

**Croydon Addendum to Pan London
Safeguarding Adults Procedure.**

The process and policy for provider concerns

July 2020 – VERSION 0.2

DOCUMENT CONTROL

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MAINTENANCE

KEY CONTACTS:	Annually
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INTERDEPENDENCIES AND LINKED PLANS

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

PLAN	OWNER
Pan London Safeguarding Policy	Adults Services
Corporate Business Continuity Plan	ICU
Care Act Regulations 2014	Adults Services

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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 only be invoked 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 and 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.

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)
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 suspensions or embargoes are to be on letter headed paper and signed at director 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.
8	Relevant information Recording and documentation as per Liquid Logic Processes

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.

4. Key Documents Involved in Provider Concerns

Risk Management Plan (owned by Provider Concerns Coordinator)

A risk management plan 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 management plan is to be owned and updated by the provider concerns coordinator and is the Council's tool to manage provider risk. This is separate to the Action Plan which is owned and updated by the provider. 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.

Service Improvement Plan (Owned by Provider)

This is the high level plan for measuring the effectiveness of interventions to ensure safety, governance, compliance, clinical effectiveness referencing throughout the experience of adults using the service and their informal network. The Co-ordinator should set out the concerns and risks, which should also include any concerns in

relation to mental capacity and the Deprivation of Liberty Safeguards. It is important to distinguish between what is safeguarding and what are quality issues that may impact on safeguarding and prioritise high risk areas.

The Service Improvement Plan is a document and action set owned by the provider. All relevant stakeholders feed into the plan but the responsibility for completing the actions thereon lie with the provider (and partners associated with achieving the actions).

Quality Meeting Protocols (Owned by Market Facing Safeguarding and Quality Assurance Officer):

Please, refer to the Quality Meeting Protocols.

5. Data Protection inclusive updates in the General Data Protection Regulations 2018

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 Data Protection Act 1998

Safeguarding Plans 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.

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	Head of Service, Adult Safeguarding and Quality Assurance
2	Appropriate Social Care Team Manager

3	Service Manager Adult Safeguarding and Quality Assurance 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>Note - the NHS will lead and co-ordinate all actions relating to NHS funded users</p>

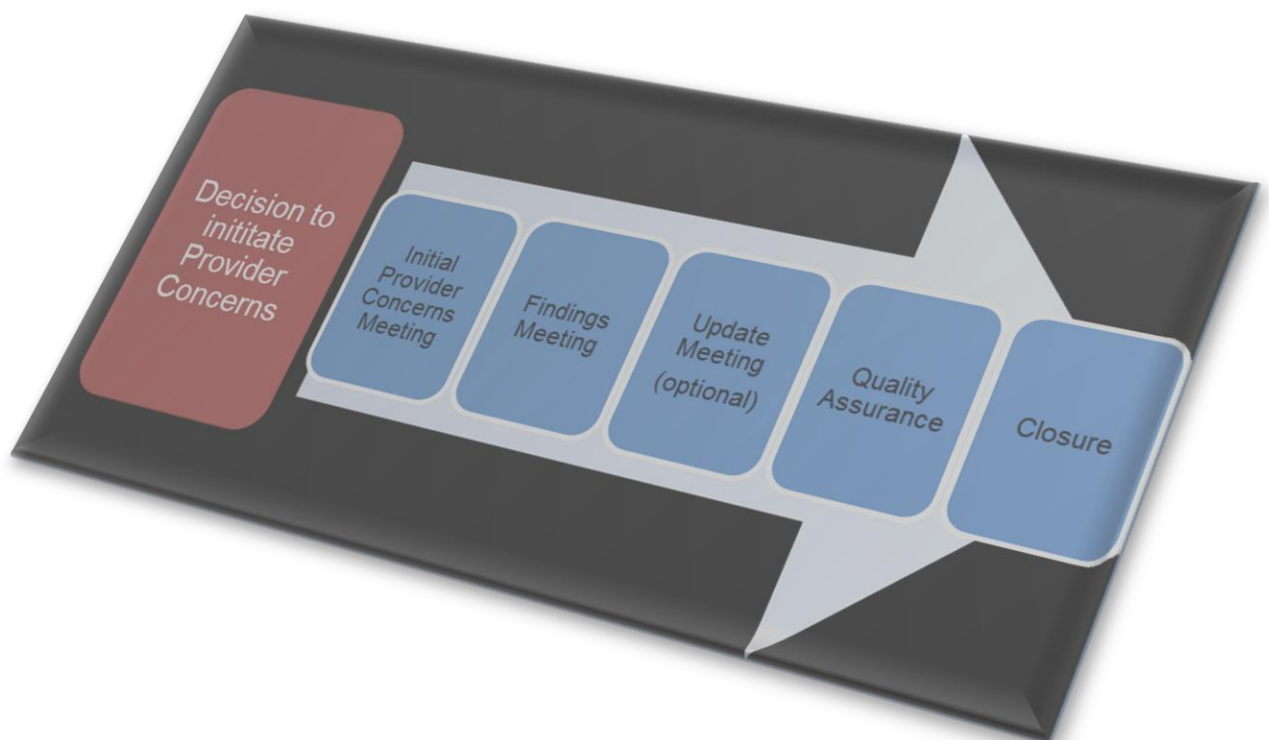
ROLE	COMMISSIONING AND CONTRACTS
1	Head of Service, Commissioning and Procurement
2	Operational Commissioning Representative
3	Appropriate Contracts Manager (Where applicable)
4	Adult, Health and Integration Commissioning Representative
	<ul style="list-style-type: none"> • Action and oversee required contractual arrangements • Quality Monitoring of Service if and when required • Update/hold Provider Concerns Process / Embargo list <p>Note – the NHS will lead and co-ordinate all actions relating to NHS funded users</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)

8	South London and Maudsley NHS Foundation Trust
9	Any other relevant agencies (if appropriate)
	<ul style="list-style-type: none"> Action and oversee required contractual arrangements Quality Monitoring of Service if and when required Update/hold Provider Concerns Process / Embargo list <p>Note – the NHS will lead and co-ordinate all actions relating to NHS funded users</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 meeting, or considered through other means for example, consequence of a SAR or a serious concern that meets agreed threshold criteria. Concerned officers need to approach the Head of Service Adult Safeguarding and Quality Assurance and/or Head of Service, Commissioning and Procurement (Adults, Health and Integration).

Thresholds:

Consider consulting the London multi-agency safeguarding policy thresholds (Appendix 2) for guidance on the Level of Risk and potential immediate actions e.g. whether service users need a review of their care needs.

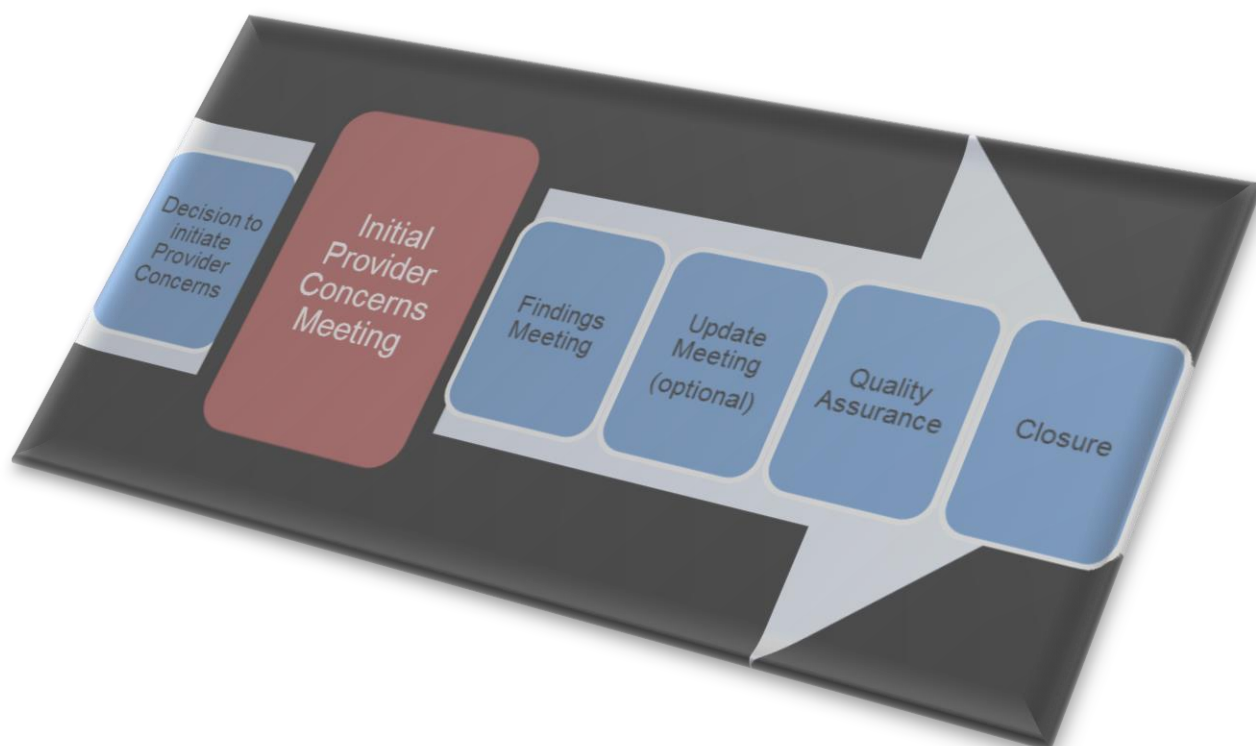
Action:

Pan-London Actions	Croydon Specific Actions
Immediate checks on welfare of people using the service	Announced or unannounced visits by safeguarding and/or commissioning
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
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.
Notify Market Facing Safeguarding Quality Assurance Officer	To carry out actions from Provider Concerns process
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	Arrange the meeting with the relevant people, date, time and venue, Chair and minute taker to be appointed within 10 days
Map out risk and risk management plan	Market Facing Safeguarding Quality Assurance Officer will be in charge of the risk management plan
Consider commissioning intentions	Consider suspending commissioning with the provider- head of service to make this decision
Consider informing Media/ Communications Team, Elected	Such communication is the decision of the head of service and/or Director and will be

Members and Council Executive Management	based on the severity of the incident(s) concerned.
Consider whether existing clients need to be reviewed.	This is the default position if a provider is placed in provider concerns

Timescale: Actions to be completed within 5 working days

Step 2: Initial Provider Concerns Meeting



The purpose of the meeting:

Purpose of the meeting	Croydon Specific Actions
Identify and clarify concerns	Market Facing Safeguarding and Quality Assurance Officer is required to put forward the findings to the meeting Chair
Decide what communication is to be sent to relevant stakeholders in line with (above) communication strategy (consider how to communicate with	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

individual clients and their relatives)	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 and evidence
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 an enquiry officer for a single client be present for the entire meeting or just the section relevant to their client
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	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.

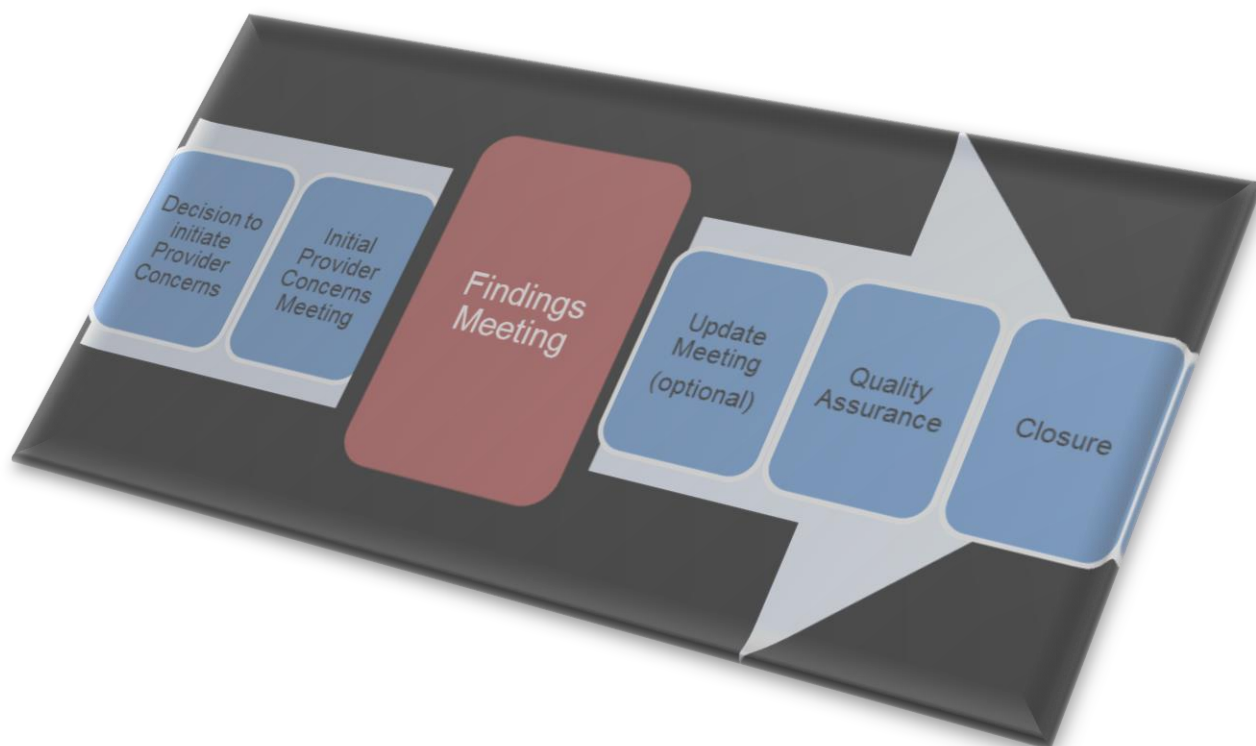
Note: Consideration will be given to communicating Service Level Concerns via wider networks such as NHS England or ADASS.

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 Monitoring reports) should be shared with the Provider prior to the findings meeting in order to allow the provider to inform the Service Improvement Plan.

The Service Improvement Plan will be agreed, reference points for assessing and monitoring progress and both the co-ordinator and the provider will retain a copy and the provider will update it.

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 Contract and Reviews Officer and CQC feedback. 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)
Update the Service Improvement Plan	Otherwise referred to as provider's action plan) if not already in place/ discussed. Present what was previously identified as work to be done, update if required.
Ensure appropriate advocacy and support	This will be where applicable

Update the risk management plan	Market Facing Safeguarding Quality Assurance Officer 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
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.
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.

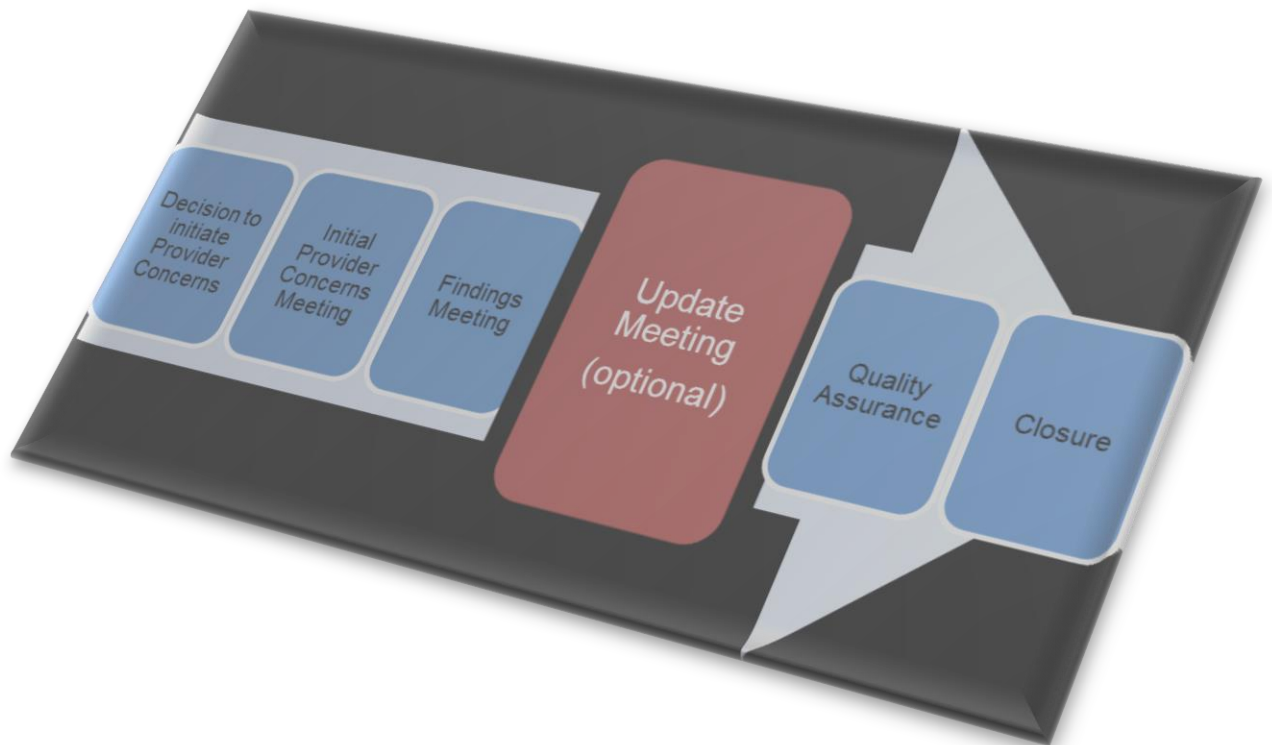
Step 3 Conclusion- Ongoing considerations following findings meeting

In certain circumstances a serious of short update meeting may be required (see below step) to ensure that progress is being made. Contracts and Review Officers, commissioner or other relevant member of staff should be part of these meetings.

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.



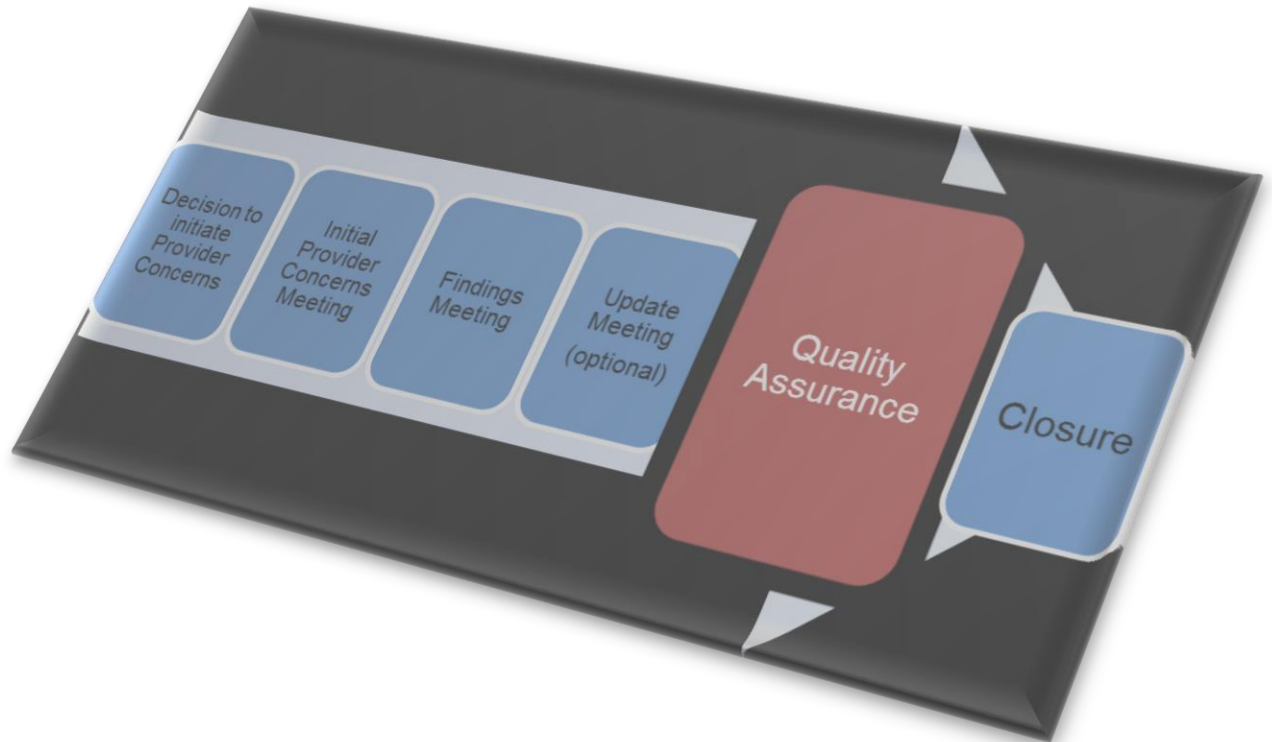
The Purpose of meeting:

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 Management Plan and Service Improvement Plan in order to plot progress and actions.

Timescales: Further safeguarding meetings are dependent upon the progress of the Service Improvement 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.

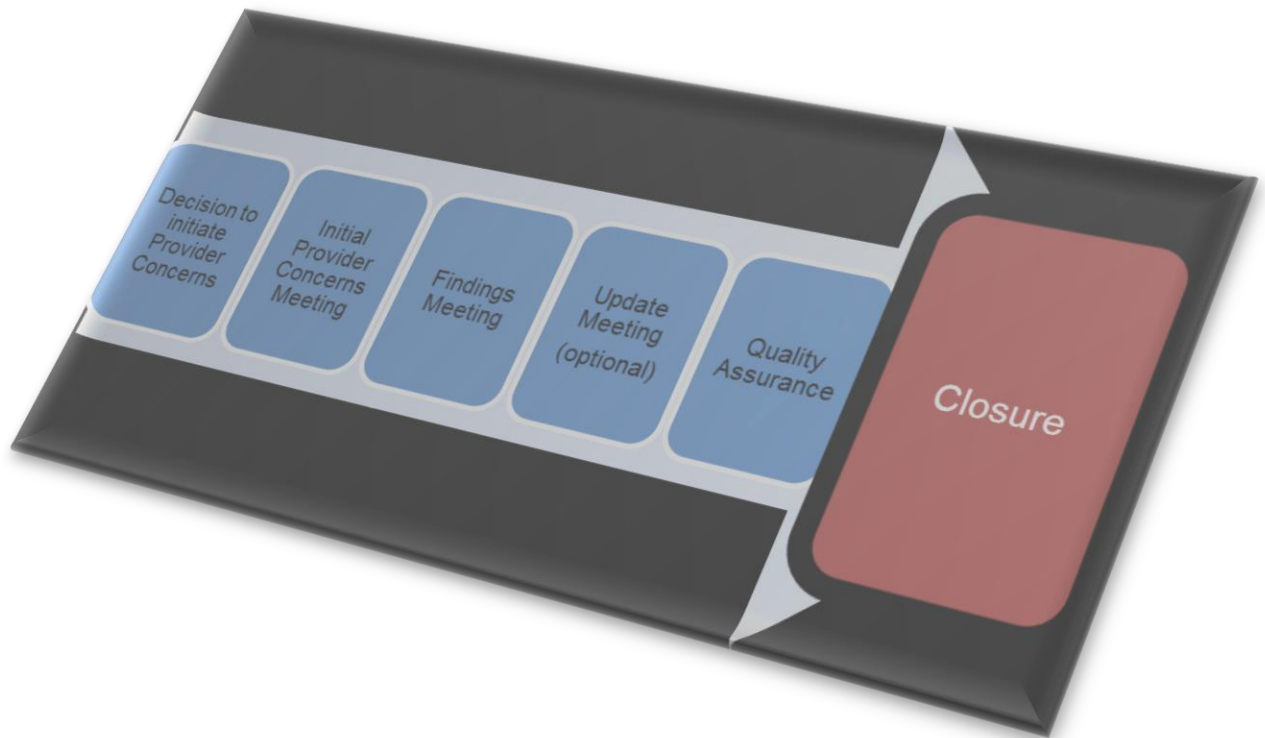
Quality assurance activities may include testing an on-call emergency out of hour's system by calling at the evening and weekend; assessing the impact of training by competency testing staff; making both announced and unannounced visits.

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.

In Croydon this will be led by the Senior Commissioning Officer.

Timescale: A target time of 10 working days to complete the quality assurance process should be factored into the strategy

Step 6: Closing the Provider Concerns process



Closure 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 communication strategy and communicate closure of the provider concerns process to all relevant stakeholders.

The coordinator of the process and relevant parties feed into a discussion with the relevant Director 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. It may also be helpful to agree a reviewing and escalation process where applicable.

Lessons Learnt:

A Lessons Learned 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
- Croydon Council Business Failure Continuity Plan
- NHS Serious Incident Policy
- Quality Management Protocol

APPENDIX 1 – KEY CONTACTS LIST

Decision Team – provider concerns process

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

KEY RESPONSE TEAM CONTACTS			
NAME	JOB ROLE	CONTACT	
Nick Sherlock	Head of Service –Safeguarding and Quality Assurance	Work:	020 8726 6000 ext 10020
		Mobile:	
		Email:	Nick.Sherlock@croydon.gov.uk
Edward Humphreys	Head of Commissioning and Procurement (Adults, Health and Integration)	Work:	020 8726 6000
		Mobile:	07732 072 797
		Email:	Edward.humphreys@croydon.gov.uk
Melanie Gamsu	Market Facing Safeguarding and Quality Assurance Officer	Work:	020 8726 6000 ext 62932
		Mobile:	07732 074095
		Email:	Melanie.gamsu@croydon.gov.uk
Kirsty Scarlett	Senior Commissioning Officer – Independent Living	Work:	020 8726 6000 – ext: 63566
		Mobile:	07734 002 213
		Email:	Kirsty.scarlett@croydon.gov.uk
Rachel Burrell	Senior Commissioning Officer – Community	Work:	020 8726 6000 – ext: 60034
		Mobile:	07926 085 008

	Support and Active Lives	Email:	Rachel.burrell@croydon.gov.uk
Estelene Klaasen	Designated Nurse Safeguarding Adults	Work:	0203 668 3240
		Mobile:	07825 226 938
		Email:	Estelene.klaasen@swlondon.nhs.uk
Valentine Nweze	Interim Service Manager Adult Safeguarding and Quality Assurance	Work:	020 8726 6000
		Mobile:	
		Email:	Valentine.nweze@croydon.gov.uk
Allocated via Business Support Portal	Minute Taker	Work:	Confirmed via portal request
		Mobile:	Confirmed via portal request
		Email:	Confirmed via portal request

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

KEY PARTNERS			
NAME	JOB ROLE	CONTACT	
Helen Wells	Care Quality Commission (CQC)	Work:	03000 61 61 61
		Mobile:	07467 001 497
		Email:	Helen.wellscqc.org.uk
Jane Hill	Continuing Healthcare Senior Lead Nurse (Croydon)	Work:	020 8812 7358
		Mobile:	07711 871 497
		Email:	janehill1@nhs.net

OTHER USEFUL CONTACTS			
NAME	JOB ROLE	CONTACT	
Stephen Hopkins	Head of Children & Adults Placement & Brokerage	Work:	020 8726 6000 Ext: 47499
		Mobile:	
		Email:	Stephen.Hopkins@croydon.gov.uk
Duty solicitor	Legal Services (Social Care)	Work:	
		Mobile:	
		Email:	DutySolicitor@croydon.gov.uk/
Afzal Saima	Social Care and Education Adult Care Principal Lawyer	Work:	
		Mobile:	
		Email:	Saima.Afzal@croydon.gov.uk>
David Williams	Metropolitan Police Service	Work:	
		Mobile:	
		Email:	david.Williams2@met.police.uk

Key contact information to be reviewed annually

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	Contracts and Review Officer
			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 in consultation with the police and safeguarding
			Increased monitoring activity	Contracts and Review Officer
			Formal meeting with provider following Police advice	Commissioning/ Safeguarding
A disproportionate number of low level concerns identified, from monitoring visit, 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.	Contracts and Review Officer
			Formal meeting with provider if necessary	Senior Commissioning Officer/ Market Facing Safeguarding and Quality Assurance Officer