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**Foreword**

Recently a series of major inquiries, serious case reviews, Ombudsman investigations and reports from organisations such as Public Concern at Work, the Patients Association and the Equality and Human Rights Commission have all pointed to the same phenomenon. Some patients of the NHS and some people using residential and domiciliary health and social care services have been abused, neglected and/or received a poor standard of provision.

As a result, provisions within the NHS Constitution relating to whistle blowing have been strengthened and proposals for a duty of candour have been accepted. In addition, it is pertinent to recall that health care and social care codes of practice and conduct expect all NHS and adult social care employees to raise and where necessary escalate concerns when service provision does not meet quality standards.

It is sad to reflect that, on occasions, those who have appropriately raised or escalated their concerns, namely blown the whistle, have not been listened to or have been unfairly treated by their employers. It is equally sad to reflect that, on occasions, those who should have seen it as their professional responsibility to raise concerns about poor standards of care, including unlawful and unethical behaviour, have failed to do so.

It is in such a context that I wholeheartedly endorse this procedure and toolkit. It has been designed to reflect best practice in adult safeguarding and to underpin the professionalism that those working in health and social care, and related sectors, should demonstrate in order to make meaningful their duty of care for patients and service users.

Luton Safeguarding Adults Board expects and requires all those with a responsibility for adult safeguarding to report situations where less than optimal care is being received by those who are relying on the ethics, knowledge and skills of health and social care staff. Board members will actively support those who appropriately raise their concerns in order to underscore the importance of, and indeed people’s right to receive the best quality care possible.

Professor Michael Preston-Shoot
Independent Chair, Luton Safeguarding Adults Board
1 Introduction

1.1 There are many ways in which the quality of care provided or commissioned by Local Authorities and the NHS through the Clinical Commissioning Groups (CCG’s) and NHS England can be influenced. Examples include: specific contractual conditions, routine monitoring of care and health providers against standards specified in contracts, ensuring that providers have a whistle blowing policy and checking that staff know how to use it, supporting the provision of training for health and care staff; encouraging advocacy services and ensuring that service users and their families are aware of their rights and how to complain.

1.2 Additionally, the Care Quality Commission (CQC) has a regulatory responsibility to register and report on all registered adult social care services including inspecting and taking action where services are failing to meet Essential Standards of Quality and Safety and to achieve positive outcomes for users. CQC’s responsibilities have broadened and since 2010 they now regulate a wider range of services including NHS services. CQC developed a new inspection model. This came into effect on the 1st October 2014. The new approach used is based on five key questions. Is the service safe? Is the service effective? Is the service caring? Is the Service responsive to people’s needs? Is the service well-led? A judgement as to whether the service is Outstanding, Good, requires Improvement or is Inadequate is ruled accordingly. The Inspection teams are led by an experienced CQC manager and include experts in their field.

1.3 The Care Quality Commission Essential Standards of Quality and Safety and information about the new inspection model are easily accessible and downloadable from their web site. The Social Care Institute for Excellence has also published some useful guides. www.scie.org.uk.

1.4 The introduction of the Care Act 2014 will ensure that health and social care services work together. The Care Act 2014 delivers key elements of the key response to the terrible events at Mid Staffordshire hospital and the Francis enquiry.

The “Better Together” is a joint programme which is being led by Luton Clinical Commissioning Group and Luton Borough Council to improve the health and wellbeing of Luton’s residents of all ages by better working between organisations, sharing information and delivering seamless and personalised services.

The Care Act 2014 introduces the Care & Support (Business Failure) Regulations 2014 section 49 Managing Provider Failure and Section 56 providing better Market Oversight. This provides guidance as to how the CQC, Local Authorities and relevant partners can effectively manage provider failure and other service interruptions. Luton Borough Council has adopted the ADASS Eastern region (EOE risk management approach, see Appendix
10 (Provided by ADASS Eastern Region). A local and regional “hard to replace” provider register has being devised.

The Local Authority has implemented a contingency plan to manage provider failure and this is tested periodically. The purpose of the test is to provide reassurance that the plan is fit for purpose. This includes assessing how the local authority manages their resources effectively and how providers support and respond to the local authority during this process. Lessons learned identified through the test that impact the contingency plan will be reflected in a revised plan. See Appendix 8.

All local authorities in the EOE in conjunction with the Adult Directors of Social Services (ADASS) have agreed a range of toolkits and templates, including a regional contract which has been strengthened and restructured to meet the requirements of the Care Act and current best practice. In addition there are outcome focused care standards and a range of template service specifications for both community and accommodation based services. The contract standards are incorporated into a Monitoring Tool also provided by ADASS. This is designed to support local authorities in the EOE with the monitoring and assessing of the overall outcomes experienced by service users. It measures delivery against the regional standards and triangulates evidence across a wide range of sources.

Luton Borough Council’s (LBC) Quality Assurance and Purchasing Team use this tool to monitor the service delivery to ensure compliance with the contract standards. Through this monitoring regime the team are able to detect the “early warning signs” of services requiring attention, which could indicate Provider Failure. The evidence gathered enables the officer to form a professional judgement about the value and quality of the service provision.

The performance data is used locally and regionally to inform the Directors of Adult Social Care of the common thematic areas of improvement which can influence strategic commissioning priorities and determine a sector led approach to improve performance.

The Council has a risk based approach to monitoring commissioned Services (statutory & non statutory) and this determines the frequency and scope of the visit however the minimum standard is that a full service review will be completed annually.

1.4 Because it can be traumatic for users/Service Users/patients to move and or change providers, especially if this includes the home where they live, it is the multi-agency Safeguarding Adults Board’s desire to work with service providers to improve services wherever possible. It is anticipated that in most cases failings can be successfully addressed by action planning coupled with increased monitoring and support from both NHS and social care staff. In particular LBC established a Purchasing and Quality Assurance Team in 2011 and the role of the Safeguarding Adults Team changed summer 2012. Luton CCG has a Head of Adult Safeguarding who sits within the Quality Directorate.
1.5 Generally speaking all services have room for further improvement, and health and social care providers may be asked by Commissioners (including the Purchasing and Quality Assurance Team) to make developmental quality improvements following self-audit, routine monitoring or a complaint. Where evidence of progress shows improvements are on track, no further action, or follow up action may be required. This type of improvement falls outside the scope of this procedure.

1.6 However, where any Commissioned Service (statutory or non-statutory) continues to fall short of their duty of care, despite the increased advice and intervention by the relevant partners and CQC, concerns and enforcement actions will be escalated.

1.7 This protocol outlines a clear procedure to be followed when failings have been identified. This starts with the need for providers to take corrective action, and explains the escalation process that will be used when there are serious concerns, culminating in some cases in the decommissioning of the service and removal of Service Users. This final step will never be taken lightly and will only occur when a care provider has been consistently unable or unwilling to make the required improvements in the quality of care and outcomes which their service users have a right to expect.

1.8 This protocol formalises roles and responsibilities of different parties and managers. The guidance has been produced to ensure consistency and fairness in approach and work in partnership with providers. The desire is to shift the focus to prevention and work with commissioned services to help raise and improve standards, while also ensuring that our Service Users receive high quality services that meet their needs and improve outcomes.

1.9 Therefore the purpose of the protocol is to:

- Establish an approach to collective decision making.
- Ensure a standardised response to all circumstances in which performance and enforcement measures are being escalated.
- Identify responsibility for co-ordinating the response.
- Agree a process which is meaningful and one which everyone can follow.
- Outline the role of the Purchasing & Quality Assurance Team.

2. Concerns and Sharing Information about Concerns

2.1 Concerns arise where there are accumulating issues relating to the operation of, or quality of care provided in, a commissioned service (statutory or non-statutory). These concerns may have been identified through a number of routes including:

- Statutory agencies involved in regulating or purchasing services. This includes concerns identified by CQC or commissioners. For social care
this will usually be by staff of the Purchasing and Quality Assurance Team through routine monitoring, annual audit and or inspection;

- By visiting professionals, including environmental health, social care and nursing staff;
- By visiting lay people for example members of Healthwatch;
- Complaints or disclosures directly from service users, their families, friends, advocates, or from current or ex-employees through whistle blowing;
- As a result of the seriousness of an individual adult safeguarding referral or the concerns arising from a series of adult safeguarding referrals in a particular service including care homes, hostels, supported living or in a group of homes managed by a particular provider.

Concerns that are only about minor performance improvements with a low risk rating, individual complaints and individual safeguarding issues will be dealt with through other processes and are outside the scope of this protocol. This protocol covers circumstances where failings and serious concerns have been identified indicating moderate and major risks to Service Users (see appendix 2) this could include cases where investigation of an individual safeguarding case uncovers wider failings.

2.2 Sharing information about concerns - Where the local authority has serious concerns about a registered service it has a duty to share information about these concerns with CQC, CCG and any other involved statutory bodies, even if this means disclosing personal information about service users. Where criminal activity is suspected concerns will also be shared with the Police. Agencies receiving this information including CQC will use this information to inform its judgements/action in relation to these services. (See appendix 1 – a Simple Guide to Sharing Information about Concerns.

2.3 In Luton the: Purchasing and Quality Assurance Team will take responsibility for collecting and collating information about concerns which are reported to the team from the sources identified above about registered social care and health providers on behalf of Commissioners. All services are risk assessed on a quarterly basis using an agreed Pre-Assessment Risk Tool provided by ADASS. The risk tool looks at key triggers that may indicate a potential problem, including staffing, financial stability, complaints, any safeguarding concerns, it has been identified as a “hard to replace” provider, as well as the size of the organisation. This enables the team to focus their resources effectively and prioritises the audits planned for each quarter according to the risk.

- Staff from the team attend a bi-monthly Information Sharing meeting with CQC, Healthwatch and the CCG, where ALL concerns can be shared. Quality monitoring concerns are shared with the
• The Purchasing & Quality Team has introduced a Quality Strategy which defines quality and how this is measured across commissioned services. It outlines the role and responsibilities of Team and how services are monitored outside of this Escalating Concerns Procedure. See appendix 9.

• The Luton Borough Council Safeguarding Adults Team receive all concerns relating to adults over the age of 18. The Care Act 2014 replaces the “No Secrets” guidance. The Act has introduced new duties with regard to the Safeguarding of Adults and for the first time puts Safeguarding on a statutory footing.

• Staff from Health Services, the Purchasing and Quality Assurance Team and CQC, will if appropriate attend individual safeguarding strategy meetings and case conferences that concern registered providers. In some situations the Police and also staff from other LBC departments for example Environmental Health or Trading Standards may be asked to attend. Information shared at a strategy meeting remains confidential to the meeting except as indicated above where it needs to be shared with CQC, the NHS, the Police, the Independent Safeguarding Authority or with other authorities if they have placed the individual in the service.

• Luton CCG has responsibility for the management and monitoring of quality assurance systems for NHS funded services where Luton CCG is the Lead Commissioner. Luton CCG receives thematic information on incidents from provider organisations via the contract process. Where an incident meets the Serious Incident (SI) criteria (National Serious Incident Framework, NHS England 2015) the provider contemporaneously reports to the CCG. The provider will investigate and report back to the CCG within specified timescales. The CCG has a responsibility to oversee and monitor all stages of the Serious Incident process, including monitoring the outcome from any identified learning. In addition to the normal methods, safeguarding concerns can be shared electronically using the CCG mailbox Safeguardingadults.luton@nhs.net

• Complaints about any healthcare provided, or funded, by Luton Clinical Commissioning Group received and managed by Care of Customer Services at Luton Borough Council on behalf of the CCG. Complaint about GP’s, dentists, opticians, pharmacists, health visitors, or a screen service, are received by NHS England.

• Complaints received which meet the threshold for Safeguarding Adults, are discussed with the CCG’s Designated Nurse. The CCG will as commissioners and partners in safeguarding, share this information with LBC for review under safeguarding protocols and notify CQC where the incidents concern safeguarding.

• The CCG through its contract compliance and quality assurance processes have responsibility to monitor their providers against agreed standards and specifications within the contract, which include those laid down by the regulators CQC.
The CCG also work in partnership with the Purchasing and Quality Assurance Team when auditing and monitoring Nursing Home providers. Quality monitoring concerns that fall outside the safeguarding information sharing process are shared via email to the Purchasing & Quality Assurance team inbox, contractsandquality@luton.gov.uk and the CCG team inbox, lccgquality@nhs.net.

- Complaints received which meet the threshold for Safeguarding Adults response, are discussed with the CCG’s Designated Nurse. The CCG will as commissioners and partners in safeguarding, share this information with LBC for review under safeguarding protocols and notify CQC where the incidents concern safeguarding.

- The CCG also work in partnership with the Purchasing and Quality Assurance Team when auditing and monitoring Nursing Home providers.

- Multi-agency Safeguarding Prevention Group will receive and consider information about registered care and health providers on a regular basis. This includes anonymous information concerning complaints. The reason for sharing information at this forum is to enable Health and social services to work towards preventing concerns escalating, and potentially registered services/homes closing or needing to be decommissioned. Members of the group will consider the effectiveness of improvement action already being taken and may recommend further support and changes to Performance Improvement Plans (see stage 1 below) or escalation to Serious Concerns (see stage 2 below). Information shared at this meeting will not identify individuals who are the subject of safeguarding concerns by name. The notes from this meeting may be shared with CQC.

- Multi-agency Safeguarding Adults Board will receive confidential reports on a regular basis about services that are subject to: Provider Performance Meetings (stage 1), as well as more detailed reports about organisations subject to Serious Concerns (stage 2) –see 5.9.1. (The Board also receives information about Serious Cases and decides whether to commission Serious Case Reviews or other reviews.)

3 Arrangements for Managing Concerns

3.1 The following sections of this procedure describe a proactive and reactive framework to secure immediate improvements in care and health provision and also to respond to intermediate or longer term issues or concerns. It is hoped that in most cases concerns can be managed at Stage 1 and that this will, wherever possible prevent what might be avoidable closure of services and disruption for Service Users.

3.2 The procedure is set out in three sections:
• Stage 1 Provider Performance Meetings and Performance Improvement Plan (which are related to quality aspects of contract compliance),
• Stage 2 Serious Concerns Meetings and Corrective Action Plans
• Stage 3 Decommissioning, (this section primarily covers social care including nursing care provided in nursing care homes).

Each Section includes a list of key headings in the introductory section and also lists the appendices that relate to the section.
A simple summary process flow chart is set out overleaf:-
Level 0 outside the scope of this procedure:
- individual safeguarding cases – managed through safeguarding procedures
- minor concerns - managed through action plan from provider, improvements confirmed via monitoring

Stage 1 Provider Performance Meetings
- Important concerns uncovered, provider asked to attend meeting
- Chair summarises concerns
- Provider agrees to produce Performance Improvement Plan/Contingency Plan (where relevant) covering urgent actions, within agreed timeframe.

Outcome of Stage 1 and Performance Improvement Plan

Either
- Further meetings and feedback show good progress on all urgent actions and start on developmental actions
- No further Action required under procedure
  or
- Chair requires further monitoring at level 0

Or
- Meetings show little progress on urgent actions
  or
- Provider called in again because of further concerns identified within 12 Months
  - Chair recommends use of liquidated damages and or escalation to Stage 2

Stage 2 Serious Concern Meetings
- Usually held as a result of failure to improve at Stage 1
- Might also be called because CQC has issued warning or compliance letter
- Might also be called because investigation of safeguarding issues uncovers very serious concerns
- Might also be called because of serious concerns made by whistle blower or partner agency
  (Senior Manager to respond to request to call meeting within 48 hours)
- Provider asked to attend meeting, Chair summarises serious concerns
- Provider agrees to produce Corrective Action Plan which addresses urgent actions (submitted within 1 week, requires improvements within 2-4). Provider communicates with Service Users.
- Further monitoring meetings held within short time period. (Part of meeting held without provider)

Outcome of Stage 2 Serious Concern meetings and Corrective Action Plan

Either
- Action Plan produced, fast progress made on all urgent actions
  - De-escalate concerns
    Either
    - End process  or
    - Continue monitoring over agreed period

Or
- Action Plan and further meetings show little progress on urgent actions
  or
- Provider back again because sustainable improvement not maintained and limited chance of improvement
  Either
  - Decision made to apply 'liquidated damages'
  - Provider decides to close, or
  - Escalate to Stage 3

Stage 3 Decommissioning of Service
- Will vary depending on service and circumstances.
- Or if major NHS provider service Task and Finish Group may be established
4. **Stage 1 Provider Performance Meetings**

4.1 **Introduction**

4.1.1 As is explained above in 1.5 quality assurance and monitoring of provider services (and clinical governance in health services) can highlight areas where developmental improvements are needed. In these circumstances the provider is generally asked to draft an action plan within an agreed timescale and then report and evidence progress.

4.1.2 This procedure starts at the next stage where concerns that impact the quality of service require immediate attention have come to light.

4.1.3 This part of the procedure is presented under the following headings:

- Criteria and thresholds for Provider Performance meetings
- The Initial Provider Performance Meeting
- Chairing and Management of Provider Performance Meetings
- Performance Improvement Plans including the risk indicator as determined using the matrix in Appendix 2.
- Suspending Placements
- Monitoring of Performance Improvement Plans
- Conclusion of the Provider Performance, Stage1 process
- Appendix 2, 3 and 4 relate to this section

4.2 **Criteria and thresholds for Provider Performance Meetings**

4.2.1 Providers (managers and where appropriate regional managers or owners) will be asked to attend a Provider Performance meeting where concerns that require immediate attention have come to light through any of the routes identified in 2.1.

4.2.2 This is most likely to relate to providers not meeting the CQC regulatory standards, outcome focused care standards as set out in the specification and contract standards or Service failure.

These indicators may look like but are not limited to evidence of:

- Poor policies & procedures
- Poor staff practice
- Low levels of staffing/poor staff practice/untrained staff
- A service without a registered manager for a long period of time
- Lack of management oversight
- Evidence of untrained and competent staff
- High turnover of staff
- Poor care planning
- Poor risk management
- Social isolation of residents/few social, recreational or educational activities
- Poor contingency planning
- An increase in upheld safeguarding concerns
- An increase in complaints
- Sustainability of a good quality score
- A decline in physical appearance of the building and communal areas
- Poor cleanliness and infection control
- Restriction on choice or failure to follow the law on MCA or DOL’s
- Poor management of resident finances or medication.
- Risk rating from local market oversight reporting tool.

These criteria’s will have been assessed as moderate or major concerns / risks (see appendix 2 Assessing Risk and Degree of Concern).

When there is failure demand within a service it can cause anxiety and uncertainty for those in receipt of the service. The introduction of the Care Act 2014 and the Care and Support (Business Failure) regulation outlines the local authorities powers and duties and responsibilities.

Each service interruption will be considered on its facts and will also be risk assessed. (See glossary for service interruption definition).

4.3 The Initial Provider Performance Meeting

4.3.1 The purpose of this meeting is to:

- share the immediate concerns that have led to the decision to call the meeting as well as any other issues and concerns with the provider;
- summarise the risks and overall assessment of the level of risk as perceived by LBC and or LCCG (see appendix 2);
- give the provider the opportunity to respond to the concerns and risk assessment;
- determine if immediate further action is required, including: any further referrals to adult safeguarding if further abuse is suspected or alleged; notification to other agencies, such as the HSE or the Fire Service that have specific responsibilities and enforcement powers; review of service users by placing organisations;
- discuss the Contingency Plan where appropriate;
- discuss Councils “temporary duty” if appropriate. See appendix 8 for further information.
- inform the provider if a Performance Improvement Plan is required and determine the timescale for improvements;
- discuss suspensions and agree whether the provider should voluntarily suspend new admissions/ placements at the service;
- discuss and agree arrangements for the provider to inform service users and, if appropriate, families (ie if the service user does not wish their family to be informed their decision must be respected unless it is assessed that they lack capacity to make this decision);
- agree arrangements for informing any organisation that has placed one or more service users and that has not already been informed;
- agree arrangements for working with the provider and monitoring improvements;
- confirm that the concerns and actions discussed will be shared with CQC and other relevant regulators;
- discuss and agree how to handle the possibility of any media interest.

4.3.2 (See appendix 3 for draft Agenda’s for Provider Performance Meetings)

4.3.3 Follow up meetings and visits to the service will focus on reviewing progress made, examining evidence, considering risks and any additional actions needed, see section 4.5 below.

4.4 Chairing and Management of Provider Performance Meetings

4.4.1 This stage of performance improvement will be led and managed by a chair from:

- **A Senior Manager (M3) Purchasing and Quality Assurance Team** on behalf of LBC and the CCG where registered social care services including nursing care are involved. Where nursing services are involved the CCG will be invited to attend.

- **LCCG** - Where an NHS commissioned health service is involved the appropriate commissioner will be involved, for example:
  - Luton CCG for Nursing Home, Hospital, Community Nursing, Metal Health Service.
  - NHS England for Primary Care – GP’s, dentist, pharmacist, opticians, Health Visiting (until October 2015)
  - LBC for School nurses and Health Visitors (from October 2015)

4.4.2 Provider Performance meetings do not replace the investigation and management of individual safeguarding cases in the service about whom there are concerns. The investigation and management of these cases will be led by Adults Services (Safeguarding Team). If service users/residents are privately funded they will be offered the opportunity to have their concerns investigated and managed in the same way as service users funded by LBC. If residents funded or placed by other authorities are involved, it is recommended by ADASS that the host authority, in this case LBC, leads and informs the funding authority who may wish to become involved in the strategy meetings especially if they are an adjoining authority, or in reviewing the needs of their service user(s). If health Services are involved Luton CCG Luton will inform the relevant CCG.

Staff from the Purchasing and Quality Assurance Team (and also health services) will be invited to attend strategy meetings for individual safeguarding cases where appropriate to ensure there is communication between the two processes.
4.5 Performance Improvement Plans (PIP)

4.5.1 It is expected that actions to address concerns identified at the provider performance meeting will be set out in a Performance Improvement Plan (PIP). Some concerns may be of a more serious nature than others and require immediate action to ensure the safety of service users; these are described as requirements in a contract monitoring report. These are likely to be concerns where a delay in taking urgent corrective action could result in the need for escalation to Stage 2, Serious Concerns, or for CQC to consider the need to commence enforcement action. Other concerns may be less serious but still indicate a shortfall in the quality of service provided. These will also need to be addressed in an agreed timescale. PIPS will include urgent actions. The PIP should include the risk indicator in line with the matrix within Appendix 2.

4.5.2 The format for Improvement Plans will usually include improvement milestones with timescales that link to the relevant East of England (EoE) or NHS clinical standards and CQC regulations and outcomes and will address:

- Service user outcomes
- Staff outcomes
- Management outcomes

An example of a Performance Improvement Plans (PIP) template for all commissioned services (statutory & non statutory) is attached as appendix 4.

4.5.3 The responsibility of the Provider Performance Meeting in drawing up a Performance Improvement Plans (PIP) is to set out:

- the main areas of concern, indicating which standards and outcomes these relate to;
- the improvement in outcome(s) required;
- the timescale for submitting the initial PIP (normally one week or sooner)
- the timescale within which each outcome should be met and how the outcomes will be monitored and evidenced.

4.5.4 The responsibility of the service provider is to complete the Performance Improvement Plans (PIP) by setting out with regard to each outcome:

- the action(s) it will take;
- the person responsible for the action;
- the timescale for completion of the action
- how they will monitor progress and sustain quality.
- The risk indicator for each action.

4.5.5 The provider will be given a deadline by which to return the initial PIP and dates for first follow up meeting will be agreed. Before each follow up meeting the provider will need to submit an updated PIP. In these submissions the provider will need to focus on the progress it has made against each action and provide evidence of the extent of improvement to date. (For example if all care plans are required to be reviewed we would want to see how many have been completed and see evidence of improvement in quality of the review each time the PIP was submitted.)
4.5.6 As stated in 4.3.2 above the use of PIPs does not replace the investigation and management of individual safeguarding cases in the service about whom there are concerns. The two processes will be managed concurrently.

4.5.7 The use of PIPs does not replace compliance notifications or enforcement action issued by the CQC. It should be noted that CQC may require additional or more detailed information from the provider/manager of the service.

4.6 Suspending Placements

4.6.1 Concerns about the quality of service delivered by a provider may be closely linked to the safeguarding of adults receiving that service. Consideration will therefore need to be made regarding the safety of all current users of the service, as well as those who may become users of the service. This is especially the case where urgent actions have been identified, particularly if service interruptions have been identified. It is hoped that in these circumstances providers will take the initiative and offer to suspend new admissions/placements, including self-funders. However, each organisation that places service users with a provider has the responsibility to make its own decision about whether to suspend placements (and to check the legality and risk of challenge if it decides to do so).

4.7 Monitoring of Performance Improvement Plans

4.7.1 The implementation of the Performance Improvement Plan is the responsibility of the provider.

4.7.2 The monitoring of the implementation of the Performance Improvement Plan is the responsibility of a number of individuals and agencies:

- The chair of the Provider Performance meeting should keep an overview of the process, acting as a point of contact for partner agencies, placing organisations and the provider. (Information about organisations involved in Provider Performance meetings will generally be shared at the Safeguarding Prevention Group as one method of ascertaining the views of partner agencies – see 2.3);

- Partner agencies may have responsibility for undertaking specific activity, for example through announced or unannounced visits, liaison with the provider, provision of information, checking and monitoring how staff undertake certain tasks. Partner agencies will usually be asked to provide written reports to the chair, CQC will share relevant compliance monitoring reports which have been finalised and will undertake to give an overview of any other emerging concerns;

- There may also be follow up visits by staff from the Purchasing and Quality Team and CCG (if a nursing home) to evidence that actions have been implemented and put in place as well as to assess/review the current level of risk;

- Placing organisations are responsible for monitoring the wellbeing of the service users they have placed with the providers. This may be through formal reviews of care, through contact with the service user and/or their
family or other means as deemed necessary including use of advocates or trained lay visitors. They have a particular responsibility for satisfying themselves that the people they have placed at the service are not at risk of harm and are receiving the service as specified to the provider;

- The provider should assist by providing the materials/information/evidence agreed and facilitating access to allow those responsible for the monitoring to fulfil their responsibilities.

4.7.3 Further Provider Performance meetings will be held as required to:
- monitor the progress of the provider in meeting the requirements of the PIP, focussing on evidence see 4.5.5;
- share any new information received from partner agencies;
- review the risk to the service users;
- review any recommendation made to suspend placements.

4.7.4 Contact should be maintained with the provider throughout the process and feedback given on:
- their progress in meeting the outcomes in the PIP;
- the current assessment of risk;
- any further action required of the provider;
- if a suspension of placements (voluntary or via formal embargo) is in place whether a recommendation will be made that it should continue or be lifted;
- the outcomes of any follow up visit to the provider to check/evidence that actions have been implemented and put in place as well as to review the current level of risk.
- any further action to be taken by the partner agencies.

4.7.5 Typically, this feedback may include further Provider Performance Meetings with the provider and contact between the chair (or staff of the Purchasing and Quality Team, Safeguarding Adult’s Team or nursing staff) and the provider in between meetings.

4.8 Conclusion of the Provider Performance, Stage 1 process

4.8.1 It is hoped that most concerns can be resolved at this stage. The criteria for concluding at this stage are that:
- the outcomes in the Performance Improvement Plans have been completed within the agreed timeframe;
- reviews and checks on the service being received by individual service users conclude that the service is meeting the individual’s assessed needs and is being delivered appropriately;
- risks to the service users and others have been removed or are being effectively managed.

4.8.2 The decision to conclude the process will be made by the chair or vice chair of the Provider Performance Meeting. (However, if the chair believes that risks have not been addressed and outcomes have not been achieved within reasonable timescales, then the chair may recommend use of ‘liquidated damages’ and or escalation to Stage 2, Serious Concerns.)
4.8.3 When the decision is made to conclude the process at Stage 1:
- The provider will be informed in person (or in writing if requested) by the chair of the Provider Performance Meeting;
- Confirmation will be sent in writing to other placing organisations by the chair or his/her representative;
- CQC will be informed;
- Information will be shared within partner organisations according to usual arrangements and in abridged form to the Safeguarding Adults Board.
- Service users and families will be informed by the provider (usually in writing);
- The chair of the Provider Performance meeting will compile a report that summarises the initial concerns, the action taken, the response of the provider, the engagement of partner agencies and placing organisations, the involvement and views of service users and their families or carers. This report may also make recommendations about the long term engagement with the provider, amendments to contracts or service specification. This report will be remain on the file while contract is in place with provider.
- Both the service provider and the chair (and vice chair if one is appointed) are entitled to comment on the effectiveness of the process and recommend improvements to the process. These comments will be considered by the Safeguarding Board, Performance, Audit and Quality assurance subgroup chaired by Luton CCG.
5 Stage 2: Serious Concerns Meetings

5.1 Introduction
The Serious Concerns Stage outlines the arrangements for investigation and management of multiple safeguarding concerns or serious non-compliance with care standards in a location or organisation usually where attempts to secure sustainable improvement through the Provider Performance Meetings and corrective action planning process outlined at Stage 1 has failed. This part of the procedure is presented under the following headings:

- Purpose of Stage 2 Serious Concerns Meetings
- Criteria for instigation of the Serious Concerns procedure
- Instigating Serious Concerns meeting
- Chairing of a formal Serious Concerns meeting
- Who attends a Serious Concerns meeting?
- When to involve the Service Provider
- The Serious Concerns Meeting
- Suspension of Services due to Safeguarding Concerns
- Serious Concerns Corrective Action Plan (CAP) including the risk indicator
- Monitoring of Serious Concerns
- Exceptional Circumstances
- Appendix 5 and 6 relate to this section

5.2 Purpose of Stage 2 Serious Concerns Meetings
The purpose of the Serious Concerns procedure is to adopt a consistent and proportionate response when:

(a) serious, non-compliance with CQC regulatory standards, performance standards as set out in the specification and contract standards or Service failure that has or is likely to result in

- a potentially life-threatening injury through abuse, maltreatment or neglect
- serious and permanent impairment of health or development through abuse, maltreatment or neglect
- loss of choice, independence and well being

or

(b) an investigation of specific concerns reveals wider issues about a provider

and

(c) these cannot be resolved by local negotiation with the registered manager and or provider, through stage 1 of the process.
5.3 Criteria for instigation of the Serious Concerns procedure

- Recommendation by the chair of the Provider Performance meetings (Stage 1) that concerns are so serious that they need to be escalated.

Also:

- Reports of Serious Concerns from the Care Quality Commission arising from a regulatory inspection or other alerts (including a formal letter warning of enforcement or compliance actions),

- Accumulated complaints about the same service by service users, their families or members of the public which amounts to serious safeguarding concerns,

- Serious Concerns of a safeguarding nature following several visits or individual reviews in the service, which have not been able to be resolved through action taken at stage 1.

- Serious Concerns of a safeguarding nature following contract monitoring/compliance reviews of the service, which fail to achieve sustainable improvements. (For example when several sets of Provider Performance meetings have had to be held within a relatively short period, generally 12-24 months.)

- Reports of serious safeguarding concerns from other professional services / organisations involved in the service, which have not been able to be resolved through action taken at stage 1.

- Serious Concerns as a result of whistle blowing, that is so serious that they cannot be resolved through stage 1 of the process.

- Serious Concerns following a Safeguarding Adults strategy meeting or investigation, that are so serious that they cannot be resolved through stage 1 of the process.

- The professional judgement and supporting risk assessment of the Purchasing & Quality Assurance Team Contract & Quality Officer.

5.4 Instigating Serious Concerns meeting

5.4.1 The decision to hold a Serious Concerns Meeting in Luton can only be made by: the Chair of the Adult Safeguarding Board, the Corporate Director of Housing and Community Living (who is the Director of Adult Social Services) or the Head of Adult Services, Service Manager of the Purchasing & Quality Assurance Team or where health services are concerned the CCG’s Accountable Officer or the CCG’s Director with responsibility for safeguarding or quality. Where the Serious Concern also affects Bedford Borough Council (BBC) or Central Bedfordshire Council (CBC) because their residents are using the services, senior managers from Luton Borough Council (LBC), where it is the host authority, or CCG, where it is the lead commissioner of a
health service, will lead, but they will involve managers from the other
council(s) and CCG(s). *(This may occur for example where there are serious
care home provider who also has residents from CBC, or
with the Luton and Dunstable (L&D) hospital whose patients come from both
council areas.)*

5.4.2 Requests to escalate to ‘Serious Concerns’ can be made by any partner
involved in safeguarding but need to be made in writing. The request should
be sent to the appropriate senior officer/manager as in 5.4.1 and copied to
others listed above. The requests should describe the issue of serious
concern and also indicate what action has been taken to attempt to resolve
the situation and improve performance at Stage 1.

5.4.3 The Senior Manager /Chair of Safeguarding Board must respond to the
request within 48 hours. He /she may do this by calling a ‘professionals only’
meeting (ie meeting to ‘hear’ the concerns without the provider or owner) to
evaluate the concerns and consider options, including appointment of chair
and vice chair if it is decided to proceed. (If the timescale needs to be
extended beyond 48 hours the Chair of the Safeguarding Board needs to be
informed/consulted.)

5.4.4 As in Stage 1 the ordinary Adult Safeguarding processes will carry on in
parallel to ensure specifically identified individuals are safeguarded. Chairs of
individual cases will always be invited to Serious Concerns meetings and will
act as the essential communication link between the two processes.

5.4.5 Special consideration will need to be made if it is anticipated there will be any
pre-emptive action for example police arrests / interviews; Care Quality
Commission enforcement action.

5.5 Chairing of a formal Serious Concerns meeting

5.5.1 The Serious Concerns meeting will be chaired by the, the Strategic
Safeguarding Manager or a delegated manager (usually Service Manager, M6
level manager or above in LBC) if the issues concern social care services or
by the Director with responsibility for safeguarding or quality in the CCG, or a
delegated Senior Health Manager, if they concerns health services. In Luton,
the decision on who should chair the meeting, informed by the guidance for
selection in appendix 5 will be made by the, (called the Head of Adult
Services in Luton), or if they concern health services by the CCG’s Director
with responsibility for safeguarding or quality, or where appropriate the
decision will be made jointly.

5.5.2 Who attends a Serious Concerns meeting?

5.5.3 Only those people invited by the Chair. These are likely to be drawn from:

5.5.4 A core group of staff representing:

- The Local Authority (including Care Management)
• Luton CCG Commissioner or relevant NHS commissioner for that health care funded service – NHS England.
• Bedfordshire Police (where there are likely prosecutions)
• CQC
• The Purchasing and Quality Assurance Manager or the Manager who has chaired the specific Provider Performance meetings.
• The Purchasing & Quality Assurance Team Contracts & Quality Officer that has informed the previous Provider Performance Meetings.
• The Strategic Safeguarding Manager or the Safeguarding Adults Manager who has managed the safeguarding enquiry.
• The Local Authority Commissioner.

5.5.5 Other staff will be invited as appropriate and may include:
• Representatives of other commissioners of the service
• Legal representative from the Local Authority or from CCG
• Manager from the relevant assessment and care management team
• The professional raising the concerns
• Contract Manager from the Local Authority or CCG
• Complaints Manager from the Local Authority or CCG
• Primary Care Team
• Community Health representative(s)
• Hospital representative(s)
• Mental Health representative(s)
• Probation
• Advocacy services
• Other investigating teams /authorities who have clients/patients using the service
• CQC
• Other person / agency/representative at the chair’s discretion

5.5.6 When to involve the Service Provider

5.5.7 The chair of the meeting will decide whether and when the service provider should be invited to attend the meeting or how the concerns will initially be shared with them. (This is likely to be outside of a large formal meeting). It is quite likely that the first meeting may be a professionals meeting called by a more senior manager see 5.4.3 without the provider, to enable him/her to hear the concerns of various partners, review and evaluate the information and consider options.

5.5.8 Provider service managers / owners will need to be informed as soon as possible of the concerns leading to the entry into Stage 2, the ‘Serious Concerns’ process.

5.5.9 For a large service provider, the Area / Regional Manager or the most senior manager ie Chief Executive or deputy will be contacted.

5.5.10 For smaller providers, contact will be with the Registered Manager and the registered provider (owner).

5.5.11 For voluntary or community organisations, contact will be with the Chairperson of the Trustee Board or Management Committee.
5.5.12 In most cases where the service provider is invited to attend the meeting, a separate part of the meeting, which could be both prior to the provider arriving and if necessary after the provider has left, will be set aside for professionals to discuss and evaluate the seriousness of the situation, the risks to service users and any further actions required.

**Note on attendees at meetings** - persons, including authorised deputies, should not attend the meeting unless they have the express invitation/permission of the chair.

**Note on conduct** - If there is any suspicion that someone (i.e. the owner of an establishment, service provider manager, Health or social care professional) has acted incorrectly or may adversely influence the outcome of any investigation following the alleged concerns they should not be invited to the meeting and the Chair must be prepared to exclude those persons if they try to attend.

5.6 **The Serious Concerns meeting**

5.6.1 The chair of the Provider Performance meeting and the chair of any safeguarding strategy meetings and where appropriate other professionals should provide a brief written report to the chair of the meeting (within the timescale set by the chair) summarising the information they can contribute to the investigation of concerns. CQC will share relevant reports of compliance and will provide detail of any new or emerging concerns.

5.6.2 The meeting will consider the concerns, any action required to address immediate risk, and identify a plan to investigate and address the concerns. (It is acknowledged that any action agreed does not in any way infringe on CQC’s regulatory responsibilities and CQC will determine and commence any regulatory action that it considers necessary.) The meeting should always discuss communication issues including when the service provider should inform service users, their families or nominated supporters about the serious concerns that the council and or CCG or CQC have and action being taken to improve services and outcomes for users. An aide memoire is included as appendix 6.

5.6.3 If the provider is invited to the meeting, part of the meeting will be set aside for professionals, see 5.5.10 above. This part of the meeting will evaluate the overall level of risk, (see appendix 2).

5.6.4 The Serious Concerns meeting will make a further date to meet, to review progress.

5.6.5 Where appropriate and requested by the Chair the Safeguarding Manager or other nominated manager (depending on the specific circumstances) will lead in coordinating the planning and implementation of the Serious Concerns investigation with operational staff from all involved agencies. Actions might include:

- Reviewing individual cases (this will usually be carried out for all social care services – for more detail see Stage 3 Decommissioning point 7.6.1c and Appendix 7 points 1 and 2. Appendix 8 – Service Interruptions because of business failure.
- Interviewing service users and / or family / carers
• Health examinations and / or reports
• Liaising with other professionals who access the service
• Liaising with other sponsoring authorities

5.6.6 Where appropriate a record of the Serious Concerns investigation will be made on the case file of all involved service users and the Safeguarding Manager/ nominated manager will collate a summary. (Where a letter from the provider has already been sent, a copy should be placed on file instead. If the service user does not have capacity to understand the issue, a copy of the letter should be sent to their representative)

5.6.7 The host Local Authority is responsible for ensuring the immediate safety and welfare of all service users in their area, regardless of who has commissioned the service. As the investigation progresses the host Authority will remain responsible for the service users for whom it has commissioned the service and all service users who are self-funding. Other funding / placing Authorities will be asked to ensure the ongoing welfare of those service users they have responsibility for. This is why the Chair is likely to request that reviews of all service users are undertaken.

5.6.8 The Director of Adult Social Services or nominated representative will consider the recommendations of the Serious Concerns meeting and decide whether sanctions to restrict new placements or end existing placements should be implemented, if these are not already in place as a result of action taken at stage 1. This decision is likely to be made outside of the formal meeting and discussed with provider before raising in the meeting. If this is necessary, Contracts staff will arrange relevant written notification to the Service Provider, other placing Authorities and CQC.

5.7 Suspension of Services due to Safeguarding Concerns

5.7.1 Concerns about the quality of service provided by a provider service may be closely linked to the safeguarding of adults receiving that service. Consideration will need to be made with regards to the safety of all users of the service and those who may become potential users of the service who are at risk of being harmed, mistreated or neglected by that service.

5.7.2 Serious Concerns meetings involve close working between the Purchasers, Contract and Commissioning Teams and the NHS Continuing Care Funding Team. Each of these sections have responsibilities in respect of suspending services in terms of temporarily ceasing to commission new business when the service is causing concern in respect of the safety of the people receiving that service. Existing placements or care packages will normally remain with the provider, so long as there is a likelihood of improvement. More serious concerns may lead to consideration of transferring some or all existing services to other providers or ending the contractual relationship/ decommissioning the service, which is another reason for re-assessments /reviews to be undertaken, to aid planning of alternative services.

5.7.3 CQC will always be informed and involved and will determine whether it needs to commence or escalate enforcement actions within the remit of the regulatory framework.
5.8 Serious Concerns Corrective Action Plan

5.8.1 Chairs of Serious Concerns meetings must ensure that there is a Serious Concerns Corrective Action Plan in place at the earliest point which is designed to rectify the concerns, unless the provider decides at the meeting to cease operating. Generally it is expected that the provider will produce a corrective plan within a week and that there will be evidence that this is making a difference within 4 weeks. The details of Serious Concerns Corrective Action Plans will vary in content but should be similar to the Performance Improvement Plans outlined in Stage 1 and appendix 4 and identify:

- What is to be improved (in terms of service user outcomes, staff outcomes, and management outcomes, referencing EOE standards and CQC regulation and essential standards and NHS clinical standards where applicable. Actions need to be outcome focussed and not input or process driven, but can include milestones. They need to be developed in a manner which meets both Commissioner and CQC’s needs.)
- Who in the provider service will be responsible for making which improvements
- Timescales, with milestones and dates for completion of the improvements
- How the improvements should be evidenced
- The risk rating of each issue/concern

The Chair will also ensure that partners and the service provider understand which teams in the Council and or CCG and where appropriate the Police will be responsible gathering evidence and or monitoring the improvements.

5.8.2 The implementation of the Serious Concerns Action Plan is the responsibility of the provider.

5.8.3 Review dates should be set for further Serious Concerns meetings to monitor progress against the action plan until the Local Authority and or CCG are satisfied that the service no longer presents concerns and they are able to meet and sustain their regulatory and contractual standard requirements. Or it is decided by the council, CCG or the service provider that the service should close/be decommissioned (see Stage 3 the decommissioning process).

5.8.4 CQC will also always be involved and may discuss with the chair outside of the formal meeting what further regulatory actions they consider are needed to address their concerns. These may be integrated into the corrective action plan, the aim being to reduce the burden on service providers when they are asked to respond to both CQC and commissioners improvement actions.

5.8.5 All paperwork and evidence from the Serious Concerns investigation should be collated by the Safeguarding Team or Purchasing and Quality Team or where appropriate in the case of health services, NHS Team.

5.9 Monitoring of Serious Concerns

5.9.1 The Safeguarding Adults Board will be informed each time the Serious Concerns procedure is implemented and they will be updated on the progress of the investigation and action plan.
5.9.2 The Performance, Audit and Quality assurance sub group or task and finish working group will consider lessons learnt and ensure these are incorporated into training and practice.

5.9.3 When a Serious Concern investigation is completed, the Safeguarding Board will consider whether a Safeguarding Adults Review.

6 Outcome of Serious Concerns Meetings

6.1 It is hoped that concerns can be resolved at this stage. However there are potentially a number of alternative outcomes. These include:

- Use of liquidated damages
- Provider decides to close
- Escalation to Stage 3
- Other, see exceptional circumstances

Exceptional Circumstances

6.2 In some situations where the service about which there are serious concerns is considered to be too significant to allow it to fail, most likely to be large health services such as NHS hospitals, or when the decommissioning of a service is assessed as disproportionate to the specific circumstances, additional arrangements for monitoring and support may be introduced. Where the service involves large numbers of people or major NHS Services these arrangements will need senior level involvement (usually the chair of the Safeguarding Board and involvement of the DASS) as well as the NHS to demonstrate high level governance and accountability and will usually take the form of a short term task and finish group.
7. **Stage 3: Decommissioning of a Provider Service**

7.1 **Introduction and Purpose**

7.1.1 The purpose of this stage of the procedure is to ensure the well-being of service users and patients and to ensure appropriate action is taken to find suitable high quality alternative services that meet needs if a service is decommissioned.

7.1.2 It is intended to facilitate a collaborative approach by partners and provide guidance to clarify individual and collective roles and responsibilities where decommissioning has been proposed. It should also be read in conjunction with the ‘Safeguarding Adults Policy and Procedural Guidance’. Cross-referencing with other single and multi-agency policy and procedural guidance may be required as dictated by the circumstances of each individual case.

7.1.3 Guidance on closure of a care home is attached as appendix 7; it repeats aspects of this section as it is intended to be used as an aide memoire/guidance on its own. This section and the appendix replace LBC’s Housing and Community Living *Closure of an Independent Sector Home* procedural guidance where closure is due to serious concerns.

7.1.4 This part of the procedure is presented under the following headings:
- Definition of decommissioning
- When decommissioning should be considered
- The decision-making process
- Short-term risk management intervention
- Impact on stakeholders - areas for consideration
  - Service users, their families and supporters
  - Self-funded placements
  - Information sharing
  - Consultation
  - Disagreement
  - TUPE and Staff support needs
- Media management
- Learning from the process to improve future practice
- Appendix 7 also relates to this section.

7.2 **Definition of Decommissioning**

7.2.1 Decommissioning is the process by which steps are taken to cease contracting with a service provider. This may involve the withdrawal of funding in full and termination of all contracts, or alternatively a decision being taken not to renew a contract with a given provider.
7.3 When decommissioning should be considered under this procedure

7.3.1 Decommissioning in the context of this procedure would take place as the consequence of earlier safeguarding strategy meetings or Provider Performance meetings that have been escalated to Stage 2 Serious Concern meetings usually because the provider has been unable to make sustainable improvements in the quality of care and outcomes for service users. In many such cases, the provider may decide voluntarily to cease operating as a result of discussion at these meetings or because of concerns expressed by CQC. Where this is the case, other parts of this section and appendix 7 but not this part, will apply. (Where a provider voluntarily decides to close, the commissioning body’s legal advisor should still be consulted.)

7.3.2 Decommissioning should only be viewed as a ‘last resort’, when the safeguarding partners are in agreement that all other resolution outcome focussed options have been exhausted and that contractual compliance has been breached. In most cases it is also likely that CQC has commenced some form of regulatory enforcement action against the provider of the service. However, the possibility of decommissioning needs to be considered from the outset if it is to be carried out with the least negative impact on Service Users.

7.3.3 **Note:** Where there are serious failings in a major NHS provider such as a hospital, it is more likely that NHS Commissioners will impose a change in management than decommission a service. However as diversification of health care providers’ increases, the need to decommission poor quality health services is also likely to increase.

7.4 The decision-making process

7.4.1 Decommissioning requires the prior agreement of each commissioning body’s legal advisor, and can only be sanctioned by personnel at Corporate Director/Chief Executive level.

7.4.2 In the case of Health Services including Nursing Care and Continuing Health Care (CHC) services, the appropriate senior professional in the CCG must be involved, or if the CCG is the lead commissioner, the CCG will usually be taking the lead role. (Note: This person or their representative should already be involved in the Serious Concerns meeting.)

7.4.4 This ‘De-commissioning Process’ will need to be implemented concurrently with contract termination processes outlined in clauses relating to ‘material breaches’ of the individual contract agreement.

7.4.5 In the case of registered services, all decisions to decommission must be communicated to the necessary regulatory body, the CQC. (Note: CQC is likely to already be involved in the Serious Concerns meeting and may have commenced enforcement action against the provider)

7.4.6 Similarly, the Police (who may already be involved) and possibly also the Health and Safety Executive will need to confirm that the planned
decommissioning will not jeopardise any investigative activity they are required to undertake.

7.4.7 In the case of social care services LBC’s Purchasing and Quality Manager or Contract and Placement Activity Manager will notify all other placing Authorities of the proposed action. In the case of health/nursing care services the CCG will liaise with other placing CCGs with regards to nursing and CHC out of area placements.

7.4.8 A designated Lead Officer and Closure Team, this will decided by Senior Manager(s) as in 5.4.1. They will need to be appointed to oversee each instance of agreed service decommissioning/closure. The Lead Officer will be responsible for ensuring the smooth implementation of the process, for liaison with the provider, with partner safeguarding agencies and for overseeing consultation with service users, their families and supporters. The Lead Officer and Closure Team will also need to coordinate transfer arrangements to new providers. At the end of the process the Lead Officer will be required to compile and present a final summary outcome report to the serious establishment concern debriefing meeting.

Because this guidance covers decommissioning of a wide range of services it has not been possible to provide guidance on the Lead Officer/Closure Team. However some guidance is given in Appendix 7 covering care homes.

7.5 **Short-term risk management intervention**

7.5.1 In some circumstances, which will depend on the nature of the contract and its variation agreements, it may in the short-term be possible and agreeable (because it improves outcomes for users) to introduce additional or alternative management and/or staff support into a service where decommissioning has been agreed, in order to extend the closure timescale. In such cases, only suitably qualified, skilled and experienced staff should be deployed; usually workers with appropriate residential care, nursing care or domiciliary care experience, (or medical qualifications and experience in the case of health services); depending on the service being decommissioned. In such cases all parties including CQC need to be in agreement and appropriate legal health and safety and insurance issues addressed.

7.6 **Impact on stakeholders – areas for consideration**

- Service users, their families and supporters
- Self-funded placements
- Information sharing
- Consultation and Advocacy
- Disagreement
- TUPE

7.6.1 **Service users, their families and supporters**

a) The agenda for ‘Serious Concerns’ meetings will always include an item on communication. In most cases, usually fairly soon after serious concerns meetings have been initiated, the Council will expect the service provider to
write to all service users and their families informing them of the concerns, improvement plan and monitoring arrangements. The Council expects the provider to agree the content of the letter before it is sent and to be provided with a copy. In most situations families will be advised to contact the service provider for further information. There will be discussion and agreement about how information should be shared with any service users (and their families) who normally use/live in the establishment/home, but are temporarily away, for example because they are currently in hospital.

b) In some situations where it looks highly probable that decommissioning may be considered it may be appropriate for the council to invite service users, their families and supporters to a consultation and information sharing meeting. When to do this and the way to proceed in each case will be discussed and agreed usually under the ‘communication’ item on the agenda of the serious establishment concerns meeting.

c) Reviews /reassessments - in most circumstances prior to making the decision to decommission, as part of Stage 2 the Serious Concerns Process, or where the provider has voluntarily decided to cease trading/close, all service users affected will require a new assessment of their needs. This will be carried out by a social worker/ reviewing officer/ nurse and involve any other necessary specialist professionals (e.g. where the person is eligible for referral to a CHC Nurse Assessor, or where there may be a need for Occupational Therapist input). Where mental capacity is in question, then the assessment will also need to determine the individual’s capacity to make an informed decision about this proposed change and IMCAs instructed where necessary. (There may also be particular circumstances, where it is decided that individual reviews are not the best way to manage the change for Service Users. This may be the case for example with closure of some day care/activities if it is felt that consultation can be more effectively managed collectively with the involvement of advocates, or in a slightly different way.)

d) Following assessment and consultation the Social Worker/Social Care Assessor/Reviewing Officer /Nurse Assessor will ensure that a suitable new care package is commissioned as soon as practicably possible. Information will be provided about alternative current service availability by the worker or staff from LBC’s Brokerage Team. The new care package must meet the user’s assessed needs and take account of their preferences as far as is possible within the timescale.

e) It will be essential for the Social Worker/ Social Care Assessor /Reviewing Officer /Nurse Assessor to ensure that each service user’s key documentation, and where appropriate medication, mobility aids, personal effects, information regarding dietary/cultural requirements, etc. are transferred to the new service provider in a timely manner.

f) The impact of the changes on the affected individuals should be monitored and additional support or other adjustments offered where appropriate.
g) After the change, nominated staff, usually the Social Worker/ Social Care Assessor /Reviewing Officer /Nurse Assessor will retain responsibility for reviewing the service user’s case. The review will usually take place within six weeks, but could be brought forward and also repeated should any significant concerns exist.

7.6.2 **Self-funded placements**

Service users who fund their own residential/nursing placement or domiciliary care package will equally be eligible for an assessment of need as those placed by the council. They too will be given the necessary support to make an informed decision about their future accommodation and care arrangements.

7.6.3 **Information sharing**

Service users (or their representatives) will be required to give consent to their assessment and care-planning documentation being shared for the purposes of re-commissioning. As a general tenet of good practice, clear lines of communication should be kept open at all times with all involved parties, and information sharing within the bounds of legislative requirements should be encouraged in order to allow service user’s needs to be properly understood and met.

7.6.4 **Consultation and Advocacy**

Where it has been agreed to decommission the service and a Lead Officer has been appointed, the Lead Officer will take responsibility for overseeing any further consultation with service users and their families/supporters. (The provider should have already ensured that the format and style of information (including standard letters has been tailored to reflect users’ cognitive abilities and communication skills), and the outcomes and any concerns raised have been clearly recorded.)

Where it is required, and if there is time appropriate advocacy or other support (e.g. interpretation) should be secured for each individual. Advocacy may be required where the service user has no other supporter, or where the individual’s wishes regarding the proposed changes conflict with family views.

7.6.5 **Disagreement**

There may be occasions where service users and/or their families/supporters disagree with the proposed decommissioning, and will not wish to leave the service that has been the subject of safeguarding adults/provider performance and serious concerns intervention.

They will need to be offered support to understand the risks associated with their choice, to enable them to make an informed decision. Decisions must always be made in the service user’s best interest. In cases where the service users lacks the mental capacity to make the decision, then it may be helpful to involve an Independent Mental Capacity Advocate, or where appropriate under DOLS, a Best Interest Assessor, will need to be appointed to enable a ‘best interests’ decision to be made.
The Lead Officer must ensure that stakeholders have the opportunity to access the Council’s and any other commissioning body’s representation procedures, and also the Patient Advice Liaison Service (PALS) where appropriate. Consideration will need to be given to how service users might be enabled to pursue any complaints they have about the decommissioning process.

7.6.6 **TUPE and Staff support needs**
In relation to decommissioning of domiciliary care services (including independent supported living services for LD users) Transfer of Undertakings (Protection of Employment) Regulations (TUPE) is likely to apply, though this is less likely to apply in residential and nursing care homes or in health services. Legal Services advice should be sought at the earliest stage so that LBC/CCG can inform new service providers who are likely to take over individual contracts, as they will incur the TUPE responsibility.

7.7 **Media Management**

7.7.1 The appointed Lead Officer, in conjunction with the Chair of the Serious Concern Meeting, appropriate senior managers from the Council and its safeguarding partners, together with the owners and or managers of the service being decommissioned will need to consider how best to agree and implement a joint media management strategy. Sensitive timing of information release will be crucial to the success of the decommissioning activity.

7.8 **Learning from the process to improve future practice**

7.8.1 The decommissioning process in the context of this procedure will be taking place as part of the Serious Concern’s process. The Lead Officer will be required to prepare a summary report for presentation at a de-briefing meeting. The report will need to highlight outcomes, recommendations and timescales for addressing any outstanding actions (e.g. referral of staff to the Disclosure & Barring Service or professional registering bodies).

7.8.2 Other organisations involved in the process including CQC and the service provider whose service has been decommissioned will also be invited to submit a written report to the meeting to enable learning and aid improvement in the way services are decommissioned in the future.

7.8.3 At the debriefing meeting, time should be taken to jointly reflect on the decommissioning activity. This will provide the opportunity to identify positive outcomes and examples of good practice, and to highlight areas where improvement and further development of systems or practice are required across the agencies.

7.8.4 As a matter of good practice, service users and their families and supporters should also be invited to evaluate their experience of the decommissioning/ closure process; their feedback should be used to help shape future procedural guidance.
7.8.5 Where the report and feedback recommends changes to this guidance or to
training, the serious concerns meeting should forward the report and their
recommendations to Luton’s Safeguarding Adults Operational Board
(Operational Group in Bedfordshire) to request urgent changes and or further
training.

Glossary

This glossary defines key terms used in the procedure that may need further
clarification.

Care Act 2014 – Please see link for Care Act guidance.

https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-
implementation

Care Quality Commission (CQC) – is a non-departmental public body of the United
Kingdom government established in 2009 to regulate and inspect health and social
care services in England. This includes services provided by the NHS, local
authorities, private companies and voluntary organisations - whether in hospitals,
care homes or people’s own homes. Until 31 March 2009, regulation of health and
adult social care in England was carried out by the Commission for Social Care
Inspection, the Healthcare Commission and the Mental Health Act Commission.

Clinical Commissioning Groups (CCG) – took over responsibility for
commissioning NHS services from PCT’s on 1st April 2013. CCG’s commission
some community services, hospital and mental health services.

Contingency Plan - A contingency plan is a process that prepares an organisation
to respond coherently to an unplanned event.

Corrective Action Plans (CAP) – the name given to action plans arising from
Serious Concerns Meetings. These plans relate to urgent improvements in the
quality of care services.

Service Users – this term is used to refer to both customers, residents and patients.
In some contexts it may also include carers.

Decommissioning – this is the process by which steps are taken to cease
contracting with a service provider. This may involve the withdrawal of funding in full
and termination of all contracts, or alternatively a decision being taken not to renew a
contract with a given provider. The decision to decommission a service can be made
for many reasons, however in the context of this procedure it relates to concerns
about quality of care and the effective safeguarding of Service Users (i.e. service
users or patients).

ELFT – East London Foundation Trust -
Essential Standards of Quality and Safety – these are the standards set by CQC for care services, see http://www.cqc.org.uk/standards

Liquidated Damages – Is a term used within new LBC Contracts which outlines that LBC reserves the right to recover proportionate additional costs incurred from a provider as a direct consequence of the provider’s failure to meet contractual standards. The council will determine in each individual case what it assesses to be the proportionate additional costs it wishes to recover.

Multi-agency Safeguarding Adults Board - this is formally established Safeguarding Adults Board for Luton that involves the local authority, NHS and Police together with representatives from other organisations. Luton has its own safeguarding adults board (LSAB) with an independent chair, Central Bedfordshire and Bedford Borough Councils have established a joint Board which is chaired in turn by the two Directors of Adult Social Services. Both Boards have an Operational Board that sits under the Safeguarding Board which considers operational and performance issues in more depth. The two Safeguarding Boards merged their sub groups in 2011 with the exception of their Serious Case Review Sub Groups.

Multi-agency Safeguarding Prevention Group – a group of local authority and NHS staff that meet in Luton on a monthly basis to share information and discuss concerns with a view to preventing abuse.

NHS England – commission Primary care services including GP’s, dentist, opticians, pharmacists and screening services and Health Visitors but in October 2015 Health Visiting will re-transfer to Local Authority commissioning.

Performance Improvement Plan (PIP) – the name given to the action plan arising from Provider Performance Meetings & Serious Concerns The plan addresses concerns about quality.

Provider Performance Meetings - the name given to the first stage meetings held under this procedure which relate to quality concerns. These should not be confused with meetings with the same name called by NHS Commissioners with NHS Providers. (Performance meetings in the NHS do not necessarily indicate concern about a provider – performance meetings are regular and routine and a performance notice is issued at any time for any concern about contractual performance should the need arise.)

Purchasing and Quality Assurance Team – the name for LBC’s Team that leads on purchasing, value for money and monitoring the quality of care services commissioned from the independent sector in Luton. The team monitors social care services and also nursing care services purchased by the CCG/NHS. (The monitoring of nursing care in care homes is undertaken in partnership with CCG nursing managers.)

Self-funder or self-funded placements – social care service users, unlike NHS patients, have to contribute towards the cost of care services. Some residents of care homes have to pay the full cost of care and these are commonly referred to as
self-funders. The Charging for Residential Accommodation Guide (CRAG) provides guidance to local authorities on how to interpret and apply the regulations. (Under the National Assistance Act 1948, where a local authority arranges residential care for a person it is required to carry out a financial assessment and charge the person such sums as they are assessed as being able to pay. The financial assessment is made using the National Assistance (Assessment of Resources) Regulations 1992. The regulations are updated annually. The latest amendment to the 1992 regulations is S.I. 2011/724.)

**Serious Concerns Meetings** – the name given to meetings called under stage 2 of these procedures. As the names suggests these meetings are called when there are very serious concerns about quality and the safety of services users/patients.

**Service Interruption because of “business failure”**

“Business failure” is defined in The Care and Support (Business Failure) regulations 2014. Business Failure is defined by a list of different events such as the appointment of an administrator, the appointment of a receiver or an administrator, the appointment of a receiver or an administrative receiver. Service interruption because of “business failure” relates to the whole of the regulated activity and not parts of it. (see appendix 8) (Managing provider failure and other service interruptions.

**Short Term Task and Finish Group** – the name given to a short term group established by the Safeguarding Adults Board for a specific purpose, in this context to oversee improvements in the quality of care. Note: where concerns are expressed about a major NHS provider it is likely that a short term task and finish group will be established with input from NHS commissioners, rather than the service being decommissioned.

“**Temporary duty**” or “**duty**” - means the duty on local authorities to meet needs in the case of business failure. “Temporary” means the duty continues for as long as the local authority considers it necessary. The temporary duty applies from the moment the authority becomes aware of the business failure. The actions to be taken by authorities will depend on the circumstances, and may include the provision of information. The duty is to meet needs but authorities have discretion as to how they meet those needs.
Appendix 1

Summary Guidance for staff on Sharing Information about Concerns

1. Also see Section 10 of the Joint Bedfordshire Procedures.

2. Where the local authority has serious concerns about a registered service it has a duty to share information about these concerns with CQC and if they include concerns about nursing or clinical care with the CCG and any other involved statutory bodies including other Local Authorities that have placed service users with the provider service – even if this means disclosing personal information about service users.

3. Any disclosure of personal information should however be considered under the following legal frameworks. These are:
   • the common law duty of confidentiality, which still applies where the issue is not determined by other legislation;
   • The Caldicott Review 2013
   • The Data Protection Act 1998
   • The common law duty of confidentiality
   • The Human Rights Act 1998
   • The Mental Capacity Act 2005
   • Crime and Disorder Act 1998
   • Freedom of Information Act 2000
   • Protection of Freedoms Act 2012
   • The National Health Service Act 2006
   • The Care Act 2014

   In addition there are a number of professional codes of conduct and guidance on information sharing which should be considered, in particular:

   Information Sharing Guidance for Practitioners and Managers (Department for Children and Families and Communities and Local Government)
   • Data Sharing Code of Practice (Information Commissioners Office)
   • Information Sharing Requirements relating to Offenders (Ministry of Justice/National Offender Management Service)

4. In considering disclosure of personal information, the safest course is to always secure the consent of the service user concerned (the data subject under the 1998 Act). Alternatively, the consent of a ‘donee’ could be sought where the data subject is unable to give informed consent, the ‘donee’ has a lasting power of attorney and the authority clearly covers such circumstances. Where consent is not available or has been withheld, the 1998 Act still provides for disclosure to safeguard the vital interests of the person – or to safeguard the vital interests of someone else. In disclosing information the best interests test in the Mental Capacity Act 2005 would also have to be applied. Where there is any concern as to powers to disclose personal information, legal advice should be sought.
5. As a general guide, when deciding to share information without consent it is important to record the reasons why the professional believes it is appropriate to share personal information. It is recommended that the following is recorded:
   a. what the purpose/aim of sharing information is (for example – ‘As part of our role in systems that aim to protect people who are at risk’),
   b. whether the service user or their representative has been approached and if not why not,
   c. why it is reasonable to share the information, (for example to reduce risks to others living in the same care home)
   d. who the information has been shared with,
   e. how the information has been shared (eg fax, secure email, encrypted email)
   f. what has been shared,
   g. consider and document the implications/risks both of sharing and not sharing. (To support the decision to share personal information, the risks of not sharing should outweigh the risks of sharing.)
Assessing Risk and Degree of Concern

The model draws heavily on the approach used by CQC and is based on the impact a failing could have on most people using the service and the likelihood of this risk occurring where a failing has been noted. Like other risks models it uses a matrix that considers impact and likelihood.

Impact

We need to ask the question: what is the impact on the people who use the service?

The impact can either be “low”, “medium” or “high”, as follows:

<table>
<thead>
<tr>
<th>Impact</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Low</td>
<td>Minimal level of impact on people using the services in one or two areas.</td>
</tr>
<tr>
<td>Medium</td>
<td>A moderate impact but no long-term effects on people using the services in one or more of the areas.</td>
</tr>
<tr>
<td>High</td>
<td>A significant or long-term impact on people using the services in one or more of the areas.</td>
</tr>
</tbody>
</table>

When determining the impact on people who use services, the following areas are especially important:

- Safety
- Independence
- Experience
- Outcomes
- Dignity
- Human rights
- Accessibility

Also, we need to consider who is using the service and what their situation is, as these factors may influence the impact. For example:

**Capacity:** A lack of understanding of the Mental Capacity Act would be more significant in a service providing care to people with dementia than it would in a health screening service that primarily deals with fit, healthy adults.

**Diversity:** Failing to have information available in an audible format or in Braille would be more significant for a service that specialises in care for people with impaired vision than a service that does not. Providing information in easy read/pictorial format is helpful for both people with learning disabilities and also for people whose first language is not English.

**Circumstances where people are more vulnerable:** A poor and uncomfortable environment is more significant if it is a person’s home or a hospital than if it is a GP waiting area.

The concern may impact on one or many of the above areas and all relevant areas should be considered.
Likelihood
We need to ask the question: **What is the likelihood that the impact will happen to other people using the service or to this person again?**

The likelihood can either be “unlikely”, “possible” or “almost certain”, as follows:

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Unlikely</td>
<td>This will probably never happen/recur, as there are good quality control measures and processes in place.</td>
</tr>
<tr>
<td>Possible</td>
<td>This may happen/is possible it may recur, but it is not a persisting issue and it can probably be addressed through planned training or supervision.</td>
</tr>
<tr>
<td>Almost certain</td>
<td>This will probably happen/recur frequently. This could be due to poor policy and procedures, lack of training or a breakdown in processes, a strong perception that things are generally chaotic, or serious concerns about a lack of effective quality control measures.</td>
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</tbody>
</table>

In considering the likelihood the following prompts may be helpful in reaching a conclusion about how likely it is that the impact will happen:
- Has the concern happened before?
- How long will the concern last for?
- How many people are exposed to the concern?
- Has the provider identified and assessed the concern?
- Are measures/processes in place to control the concern?
- Are the relevant people involved in managing the concern?

Assessing Level of Concern
When we have determined the impact for people using the service, including any influencing factors, and the likelihood that the impact will happen, we apply these to the matrix below to determine the overall level of concern. Providers will generally be asked to attend Provider Performance Meetings when the level of concern is ‘moderate’ and Serious Concern Meetings when there are ‘major’ concerns. However the number of concerns will also affect the risk rating.

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>Impact:</th>
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<tr>
<td></td>
<td>Low</td>
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<td></td>
<td>Medium</td>
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<td></td>
<td>High</td>
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<tr>
<td>Unlikely</td>
<td>Minor Concern / Risk</td>
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<td>Minor Concern / Risk</td>
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<td></td>
<td>Moderate Concern / Risk</td>
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<td>Possible</td>
<td>Minor Concern / Risk</td>
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<td>Moderate Concern / Risk</td>
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<td></td>
<td>Major Concern / Risk</td>
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<td>Almost certain</td>
<td>Moderate Concern / Risk</td>
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<td></td>
<td>Major Concern / Risk</td>
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<tr>
<td></td>
<td>Major Concern / Risk</td>
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Assessing the Evidence
In determining whether there is sufficient robust evidence found initially or given in the Performance Improvement and or Corrective Action Plans to increase or reduce the risk rating the following points will be considered:
• Is the evidence seen/supplied **current**?
• Is it **reliable**? (is the source credible, is the evidence consistent, can it be validated or triangulated with another source)
• Is it **relevant**? (is it related to the standards set out in the specifications and CQC regulations)
• Is it **sufficient**? (is there an adequate amount of evidence with enough detail to make a robust assessment)
• Does it **demonstrate** the quality of outcomes and/or experiences of people who use services?
• Does it **demonstrate** what quality controls (processes) the provider has in place?
• Is **specialist input** (e.g. pharmacy, medical etc) required and being provided?
• Are there any **other factors** that need to be taken into account? (Other factors might include a variety of things e.g. change in senior manager, client group and capacity of client group to articulate concerns).
Appendix 3

Draft Agenda’s for Provider Performance Meetings

Agenda for initial meeting with provider

1. Introductions and apologies

2. Confidentiality statement

3. Confirm appropriate attendance

4. Purpose of the meeting
   - Outline of concerns

5. Information sharing with the provider
   - Chair to summarise information about the concerns
   - Chair to summarise risks and overall assessment of level of risk
   - Chair to summarise proposed actions: PIP, specifying urgent actions (requirements) and developmental actions (recommendations)
   - Chair to summarise proposed actions: PIP, specifying urgent actions (requirements) and developmental actions (recommendations)
   - Suspension of placements – voluntary or imposed

6. Initial response from provider
   - Opportunity for the provider to respond to the information that’s been shared, the risk assessment and proposed actions.

7. Actions
   - Confirmation by chair of actions to be taken and timescales for these. (Including timescale for initial PIP to be submitted and then resubmitted with evidence of improvements.)
   - Identification of any immediate safeguarding actions required by provider
   - Identification of other actions required of provider (eg informing service users and their families, if appropriate provision of full list of service users and next of kin to facilitate contact)

8. Information Sharing
   - Chair to summarise decisions taken about sharing information with service users, families/carers, other placing organizations, media

9. Date of next meeting and confirmation of dates for PIP
Provider Performance Meeting

Agenda for further meetings

1. Introductions and apologies

2. Confidentiality statement

3. Confirm appropriate attendance

4. Review of the implementation of the Provider Improvement Plan
   - Information and evidence received from provider;
   - Information gathered by agencies (eg from partner visits and checks, feedback from service users and families);

5. Additional information
   - information about any new issues or concerns

6. Review of Risks
   - identify if there are any outstanding immediate risks to service users and report on any action taken to manage them;
   - assessment of overall level of risk to service users;

7. Actions
   - Immediate safeguarding actions, including any additional referrals to adult safeguarding;
   - Decision on whether the Provider Improvement Plan should end, continue or be amended;
   - Review of recommendation over suspension of placements

8. Information Sharing
   - Service users
   - Families/carers
   - Other placing organizations
   - Media

9. Date of next meeting
**Example Provider Improvement Plan and Corrective Action Plan Template for Social Care and Health Services**

(This follows East of England (EoE) standards and may be revised if/when a new template is agreed. (Other templates may be added in time for health services)

### Part 1 – Complete for all ‘Requirements’

<table>
<thead>
<tr>
<th>EOE Std</th>
<th>CQC Outcome Or Reg.</th>
<th>Identified Issue</th>
<th>Action</th>
<th>Lead</th>
<th>Timescale</th>
<th>Completion or Evidence of Progress</th>
<th>Risk Indic</th>
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<tbody>
<tr>
<td>1. Involving &amp; Informing service users</td>
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<td>2. Obtaining Consent</td>
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<td>3. Ensuring Personalised Care and Support</td>
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<td>4. Meeting Nutritional Needs</td>
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<td>5. Ensuring access to other services</td>
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<td>6. Safeguarding (* see below)</td>
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<td>EOE Std</td>
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<td>7. Management of Medicines</td>
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<td>8. Safety and Suitability of premises</td>
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<td>9. Safety, availability and suitability of equipment</td>
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<td>10. Suitability of staffing</td>
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<td>11. Quality and Management</td>
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* Safeguarding - A range of clinical indicators/ measures may also be included dependent on the concerns raised, which are in line with best practice guidelines e.g. National Institute of Clinical Excellence (NICE). These might for example include pressure areas (skin tissue) or continence.
Appendix 5

Guidance for selection of a delegated senior manager (M6 level) in Luton

In deciding who should chair a set of Serious Concern Meetings consideration needs to be given to the following principles:

- **Escalation strategy**: Serious Concerns meetings are part of a continuum in a process of escalating concerns that begin with a safeguarding strategy or provider performance meetings and end, if a sustainable improvement cannot be achieved, in the decommissioning or closure of a service. Choice of senior manager to chair Serious Concerns (SC) meetings needs to reflect this. So for example if the Purchasing and Quality Manager chairs provider performance meetings and decides to recommend escalation to Stage 2 then a different manager or more senior manager needs to chair these SC meetings. Similarly, in the future, the Strategic Safeguarding Manager should not chair safeguarding strategy meetings except in very rare and serious circumstances, (these will be chaired by managers in the team), enabling him/her to be part of the escalation process and to chair Serious Concerns meetings.

- **Level of seniority required**: given the likely media interest in the issue. It might similarly be necessary to escalate seniority and change the chair during the process, involving a more senior manager e.g. Assistant Director for Adult Social Care, or the CCG’s Director of Quality/Safeguarding/Nursing Standards at the point where it becomes likely that the media is interested, or the service is very likely to be decommissioned.

- **Client group**: as a general guide serious concerns about an: independent service provider for older people by the Service Manager for Older People or by the CCG’s Commissioning or Quality lead if it concerns nursing care, an independent service provider for mental health by ELFT, an independent service provider of nursing care or hospital services by the CCG. Additionally some managers who work across client groups could be asked to chair meetings covering any client group.

- **Conflict of interest**: as a general guide it would not be appropriate for a service provider to chair a meeting about a service it provided itself. For example: it would not be appropriate for ELFT as a micro-commissioner to chair a serious concern meeting about a service provided by another part of ELFT, nor for a service provider from an in-house service to chair a meeting about another independent service provider of a similar service, nor where there may be personal areas of conflict.

- **Capacity of senior managers**: – chairing this sort of meeting impacts on time and resources and is likely to impact on capacity to undertake other important management responsibilities. It would not usually be possible for a senior manager to chair more than one set of meetings consecutively, or in close proximity to a previous set of meetings.
Experience and support – ability to chair such meetings improves with experience, mentoring and professional support. For this reason the independent consultant who reviewed safeguarding arrangements in Luton recommended “it is sensible to maintain an approach which shares responsibility among a small group of senior managers and builds their expertise (and also their potential to develop and mentor others) and also looks to the commissioner – either the micro-commissioner or the contract holder, including the CCG and where appropriate ELFT to take responsibility for chairing meetings where the concerns relate to a health provider. It would also be useful to establish a Bedfordshire wide Community of Practice group for those involved in chairing to build skills and abilities.”
Aide Memoire for Serious Concerns Meetings

Serious Concerns meetings should consider: *(Note: This follows Beds procedure)*

- Whether the first meeting and following this part of future meetings is set aside for professionals only without the service provider, (this will normally be the case).
- Introductions, reminders of need to know confidentiality issues
- Brief synopsis of concerns raised, and who is involved / implicated
- Mental capacity of service users to make decisions regarding their care
- What are the risks, who do they impact upon, likely outcome without intervention?
- What, if any, action has been taken to minimise risks?
- Are there any criminal proceedings to be considered?
- Are there any regulatory requirements / enforcements?
- Regulation and contractual history of service
- Contractual / legal implications
- Abilities and co-operation of the service provider to highlight concerns and take effective remedial action
- Details of service users and their funding arrangements / responsibilities
- Immediate known health and social care needs of service users
- Previous access that service users have had to independent support or advocacy / IMCA
- Family or relevant other supports for services users
- Are there appropriate risk, health and care management plans in place to safeguard service users?
- Need for further investigation
- Need for remedial contractual actions, e.g. suspension of new placements
- Reviews /reassessments of service users including self-funders
- Immediate actions required with timescales
- Agree roles and responsibilities for completing and monitoring agreed actions
- Agree communications strategy, including when the service provider should inform service users, and their relatives about the serious concerns that the council and or CCG and or CQC have and action being taken to improve services /outcomes for users. This also needs to include agreement about how information should be shared with any service users (and their families) who normally live in the establishment/home, but are temporarily away, for example because they are currently in hospital. Media management may also need to be discussed.
- Agree date of follow up meeting or case conference

*(The organisation chairing the meeting should take responsibility for taking notes and circulating these, ideally within 4 days of the meeting.)*
Appendix 7

Guidance on Closure of a Care Home

(Note this guidance repeats some information in Stage 3 Section 7 on Decommissioning, as it is intended to be used as a stand-alone guide. However the section on Decommissioning should also be read and followed.)

1 Before the decision to close is made

1.1 At, or preferably before, the point of decision to close /decommission the service, there is a need to define immediate priorities and core tasks associated with the closure. This includes assigning tasks and actions to key personnel who need to be freed up from their day job to manage the operation. Once the Lead Manager and Closure Team have been identified there is a need to ensure the Lead Manager is fully briefed on all issues.

1.2 The following areas will require immediate information gathering and consideration:
   - Is the closure likely to be immediate, occurring in under four days? (If yes contact Emergency Planning to see what help and support they can provide)
   - Could the closure be planned and managed over a longer period and if so over what time scale?
   - Would there be any benefits to users if the closure timescale is extended? If there are benefits is this legally possible and also acceptable to CQC and the owner?
   - In evaluating the risks and benefits of extending the timescale consider things such as:
     - Has any key equipment been removed or sold which further undermines the potential to keep the home open in the short-term? Could alternative equipment be found or provided?
     - What immediate, short-term and long-term risks are there to the health, safety and welfare of service users?
     - Are the actions or potential omissions of the existing staff group likely to expose service users to inappropriate care, abuse or risk of harm?
     - Has the number of care/nursing staff diminished to a serious or critical level and if so what actions need to be taken immediately or on a short term basis?
     - Could interim management or staffing support be provided from an external source and would this be acceptable to the registered person/s/receiver and have CQC registration requirements been considered?

1.3 Other issues for immediate consideration include:
   - Are there any Court decisions or judgements which must be taken into account?
   - Has the home owner and/or manager got the capacity and the ability to work with LBC’s closure team in planning and/or managing the transfer of service users?)
• What actions have been/or need to be taken to prevent further admissions?
• How are vacancies in other homes/locations being prioritised?
• At a regional level could other agencies or nearby councils help with potential vacancies?
• What actions are being planned or being taken by authorities or agencies that have placed people within the home from out-of County?
• How much is known by the staff, clients and their relatives/carers?
• Is there media interest?

2 Individual Re-location Planning

2.1 Where serious safeguarding issues are involved LBC and the CCG has a duty to ensure that residents are safe and therefore the needs of individual service users should be re-assessed / reviewed. Wherever possible the need to do this should be identified before the decision to close is made and the reviews undertaken several weeks in advance.

2.2 Both Stage 1 and 2 of the escalation process include the opportunity to discuss and agree how communication issues will be handled and in particular require the provider to inform users and their families about the serious concerns (including agreeing with LBC the content of letters sent). Therefore it is important and appropriate to initiate and progress a discussion about potential moves with users and their families as part of the re-assessment / review process.

2.3 Every service user should be allocated to a professional social worker/care manager/reviewing officer or nurse assessor and these staff need to be fully briefed before undertaking the review. It is highly likely that there will be a need to involve an Independent Mental Capacity Advocate, and this person will also need to be fully briefed.

2.4 Experience gained through closure of a large care home in January 2011 has taught LBC that while there is a need to ensure that everyday life in the home is not disrupted by external visitors, it is very helpful to complete reviews in a short time frame and to allocate as many staff as necessary to undertake this work quickly.

2.5 The review/needs assessment of all residents (including with their agreement people who are self-funding) should consider issues of mental capacity and any risk factors that may arise as a result of physically moving the person from the home. Additional critical information required as part of the assessment process includes:

- Details of all equipment or environmental aids used by the person
- Details of medication and pending hospital treatment or appointments
- Details of personal non-clothing items held in the home
- Details of finances/savings etc held by the home
- Details of preferred care routine
- Details of significant relationships within their current home.
2.6 The review should also establish the extent of continued contact with family, friends or carers and agree with significant others and the service user the degree of their involvement in identifying an alternate home or in preparing/facilitating the user for transfer to alternate accommodation. In addition to constructing a new care and service-delivery plan to meet the person’s needs the review should consider transitional support, monitoring and review arrangements. Once agreement has been reached about move dates, existing contracts should be cancelled.

2.7 All self-funding residents should be offered the support of a care manager/reviewing officer. The self-funding service user is free to decline the support, but this facility and the following services must still be offered:

- Transport to a new home of their choice
- Support in moving or transferring personal possessions
- The same level of information on the closure process as others
- Relevant support to carers and families
- Details of vacancies within the area
- Details of local advocacy services
- Support in contracting with an alternate provider

3 Appointment of key staff to manage the process

3.1 Recent experience from the closure of a nursing home and transfer of a large numbers of service users (60), suggests that appointment of a dedicated Lead Manager (ideally with prior experience of managing such interventions) and a Deputy facilitates the smooth running of the transfer operation. The size of the Closure Team supporting the Lead Manager will vary depending on the number of residents involved, but as a guide should include the following:

- A Senior Nursing Manager from the CCG who is able to coordinate nursing input, involve the CHC / FNC lead, and access specialist equipment.

- A Team Manager or Senior Practitioner responsible for ensuring service users’ needs, MCA, DOL, risk assessments and reviews have been undertaken. This manager should have responsibility for the duration of the operation for supervising the Assessment and Care Management staff who are undertaking the reviews and supporting residents and their families through the transfer, and the subsequent first review. This manager’s responsibilities also include summarising information about needs and progress in sorting future placements and keeping the Lead Manager or Deputy briefed on a regular basis.

- A Placement Officer to advise and provide information about suitable vacancies, and manage the associated back office tasks, who is also able to access information about vacancies in the adjoining wider area.
• An experienced Administrative Worker with a laptop and remote access if necessary, responsible for supporting the co-ordination of all aspects of moving service users and for the administrative arrangements for the duration of the operation.

• A transport and equipment co-ordinator, responsible for organising the individual safe transportation of residents to their new homes. (Including ensuring access to wheelchairs as stretchers as necessary.)

3.2 To support the smooth operation of the closure/transfer a suitable central base for staff needs to be identified. This could be a room in the home being closed or space within LBC or partner offices within the locality. Most staff will be dividing their time between their base and the care home as appropriate so shared office space is necessary to co-ordinate roles and collate information.

4 **Once the closure decision has been made**

4.1 As soon as possible the Lead Manager and Team should consider the following:

4.2 Communication

• Have all residents and their family/relatives, including those of self-funders and any services users that are currently in Hospital been informed about concerns and the possibility of closure?
• Has feedback from individual residents or their families been placed in files and also collated? What does this indicate is required for managing further communication?
• What additional information needs to be provided now to inform them of reasons for impending closure? (subject to legal constraints on disclosure but always aiming to provide the maximum information. Note: the service provider will have already written to the above as agreed at the serious establishment concerns meeting.)
• How should further information be communicated (ie letter, group meeting, individual meetings)? If a meeting is to be held for the above groups who from LBC should address it?
• Have IMCA’s been involved with all residents who lack the mental capacity to make decisions regarding their future care? Do any users require interpreters or other communication aids?
• Have the funding bodies been identified in respect of each service user/resident, including all other Local Authorities and other joint funders? Have they all been informed?
• Has media management been planned and have key people been identified to lead on this?
4.3 **Reviews**

- Have all reviews been completed, including reviews of residents placed by other LA’s and those with joint funding and self-funders? (It may be that ASC will undertake these reviews on these Local Authorities’ behalf initially.)

- Have all individual needs (see 2.5 and 2.6) and also capacity and communication issues been covered during the review?

4.4 **New Providers**

- Have suitable vacancies/providers been identified? How are users and their families/relatives going to be supported to understand any financial and practical implications involved in the changes? What is the best way to facilitate maximum choice and control? How will disagreements be managed?

- If the home closure is imminent negotiations with new providers need to ensure acceptance of service users on the basis of the professional assessment, as there is unlikely to be time for the new Manager to meet all the residents who are transferring.

- Are new providers aware of any potential TUPE implications? (Only likely to apply in a very few cases. More likely to occur in LD homes)

- Have all service users/residents equipment and medication needs been identified and planned for so that the new provider is able to provide care safely from day one?

- Has Emergency Planning been contacted and have they identified services they can access?

- Have arrangements been made to move service users’ furniture and personal belongings?

- What risks have been identified? Who do they impact upon? What action has been taken, or could be taken to minimise risks?

- Is there a contingency plan? (As above Emergency Planning may be able to assist with this.) However, it is very important to get it right first time and to think through how to manage various challenging scenarios.
4.5 **Implementing the handover(s)**

The transition from one service to the next should be as seamless as possible. It is important to ensure:

- Sufficient equipment ie wheelchairs and stretchers has been obtained to enable residents to be moved safely.

- Sufficient transport has been arranged. Ideally transport needs to be available all day and be on site. (Emergency Planning may be able to assist with vehicles, but not escorts).

- Escorts known to the resident are available to assist. Negotiations should check / ensure that care staff in the current home are able to assist.

- Personal ‘information handovers’ have been arranged in advance. These should be provided by a worker who knows the user well.

- Moves are managed at times of the day that are suitable to the service user and where possible his or her family/escorts as well as the new service provider.

5 **After the Closure**

5.1 **Reflecting and Reviewing**

- **Individual service users** - A meeting should be held at the time of the closure, or shortly afterwards to ensure all residents have been moved into alternative accommodation and there are no outstanding issues. Any outstanding issues should be managed.

- Within six weeks of the move residents should be reviewed to ensure they have settled. Self-funders should also be offered this review.

- **On the process and its implementation** - A report should be produced by the Lead Manager for the serious concerns meeting (within a month of the decommissioning/ closure) identifying both positive outcomes and examples of good practice, and also highlighting areas where further improvement (including development of systems or practice) are needed.

- Service users and their families as well as CQC, NHS and any advocates as well as both the former provider and new provider(s) should also be invited to evaluate their experience of the decommissioning process, to feed into this meeting.
• Where the report and feedback identify the need for changes to this guidance or further training, the Serious Concern’s meeting can forward these proposals to the Executive Safeguarding Board for urgent implementation.
Appendix 8

Managing provider failure and other service interruptions.

Please follow the link:- Care Act statutory Guidance

Section 5 – Managing Provider Failure


Luton Borough Council Contingency Plan

Provider Alert comes through

Purchasing & Quality (PQA) coordinate – Share information with Partners

PQA contact CQC ascertain facts

Check ConTrocc to confirm LA placements.

Civil Protection Officer Care Management. Safeguarding Communication Team. CCG Director of ASC Commissioning

Agree communications strategy including how to manage media enquiries

PQA identify what resources can be utilised from other Providers? Access information from the Business Intelligence Tool

Identify support/services from Emergency Planning that can be accessed.

Local Authority (LA) agree with host LA who will conduct reviews

Project Team meet with the Provider.

Agree a Project Team to manage the provider failure and understand the immediate risk. Invoke the contingency Plan. Complete a risk assessment.

Project Team to include Representation from each Partner.

Share with Project Team to inform Contingency Plan and wider project plan.

Contingency Plan.docx
Appendix 9

Appendix 9

Quality Strategy 2015 -2018

Foreword

Professor Donald Berwick was asked by the Prime Minister to review the findings of the Francis Report into the breakdown of care at the Mid-Staffordshire NHS Foundation Trust. His second recommendation states:

“All leaders concerned with NHS healthcare – political, regulatory, governance, executive, clinical and advocacy – should place quality of care in general, and patient safety in particular, at the top of their priorities for investment, inquiry, improvement, regular reporting, encouragement and support” (published 6 August 2013).

Luton Borough Council, Purchasing & Quality Assurance Team have set out in their Quality Strategy what this means to the organisation in their challenging role of quality assuring services for the citizens of Luton.

Our view, and our belief, is that every person deserves a quality and safe experience wherever they are cared for. Our ambition is to work with the providers of services to continually improve in order that this will be the case.

Service users and their carers judge services by varying criteria including good clinical care and outcomes, effective and efficient access to services and some choice in the location and care they are given. What is often not discussed but now is being highlighted by the various inquiries, reports and media attention, is the delivery of what used to be called basic care but is fundamental to patient and carer experience. To be treated as an individual and to be properly communicated with in a respectful and listening manner, that is clear and simple. They want to be sure that their voice is heard and that they, and their carers, are at the centre of decisions made about them.

Most importantly of all is to ensure all staff are given a clear understanding of how they act and behave. Training and development is crucial and leaders should role model a culture which reflects the behaviours they wish to see in staff. Kindness and consideration of others should be central to care. Transparency and honesty in all dealings with staff, users of the services, with our partners in commissioning and our regulators should always be the case.

This document reflects our strategy and actions to see quality and safety as core to both our organisations work on behalf of the residents of this county.
Vision for Quality

This Quality strategy concerns all services regulated by the CQC regardless of whether the service is being funded by the Council, CCG, by individuals and their families or through a personal budget. It also sets out the role and responsibilities in the monitoring of quality of services that are not regulated.

This strategy outlines the framework for ensuring that quality is at the heart of everything we do. It is built around the priorities identified by Luton Borough Council and Luton Clinical Commissioning Group (CCG) for commissioning high quality services for its residents.

The citizens of Luton deserve to enjoy the best possible health and wellbeing, and receive quality care when they need it. We believe in everyone getting the right care, in the right place, at the right time.

We want to make sure that people who use the services, or people who know them well and may be representing them, should have as much control and choice about the services they receive as possible.

The Healthier Luton Programme has emerged from a collective recognition that to achieve ‘better health, better care and better value’ within the current health and social care economy significant change is required, building on the priorities outlined in the Health and Wellbeing Strategy for Luton.

Aim of the Quality Strategy

- To create a shared understanding of what we mean by high quality care in Luton Borough Council.
- To outline the role of the Purchasing & Quality Assurance Team in achieving this.
- To describe how everyone can play a role in working towards high quality care in Luton.

National Policy Drivers for Quality

There are a number of key national policy drivers for delivering quality. Our strategy, processes and procedures are based on not only delivering national standards but where possible innovating to exceed them. A list of some of the key national policies relevant to this strategy can be found at appendix one.

Our local framework for quality is informed by national policy and is set against three main drivers:

- Planning for high quality services.
- Developing and commissioning high quality services.
- Assuring the services we have commissioned deliver a quality service.
Our Responsibilities

We take on the responsibility for Quality Assurance by holding providers to account for delivery of contractual obligations and quality standards. We also take responsibility for working closely with providers to ensure service delivery continually improves and is sustainable.

Who is the Strategy for?

The strategy is intended to provide guidance for:

- Service providers – to clarify what high quality care looks like in Luton and how the Quality Team monitor and assess this;
- The Purchasing & Quality Assurance Team – provides a quality framework to create a consistent approach across all services.
- Other staff/organisations – to understand the work of the Purchasing & Quality Assurance Team and how they can support the work of the team;
- General Public – by outlining what you can expect from the council in terms of improving and monitoring quality, and how you can support this work.

Definition of Quality

Good quality does not have the same meaning for everyone because good quality depends on the point of view of the person who needs the service.

Henry Ford stated “Quality means doing right when no one is looking”

The National Market Development Forum (NMDF) which is part of Think Local Act Personal (TLAP) has published three documents on behalf of the Department of Health (DH) that define, promote and support quality assurance and improvement in adult social care.

They are:

- Driving up Quality in Adult Social Care: What is Quality?
- Driving up Quality in Adult Social Care: Who is Responsible?
- Driving up Quality in Adult Social Care: Statement of Quality Assurance Principles

The Purchasing & Quality Assurance Team refer to these documents to help define a high quality service.

Recognising high quality care
There is strong agreement that three key elements must be present for the delivery of good quality care. They are:

1. **Safety** ‘Good services help to keep me safe’

People should be helped to keep themselves safe. But people should also be helped to look at any risks to them and make decisions with the right information. Services should meet the regulatory fundamental standards.

2. **Effectiveness** ‘Good services make me feel better and more independent’

The focus of services should be to achieve the best possible outcomes for individuals in their circumstances.

3. A **positive experience** of care ‘Good services treat me well’

### Quality at the Heart of the Commissioning Cycle

Whilst the primary focus of quality is the services that citizens use, in order to commission such services and support our members effectively we also need to become a high quality commissioning organisation. The impact on quality is central to the whole commissioning cycle including our commissioning and contracting decisions for prospective services.

#### Identify Gaps in Service Provision

The Purchasing & Quality Assurance team can help identify gaps in service provision through:

- Collation and analysis of service user experience information from a variety of sources such as; complaints, quality visits, NHS choices feedback, service user survey results and share this information with their commissioning teams.

#### Deciding Priorities and Service Redesign

The Purchasing & Quality Assurance team can help decide priorities and service redesign through:

- Collation and analysis of existing information being collected through quality audits.
- Ensure evidence based information and best practice, following national and local guidance, is considered.

### Procurement
The Purchasing & Quality Assurance team can help in the procurement process through:

- Development of quality standards.
- Development of Specification and required schedules.
- Evaluation of potential provider bids.
- Ensure evidence based information and best practice, following national and local guidance, is considered.

**Monitor and Manage Performance**

The Council has a risk based approach to monitoring commissioned Services (statutory & non statutory) and this determines the frequency and scope of the visit however the minimum standard is that a full service review will be completed annually. Any Provider scoring Adequate (requiring improvement), overall will automatically escalate to Provider Performance under the Councils Escalating Concerns Procedure.

All services are risk assessed on a quarterly basis using an agreed Risk Tool provided by Assistant Directors of Adult Social Services (ADASS). The tool takes into consideration the following, last ADASS quality score, last CQC rating, contractual issues, safeguarding concerns, complaints, Experian check, contract value, feedback from stakeholders, change of registered manager, number of people that use the service. This prioritises the audits planned for each quarter according to the risk and impact.

**The Purchasing & Quality Assurance team monitor and manage performance they:**

- Undertake announced and unannounced annual monitoring of all providers using appropriate monitoring tools and processes.
- Investigate and respond to issues of quality identified or informed through monitoring.
- Ensure that any necessary action that needs to be taken in relation to non-compliance of contractual obligations is dealt with appropriately.
- Maintain links to CQC Compliance Inspectors and use CQC information and intelligence to inform adult social care about quality concerns.
- Provide feedback about specific serious concerns to managers, which may then be discussed at the Prevention & Safeguarding meeting. The Group consists of a range of stakeholders including health partners and discusses serious provider concerns and determines any appropriate actions.
- Carry out developmental work with providers to facilitate the change to quality and outcome driven contract management.
- Actively involve service users, carers and their representatives in the quality assurance process.
- Inform service commissioners and contract manager of the outcomes of quality monitoring.
- Attend Provider Forum for Home Owners and Strategic Partnership meeting for Domiciliary Care Services in order to network with providers and share information and good practice.

Quality Assurance and Early Intervention

We have a system of quality assurance and early warning processes in place which provides information about the safety, effectiveness and service user experience of services we commission. This system enables us to be proactive in identifying early signs of concerns and take action where standards fall short. This is twofold as it also helps to inform the Council’s commissioning decisions at all stages of the commissioning cycle, ensuring that quality is at the heart of everything we do.

Staff, capabilities and culture

The importance of staff, capabilities and culture is all too clear in the learning from Mid-Staffordshire NHS Foundation Trust and Winterbourne View Inquiries. As part of our quality assurance framework we carry out planned and unannounced site visits to services in order to test the culture that exists within the service using our agreed quality assurance framework.

Other key sources of information that we will draw together are:

- Staff satisfaction surveys.
- Staff interviews and Observations.
- Staff vacancy data and retention rates.
- Staff training information.
- Workforce/service user dependency – skills and capabilities.
- Whistleblowing information.

Early identification of challenged providers

We collate and analyse all of the information as outlined above in order to make informed judgments relating to quality and outcomes for service users to identify emerging areas of concern by:

- Generating risk profile relating to organisations and service areas – based on soft and hard intelligence on a quarterly basis.
• Using provider risk profiles each month to inform a targeted and measured approach to assurance that identifies areas of potential concern and any required action.
• Using a risk escalation framework to inform risk assessments and support decisions relating to improvement plans and/or decommissioning care.
• Working with our CCG colleagues; other commissioners and partners as part of a wider geographic response to managing risks through the appropriate channel.

Poor provider performance

Actions for improvement are identified through all the teams monitoring activity, including complaints. Where serious concerns about quality exist and satisfactory improvements are not made, the Team can trigger a range of further actions.

Monitoring carried out by the Purchasing & Quality Assurance Team can also link to the safeguarding adults process and may result in the Quality Assurance Officers making a safeguarding concern. The Team work in partnership with a range of professionals during safeguarding enquiries in order to address issues of poor practice.

Where a provider has been identified as having performance issues the Luton Borough Council Escalating Concerns Procedure is applied. A number of sanctions may be applied. These include:

• Notifying providers in writing regarding a breach of contract and asking them to notify the Council about the corrective action they will be taking to improve
• A Voluntary Suspension of purchasing may be agreed between the provider and the commissioner where no new placements are made whilst the provider rectifies the matter
• A Formal Suspension may be imposed and an Information Sharing Protocol put in place so that this information can be shared between Councils to ensure no new placements are made.
• Where there is no evidence of improvement, and grave concerns about quality remain, the Council may consider more serious penalties including termination of contractual arrangements resulting in home closure.

Delivery of a Purchasing & Quality Assurance Team Operational Work Plan

A quality team operational work plan will be developed to ensure delivery of this strategy and to sustain and improve our existing structures. It will be refreshed quarterly and outcomes monitored by the quality committee. The team objectives for 2015-16 are:
• To provide assurance on the quality of all commissioned services.
• To ensure that data and information will be analysed and utilised intelligently at all stages of the commissioning cycle.
• To ensure quality is integrated into all aspects of the commissioning cycle.

**Definitions for the quality rating**

**Excellent:** The service provider is performing to a high outstanding standard with robust systems, processes and practices in place to ensure that people using the service remain safe from any significant negative impact or harm. Evidence that quality is sustained and all regulatory standards are being met. A programme of effective audits is in place and there is evidence of improvements to the service.

**Good:** The service provider is performing to a consistent standard with robust systems, processes and practices in place to ensure that people using the service remain safe from any significant negative impact or harm. Evidence that quality is sustained and all regulatory standards are being met. A programme of effective audits is in place.

**Requires improvement:** The service provider is performing to the minimum standards however there is a lack of consistency in the systems, processes and practices in place therefore not robust enough to ensure that people who use services remain safe from significant negative impact or harm.

**Poor:** The service provider is performing to an unacceptable standard where the systems, processes and practice in place are not sufficient to ensure that people who use the service remain safe from significant negative impact.
Appendix (1) Quality Strategy

National Policy Drivers for Quality

• The NHS Commissioning Outcomes Framework

The NHS Commissioning Outcomes Framework is a national framework to drive local improvements in quality and outcomes for patients. The 2013-14 indicators cover five domains, namely Preventing people from dying prematurely; Enhancing quality of life to people with long term conditions; Helping people to recover from episodes of ill health or following injury; Ensuring people have a positive experience of care; Treating and caring for people in a safe environment and protecting them from harm.

• The Clinical Commissioning Group Outcomes Indicator Set (CCGOIS)

The CCGOIS (formerly known as the Commissioning Outcomes Framework or COF) is an integral part of NHS England’s systematic approach to quality improvement. Its primary aim is to support and enable CCGs and health and wellbeing partners to plan for health improvement by providing information for measuring and benchmarking outcomes of services commissioned by CCGs. It is also intended to provide clear, comparative information for patients and the public about the quality of health services commissioned by CCGs and the associated health outcomes.

• The National Institute for Clinical Excellence (NICE) Quality Standards

NICE quality standards are a concise set of prioritised statements designed to drive measurable quality improvements within a particular area of health or care derived from high quality guidance such as that from NICE or other sources accredited by NICE. Quality standards are developed independently by NICE, in collaboration with healthcare professionals and public health and social care practitioners, their partners and service users. Information on priority areas, people’s experience of using services, safety issues, equality and cost impact are also considered during the development process.

NICE quality standards are central to supporting the Government’s vision for a health and social care system focussed on delivering the best possible outcomes for people who use services, as detailed in the Health and Social Care Act (2012).

• Care Quality Commission (CQC) Fundamental Standards

The CQC is the regulator of health and adult social care in England. It is responsible for ensuring that providers meet essential standards for quality and safety and encouraging on-going improvements by those who provide or commission care.

There are 16 essential standards of quality and safety. The CQC will continuously monitor compliance with the essential standards as part of a responsive and robust
• Quality Schedules within Provider Contracts

The contracts with NHS providers include both national and locally set quality indicators that allow us to monitor and measure key quality standards. Where these standards are not being met contractual levers are applied where appropriate.

• Francis Report

The report of the Mid Staffordshire NHS Foundation Trust Public Inquiry chaired by Sir Robert Francis QC was published on 6 February 2013. The report identifies numerous warning signs that were evident, which should have alerted the wider system to the problems that led to such a catastrophic catalogue of failure. The key recommendations relevant directly to Commissioners can be divided into five themes:

1. Setting and monitoring standards.
2. Learning and improvement.
3. Data quality and information.
4. Organisational culture.
5. Patient experience.