriate Social Care Team Manager
3	Safeguarding Service Manager and/or Safeguarding Team Representative (If Appropriate)
	<ul style="list-style-type: none">• Responsible for all care and support input• Ensure all identified care and support needs are appropriately met• Communicate with all individual service users and families where required <p><i>Note - the NHS will lead and co-ordinate all actions relating to NHS funded users</i></p>

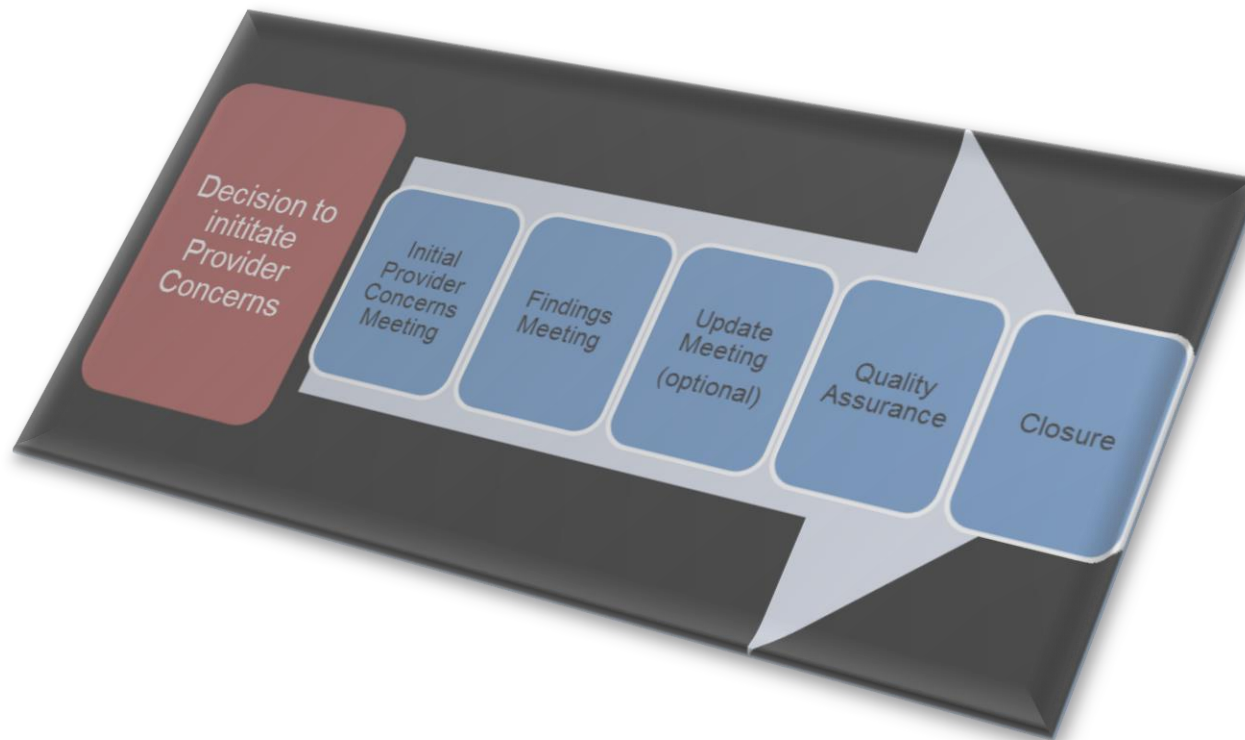
ROLE	COMMISSIONING AND CONTRACTS
1	Appropriate Commissioning Head Of Service
2	Operational Commissioning Representative/ Category manager
3	Appropriate Contracts Manager (Where applicable)
4	Quality Monitoring team Representative
	<ul style="list-style-type: none"> Action and oversee required contractual arrangements Quality Monitor service if and when required <p><i>Note – the NHS will lead and co-ordinate all actions relating to NHS funded users</i></p>

ROLE	OTHER KEY PERSONAL & OUTSIDE AGENCIES
1	Finance Representative (If appropriate)
2	CCG Safeguarding Lead Nurse (If appropriate)
3	CCG Continuing Health Care (If appropriate)
4	CQC Inspector or Representative
5	London Fire Brigade (If appropriate)

6	Metropolitan Police (If appropriate)
7	Healthwatch Representative (If appropriate)
	<ul style="list-style-type: none"> • Liaise with their respective organisations • To take action within their permitted remit. • Provide advice and guidance and support the decision team and provider. <p><i>Note – the NHS will lead and co-ordinate all actions relating to NHS funded users</i></p>

ROLE	ADMINISTRATION
1	Trained minute taker
	<ul style="list-style-type: none"> • To organise meeting venues • Ensure the log and accurate records of all meetings and actions are maintained • Circulate copies of minutes and relevant paperwork as required

Step 1: Decision for Provider Concerns



The decision to initiate a Provider Concerns process may be the outcome of a Quality and Safeguarding meeting, or considered through other means for example, consequence of a SAR or a serious concern that meets agreed threshold criteria (see Page 100 of the “Pan London” policies and procedures). Concerned officers need to approach the Head of Service for Commissioning and/ or Safeguarding and then take recommendations to the DASS/ Director for a decision on whether or not to follow the PC policy or contain the risks within another process (such as: provider failure, quality meeting, quality monitoring/ contract monitoring).

Thresholds:

Consider consulting the London multi-agency safeguarding policy thresholds (Appendix 2) for guidance on the Level of Risk and potential immediate actions.

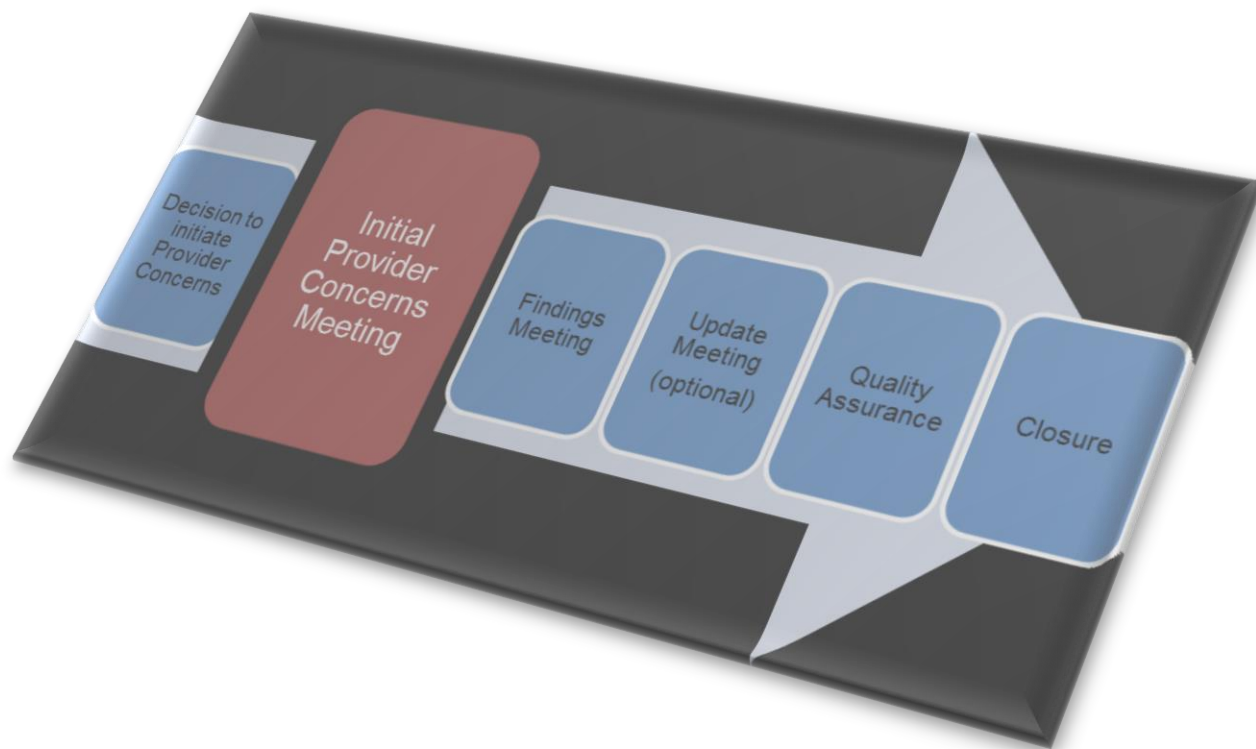
Action:

Pan-London Actions	Croydon Specific Actions
Immediate checks on welfare of people using the service	Announced or unannounced visits by safeguarding, commissioning and/ or quality monitoring
Consult Police about whether there are criminal matters	Safeguarding social workers to complete
Consider contacting placing authorities	A copy of the letter, signed by a Director or Head of Service, sent to the Provider is sent to the placing authorities (via the ADASS Safeguarding and Commissioning network)
Agree Chair and lead organisation	Health and Council to agree person best suited to Chair the process based on the situation, risk and best available information- Head of Service Level [or chosen representative] to decide.
Appoint Provider Concerns Co-ordinator	To be decided by Director or Head of Service
Convene Concerns & Decisions meeting (Consider if the matter also needs to be a Serious Incident within Health)	Initial discussion between relevant professionals within the CCG and Council to decide if concerns are relevant to the Provider Concerns Procedure or if other avenues should be followed such as contract monitoring visit, individual safeguarding
Set up meeting with the Provider (date to be determined on a case by case basis)	Inform the provider (before outside agencies/ ADASS) and arrange the meeting with the relevant people, date, time and venue, Chair and minute taker to be appointed in stage 1 of the process.
Map out risk and risk management plan	Coordinator of Provider Concerns will be in charge of the risk management plan, start to develop if the result of stage 1 is to enter provider concerns.
Consider commissioning intentions	Consider suspending commissioning with the provider- head of service to make this decision (suspend new business, withdraw existing business, place with caution notice, enter provider concerns with no commissioning action)

Consider informing Media/ Communications Team, Elected Members and Council Executive Management	Such communication is the decision of the head of service and/or Director and will be based on the severity of the incident(s) concerned.
Preserve information that may be helpful to police investigations	Where an immediate response is needed this should be taken and not be put on hold until the Findings meeting. The chair should be informed and immediate authorisation for action is made.

Timescale: Actions to be completed within 3 working days

Step 2: Initial Provider Concerns Meeting



The purpose of the meeting:

Purpose of the meeting	Croydon Specific Actions
Identify and clarify concerns	Coordinator of the Provider Concerns is required to put forward the findings to the meeting Chair (Section 42 information pertinent to the provider concerns process, quality issues, matters raised by others in professional network)

Decide what communication is to be sent to relevant stakeholders in line with (above) communication strategy (consider how to communicate with individual clients and their relatives)	Ordinarily communication with service users will be led by the provider, communication to be discussed with the Chair of the process (or appointed colleague) prior to being issued. All relevant stakeholders to agree on what gets communicated and who is responsible for this agree timescales.
Ensure appropriate advocacy and support	This will be where applicable
Listen to the views of the provider	Provider invited to give their own views, plans and evidence, if there are disagreements on information then allow for challenge and
Safeguarding planning to consider the type of enquiries, leads and timescales	Safeguarding Plan to be decided on, consider interface with Section 42 safeguarding enquiries, data protection matters to be considered i.e. should a enquiry officer for a single client be present for the entire meeting or just the section relevant to their client Actions and timescales to be included in the minutes.
Consider actions to monitor the safety of people and agree triggers to escalate risk, whilst improvements are being made	Triggers to be discussed in the findings meeting as well as contingencies.
Consider commissioning intentions	Chair to decide on potential suspension/ ongoing suspension of commissioning and potential provision for alternate service. Consider risk management plan and safeguarding plan(s)
Set date for Findings Meeting	Consider Timescales below: For the finding meeting it is ideal that it is no more than 6 weeks from the initial meeting. This may be dependent on the S42 cases (process interdependency).

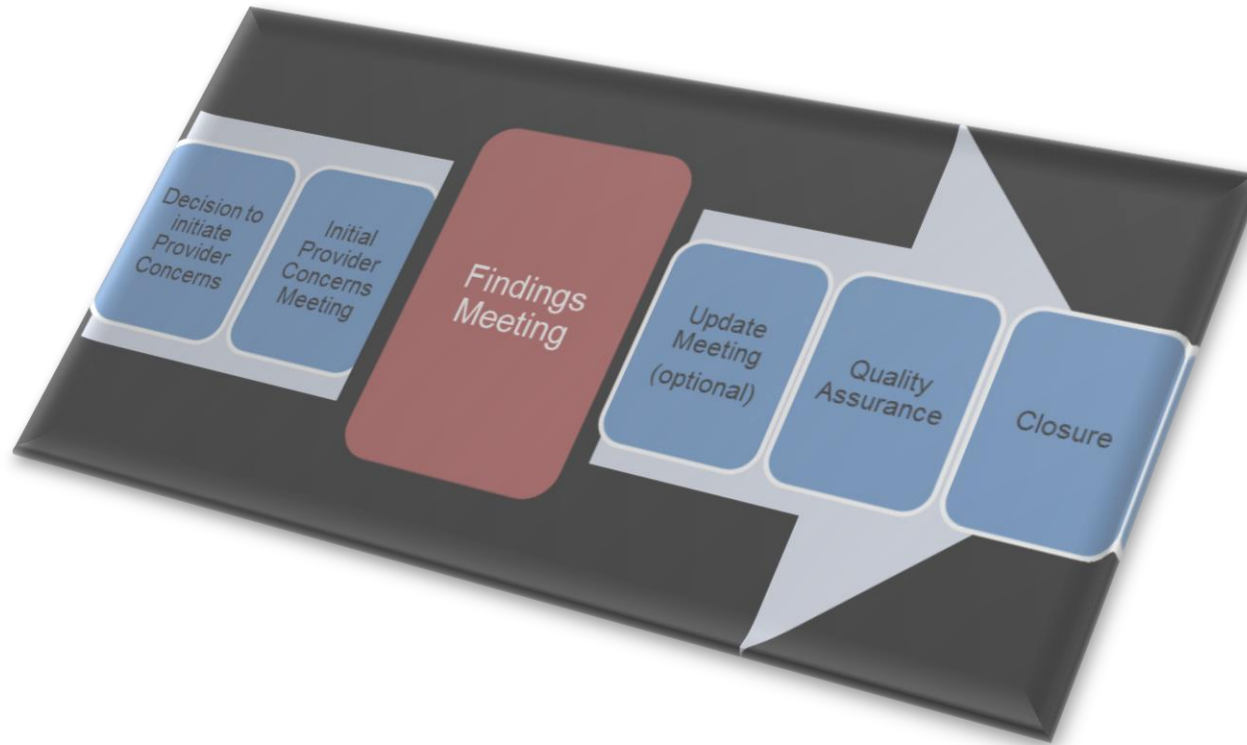
Note: Consideration will be given to communicating Service Level Concerns via wider networks such as NHS England or ADASS.

Timescales: If possible, actions should aim to be completed within 10 working days. Where the concern is about a large organisation or particularly complicated, action may take longer. The provider however should be kept informed.

All relevant reports (such as Enquiry reports and Quality Monitoring reports) should be shared with the Provider prior to the findings meeting in order to allow the provider to inform the Action Plan.

The Action Plan will be agreed, reference points for assessing and monitoring progress agreed and both the co-ordinator and the provider will retain a copy and the coordinator and provider will update it (coordinator updates risk assessment with provider updating actions on the same document).

Step 3: Findings meeting



The purpose of the meeting is to:

Purpose of the meeting	Croydon Specific Actions
Assess and agree the findings from 'Fact Finding' enquiries	Both Section 42 Enquiries process and provider concerns process can be discussed- consider quality monitoring and CQC feedback. Also consider feedback from Rapid Response, GP and St Christopher's Hospice, Care Home Intervention Team, Care Support Team and the Intelligence Sharing Committee minutes. Individual Section 42 cases should have their outcomes recorded so that the client's individual electronic records can be updated. A matrix of all open cases should be used where required to show each case and the details pertinent to it (what was the category of abuse, who caused the harm, what was the outcome) – IE try to identify if there are any themes/ trends.
Update the Action Plan	Present what was previously identified as work to be done, update if required. This is for both the coordinator and provider to jointly present what work has been done since the previous meeting and evidence this.
Ensure appropriate advocacy and support	This will be where applicable
Update the risk management plan	Coordinator of Provider Concerns will be in charge of updating and presenting risk management plan
Consider actions to monitor the safety of people and agree triggers to escalate risk, whilst improvements are being made	Triggers to be discussed in the findings meeting
Consider commissioning intentions	as in above section, re-visit previous decisions
Decide what communication is to be sent to relevant stakeholders in line with (above) communication strategy.	Ordinarily communication with service users will be led by the provider, communication to be discussed with the Chair of the process (or appointed colleague) prior to being issued. All relevant stakeholders to agree on what gets communicated and who is responsible for this, agree timescales. Consider communication with relatives and clients as well as other authorities, CCG and health.

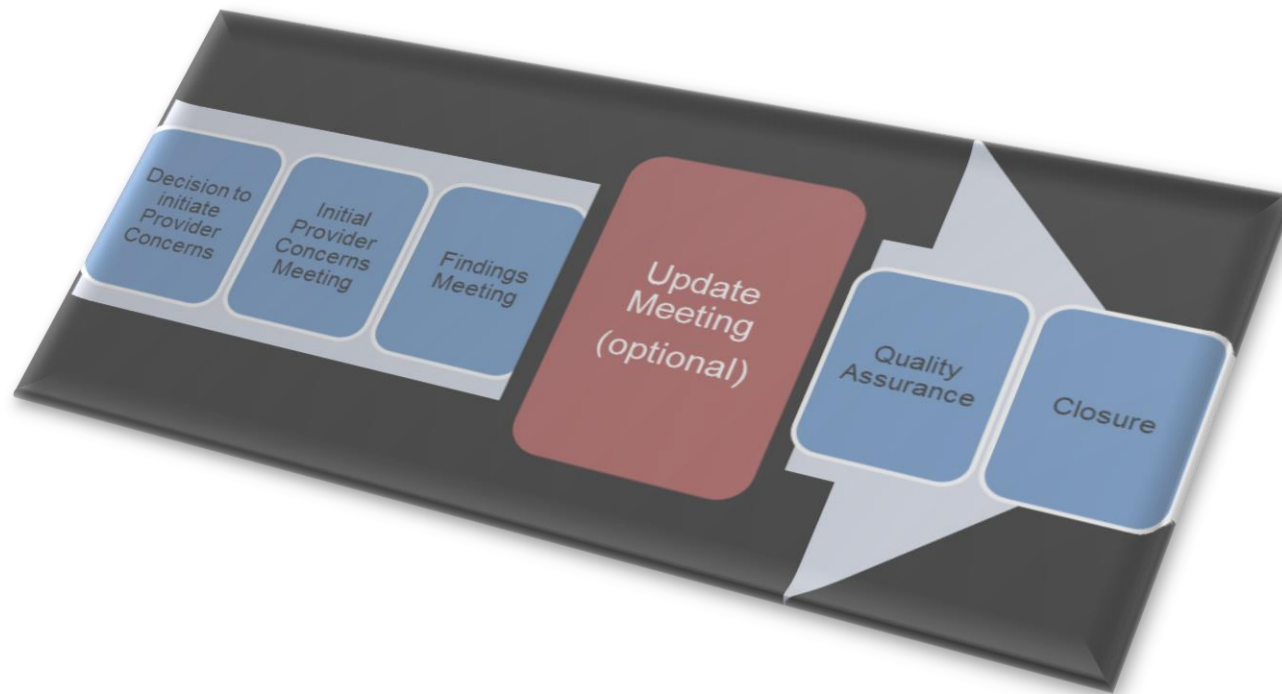
Step 3 Conclusion- Ongoing considerations following findings meeting

In certain circumstances, after a findings meeting, a series of short update meeting may be required (see below step) to ensure that progress is being made. Contract Monitoring Officers, commissioner or other relevant member of staff should be part of these meetings. The action plan should set out agreed indicators.

Step 4: Update Meeting(s) (optional)

Preamble:

The update meeting is optional as in some cases sufficient assurances and evidence will be provided to the Council outside of a formal update meeting.



The Purpose of meeting:

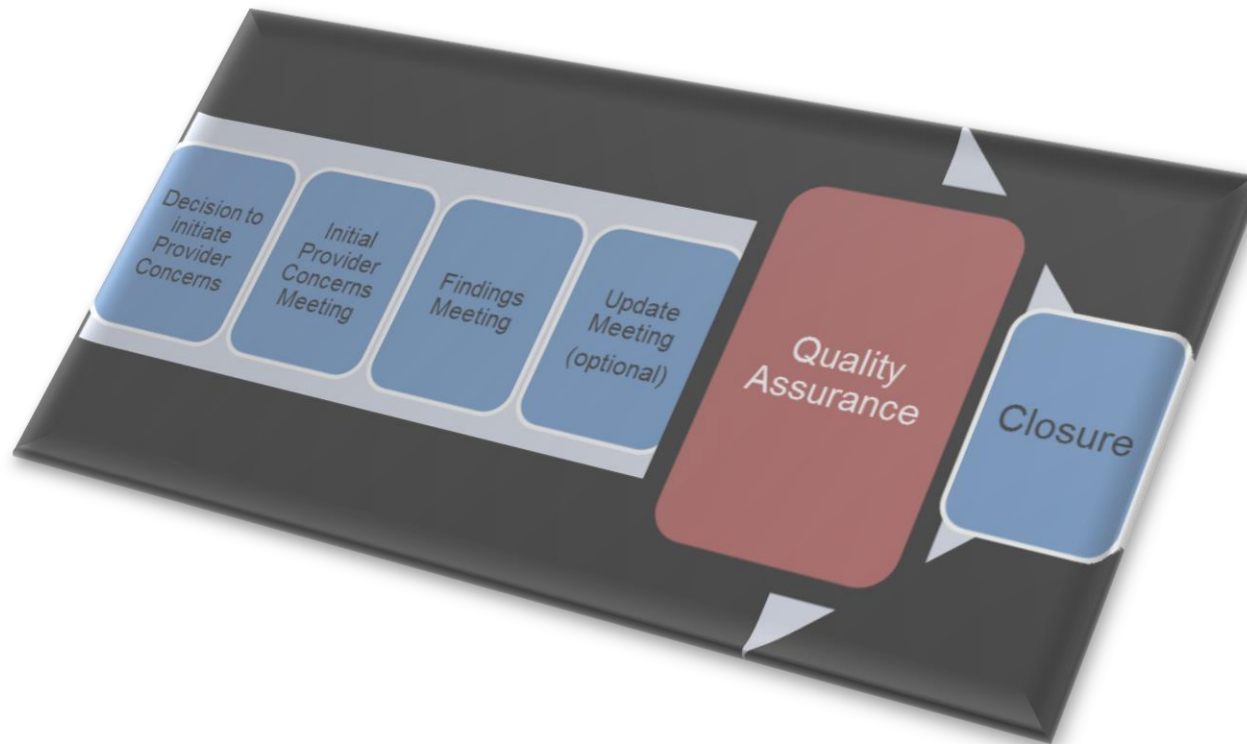
Further meetings to update stakeholders will be made if and when necessary. Where there are wide reaching, complex concerns, and there is high risk, it is likely that updated meetings are needed more frequently. Where there are serious delays by the provider to implement improvements, a further meeting should always be held to consider the level of risk and appropriate action.

Focus should be on risk and the impact on adults using the service. It is important to distinguish between what is safeguarding and what are commissioning responsibilities and if further incidents have occurred. Where there is a high risk and likely need to source alternative provision, commissioners should hold a specific contingency meeting. The chair and the Co-ordinator should be invited.

Revisit Risk Assessment and Action Plan in order to plot progress and actions.

Timescales: Further safeguarding meetings are dependent upon the progress of the Action Plan and the level of risk.

Step 5: Quality Assurance



Quality Assurance Strategy:

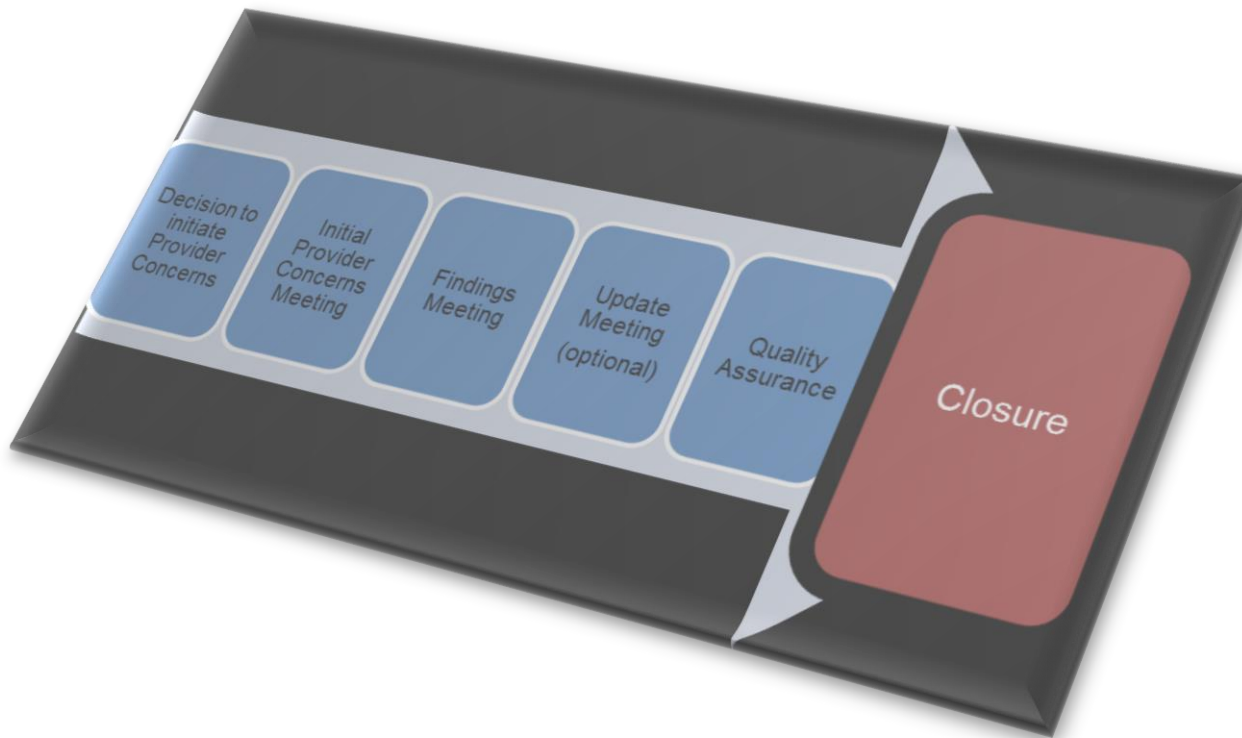
A quality assurance strategy should be agreed that will rigorously test whether improvements have been attained and can be sustained. This may involve a range of staff with the right knowledge, skills and experience to assess the viability of the improvements and might be the same staff involved in fact finding so that they can provide a comparative narrative. Staff involved are not solely from with LBC and the CCCG but also other agencies such as nursing teams, GP surgeries and other colleagues.

Quality assurance activities may include testing an on-call emergency out of hour's system by calling at the evening and weekend; assessing the impact of training by competency testing staff; making both announced and unannounced visits.

Feedback from adults and carers will act as a control measure to assess whether there has been any noted difference in the service delivery. This may be obtained from holding a follow up meeting with adults in care settings or from a sample of telephone calls to those adults who said that they had experienced a poor service, to see if their view has changed. Support from local Healthwatch may be appropriate to add an independent view. Risk assessment should be reviewed to ensure that risks have reduced.

Timescale: A target time of 14-28 working days to complete the quality assurance process should be factored into the strategy. The time period is flexible to allow for processes to embed and be tested. Depending on the nature of the issue(s) this may require several weeks.

Step 6: Closing the Provider Concerns process



Closure of the Provider Concerns Process:

Following evidence based improvement, the process will formally come to an end and the relevant parties including the provider and the CQC will be notified in writing by the chair/ Director. Re-visit the communication strategy and communicate closure of the provider concerns process to all relevant stakeholders and ADASS.

The coordinator of the process and relevant parties feed into a discussion with the relevant Director/ DASS or Head of service. This is not necessarily a formal meeting but may be done electronically where appropriate.

If appropriate, assurances should be made that adults and carers know how to raise any further concerns.

Lessons Learnt:

A *Lessons Learnt* exercise with stakeholders and representatives from all stakeholders could be held. Feedback from the provider, adults and carers will be collated by the co-ordinator. This feedback will be reported to the CSAB together with a summary report detailing the concerns, actions, risk management, outcomes and the effectiveness of safeguarding.

Also see:

- Croydon Safeguarding Adult Board, Duty of Candour Document- 2016
- Croydon Council Business Failure Continuity Plan- 2018
- NHS Serious Incident Policy- 2016
- ADASS London Region Safeguarding Policies and Procedures ("Pan London"), 2016
- Care Act Guidance, Chapter 14, Department of Health -2016

APPENDIX 1 – KEY CONTACTS LIST

Decision Team – provider concerns process

Note: The below should be invited but a chosen representative can attend.

JOB ROLE
Head of Service –Safeguarding
Commissioning Head of Service
Quality Monitoring Manager
Croydon CCG Safeguarding Lead
Safeguarding Service Manager

Minute Taker /
Administration

Both teams to liaise with Legal Services, HR and Civil Protection as required (see 'other useful contact section' for details)

Care Quality Commission

NAME	JOB ROLE
Helen Wells	Care Quality Commission (CQC)

JOB ROLE
Provider Relations Head of Service

Legal Services (Social Care)
Met Police

APPENDIX 2 – THRESHOLDS

Example Thresholds for Provider Concerns process	Level of Risk	Impact on People Using the Service	Potential Action	Lead
<ul style="list-style-type: none"> • A death related to a safeguarding concern • Concern related to serious abuse or neglect • CQC enforcements related to quality of care • Criminal proceedings relating to poor care 	Major	People who use the service are not protected from unsafe or inappropriate care. The provision of care does not meet quality & safety standards	Immediate suspension of new placements. Contact with the Police Possible SAR.	Commissioning in consultation with the police and safeguarding
			Increased monitoring activity	Quality Monitoring
			Formal meeting with provider following police advice	Safeguarding Commissioning
Information linking concerns about the manager or responsible person High use of agency staff, poor induction and training	Moderate	People who use the service are generally safe, but there is a risk to their health and wellbeing. Provision of care is inconsistent and may not always meet quality & safety standards.	Suspension or 'place with caution' Consultation with the Police	Commissioning Consultation with Police and Safeguarding
			Increased monitoring activity	Quality Monitoring
			Formal meeting with provider following Police advice	Commissioning Safeguarding
A disproportionate number of low level concerns identified, from contract monitoring, CCG, or Community Care Reviews	Minor	People who use the service are safe, but care provision may not always meet safety and quality standards.	Monitoring visit.	Quality Monitoring
			Formal meeting with provider if necessary	Commissioning Contracts Manager