



SERIOUS CONCERNS PROCEDURE

**City of Bradford Metropolitan District Council - Department of Adult
Social Care**

Date Created/Reviewed by	August 2026 – Deborah Green
Version control	V10
To be reviewed	August 2028
Owner	Nathan Atkinson

CONTENTS

Sections

1. Serious Concerns Procedure Overview
2. Objective of the Procedure
3. What Triggers the Serious Concerns
4. Criteria for Embargo
5. Governance and who should take part in a Serious Concerns Procedure
6. Timescale for the Serious Concerns Procedure
7. Serious Concerns Procedure (Stages)
 - Stage 1 Decision to invoke the Serious Concerns Procedure
 - Stage 2 Detailed Fact Finding
 - Stage 3 Provider Meeting
 - Stage 4 Review
 - Stage 5 Communication of Decisions
 - Stage 6 Quality Monitoring and Support to Providers
 - Stage 7 Exiting the Serious Concerns Procedure
8. Record Keeping, Information Sharing and Data Protection
9. Exception Requests to an Embargo

Appendices

1. Escalation into Serious Concerns Procedure
2. Letter to Provider re: Concerns
3. Serious Concerns Provider Meeting Agenda
4. Review Briefing Note
5. Letter to Provider re Outcome of the Review
6. Exception to restrictions
7. Letter to Provider re Outcome of the Exceptions Request
8. Escalation to Service Closure Procedure
9. Letter to Provider re Escalation to Service Closure Procedure
10. Authorised Signatories
11. Glossary of Terms

1. Serious Concerns Procedure Overview

This document sets out the procedure to be followed for all commissioned, Care Quality Commission (CQC) regulated services, where serious concerns arise in respect of a provider's performance, including where the required improvements are not implemented or sustained.

In drawing up this agreement, the City of Bradford Metropolitan District Council and the Airedale (CBMDC), Wharfedale and Craven and West Yorkshire Integrated Care Board (Bradford district and Craven) (WYICB) are committed to working in partnership with statutory partners, particularly CQC, the Regulator. CQC retain the overall responsibility for the registration and monitoring of care providers' compliance with the standards set out against the five domains, below which care must never fall. Other key partners and stakeholders are Allied Health teams including District Nursing Teams (DNT), End of Life Coordinators (EoL), Tissue Viability Team (TVT), Voluntary and Community Organisations (VCO), referenced throughout this document as 'community assets', people who use services and those who support them such as family and friends who are referenced as 'circle of support' throughout this document.

This policy is instigated in conjunction with the Safeguarding Adults Multi-Agency Policy and Procedures for West and North Yorkshire and York. Where concern relates to an issue of abuse or neglect (including self-neglect), then Safeguarding Adult Service (SAS) will lead on the risk management procedures.

2. Objective of the Procedure

This procedure is embedded within the Terms and Conditions of Contract (T&C's) for all CQC regulated commissioned services. It sets out the standardised response that will be taken in the event where there are deemed to be serious concerns, at a service level, which is impacting on those people using the service and/or putting the sustainability of the service at risk. This procedure sets out who should be involved, the scope of the actions to be considered, requirements for reporting and evidence gathering, to support evidence-based decision making.

Particular attention will be given to:

- Following the transparent approach set out in this document.
- Identification of clear roles and responsibilities.
- Involving stakeholders appropriately.
- Ensuring that the actions taken, and decisions made, are evidence based.
- Accurate recording of decision making.
- Investigating concerns within the statutory framework.
- Managing, mitigating risks and measuring quality service delivery within contract T&C's.
- The imposition of an embargo, where deemed necessary, which in this context means the placing of restrictions or operating conditions.
- Ensuring services provide safe and quality focussed support to all people in the service.

- Ensuring the welfare of the people in the service remains at all times an integral priority, in managing provision of a service and supporting the Safeguarding Adults West and North Yorkshire and York Multi-Agency Policy and Procedures.
- Establish clear communication channels for people using the service, their circle of support, community assets and stakeholders.
- Identification of system support available to the Provider and staff to raise awareness, understanding and the standards which must be met.

Definition of Provider

A Provider for the purposes of this procedure is any Provider who delivers CQC regulated care and support to individuals on the Commissioners behalf.

This includes but is not exclusive to services provided within the following service areas: Community Based Services such as Home Support, Supported Living, Accommodation Based Services such as Residential and Nursing Care Homes, Respite and short break providers

Who does this procedure apply to?

This procedure applies to all CBMDC commissioned health and social care services, on behalf of itself and/or WYICB, which are regulated by CQC Inspectorate and delivered on behalf of vulnerable people in the Bradford District.

3. What Triggers the Serious Concerns Procedure?

Consideration will be given to instigating the procedure where there are issues identified by the Commissioners, through contract management or risk-based validation procedures, and where information is received from system partners and/or circles of support.

The following is not an exhaustive list but provides an understanding of the circumstances in which this will be considered.

- Sustained evidence of poor management or leadership within the provider organisation.
- Failure to ensure staff comply with mandatory training requirements.
- Failure to provide contract assurance information in a timely manner e.g. financial accounts.
- Failure to implement service improvements as identified by provider regulatory bodies and commissioners.
- Significant concerns raised by CQC relating to a provider indicating an unacceptable level of risk within the service.
- CQC inspection outcome Inadequate for Safe or Well Led or Overall.

- Poor, or lack of, recording of serious incidents and concerns.
- Failure to undertake analysis of accidents and risks leading to concerns that repeat incidents may occur. Evidence of inability to learn from previous safeguarding adult's investigations or concerns processes.
- On-going concerns of poor quality of provision within the provider organisation, including governance arrangements and documentation
- Sustained, unresolved poor relationships with partner organisations or commissioners.
- Notifications from other local authorities of an embargo of a provider within their district.
- Safeguarding concerns indicating themes and trends of a poor quality or high-risk nature.
- Safeguarding Adults Organisational Safeguarding Enquiry (OSE) identifies that governance failings, poor quality of support or care is being delivered or where there are concerns of institutional abuse or closed cultures.
- Where a service operates under the Serious Concerns Procedure and there is a transfer of ownership that results in a new contract being instigated for the same service delivery, Commissioners reserve the right to instigate Serious Concerns Procedure on day 1 of the new contract to reflect on-going risk management procedures.

4. Criteria for Embargo

Instigation of the serious concerns procedure does not automatically mean an embargo will be placed.

Enhanced monitoring may be instigated to review the level of risks, over a period, within the service. Providers will be required to share a copy of, or implement where this does not exist, an action plan / service improvement plan. Enhanced monitoring of a service may comprise of desktop reviews, site visits and/or additional reporting requirements over an extended period. Enhanced monitoring alone does not impose restrictions on new business to the service.

Where risks are considered substantial or systemic an embargo will be considered and may be invoked. This is subject to the approval of the authorised signatories, as set out in Appendix 10.

Providers are expected to recognise the significance of an embargo in support of the necessary improvements and to protect people using the service. New referrals / people who use services must not be accepted into the service, regardless of funding source, to support this improvement and embedding of improved practice.

An embargo will be automatically instigated where: -

- A provider has been rated as overall inadequate by CQC
- CQC serves a Notice of Proposal or a Notice of Decision against the Service, Nominated Individual, Responsible Person and/or Registered Manager or other individuals holding responsible positions, to remove their CQC registration or impose restrictions on a service due to serious concerns.

In the following circumstances, a period of Enhanced Monitoring will commence. An Embargo is not automatically triggered; however, consideration will be given to the severity of risk and the impact on people using the service, the findings of which may result in an embargo being placed.

- Failure to provide adequate assurance regarding organisational structures and accountable governance arrangements.
- A provider has been rated, by CQC, as inadequate against the domains 'Safe' and/or Well Led, but where the overall rating is not inadequate.
- Statutory or Warning Notices in relation to a breach of regulations are served by regulatory bodies
- An OSE is initiated and determines that a safeguarding concern(s) is of a serious nature and/or that there is an unacceptable level of risk while more information is gathered.
- There is evidence to indicate fraudulent activity, financial irregularities including financial mismanagement may be taking place.
- Concerns regarding the financial stability of an organisation including failure to submit accounts to statutory bodies.

These lists are not exhaustive.

All situations will be considered on their own merit, and the Council reserves the right to vary the above in exceptional circumstances.

An embargo restricts the Service from accepting any new commissioned referrals. This is not considered to be a punitive act but enables the Service to be stabilised for the required improvements to be made and to allow time for the changes to be embedded within the staff team. The Provider is expected to apply the terms of the restriction across all admissions, including self-funders and other Local Authorities and ICB'S who may place from outside of the district.

If it is considered that there are exceptional circumstances, which would pose a greater risk to the people using the service, to have an embargo in place, then these will be submitted by the Provider in writing, along with supporting evidence. This will be submitted to Assistant Director People Commissioning, or the Head of Strategic Contracts and Quality along with a briefing in line with Authorised Signatory and governance arrangements set out in Appendix 10 for consideration. These applications will be considered on an exceptional and individual basis and

a decision taken with one location will not be deemed to have established a precedent for further instances, subsequent providers or occurrences.

Where a Provider operates more than one location or service consideration will be given to the impact of the service failures across all locations. This will be dependent upon the assessment of the risk and the governance arrangements in place within each service.

5. Governance and who should take part in a Serious Concerns Procedure?

This procedure is embedded within the T&Cs for all regulated services across the Adult Social Care sector. The operation of this procedure is purposefully designed to be multi agency to ensure a holistic approach to risk and support is achieved.

Governance

Instigation of this procedure will be considered in conjunction with the remedies as set out in the relevant contract T&C's.

A table of Authorised Signatories is provided, at Appendix 10, confirming the governance arrangements.

Where there is a significant deterioration in service quality or escalation of risk, appropriate Senior Managers will be notified via standard reporting procedures.

A monthly multi-agency Serious Concerns Meeting will be chaired by a Manager within the People Commissioning Service. All Services and/or locations who are the subject of an embargo, enhanced monitoring or where information has been received of a nature indicating that the service may need to be escalated to the Serious Concern Meeting (SCM), will be included on the agenda for the next meeting.

In the unlikely event that a formal meeting is not held in a particular month, an email update will be circulated to all representatives to ensure that accurate up to date information is held.

Representation at the SCM will include the following partners, on behalf of the roles shown:

City of Bradford Metropolitan District Council (CBMDC)

- Contract and Quality Managers and/or Officers for the services included in the agenda
- OSE Manager and/or Safeguarding Investigation lead
- Operational Social Work Managers
- Infection, Prevention & Control (IPC) Team.

West Yorkshire NHS Integrated Care Board (WYICB)

- Quality and Patient Safety Team
- Personalised Commissioning Department (PCD)

- Safeguarding Team
- Community Assets/Allied Health Partners
- District Nursing Team representatives
- End of Life Coordinators
- Tissue Viability Team representatives
- Continence Team representatives

Independent Regulator

- Care Quality Commission

Other specialist teams or stakeholders who are engaged with services may be involved as required

Members may delegate to other attendees where required, but this must not extend beyond the team unless prior approval is sought from the Chair. Attendees are responsible for contributing information relating to services on the agenda. New areas of risk can be included in any other business. Where possible, this information should be shared in advance of meetings, ensuring that reporting is channelled through existing Contracts Concerns Log (CCL) or Safeguarding referrals where required. Whilst a minute taker will be in attendance, all attendees are responsible for taking notes during the meeting, for dissemination of actions to team members supporting service delivery in a timely manner. Formal notes will be issued ahead of the following meeting however actions agreed should not be delayed until receipt. The quorum for decision making at Serious Concerns Meetings is agreed when any three of representatives across CBMDC and WYICB, as shown above, are present.

Providers

Person(s) with responsibility for the Service including the Nominated Individual (NI) and Registered Manager (RM), as registered with CQC and legally responsible under the contract T&C's, are required to engage in the Serious Concerns Procedure through individual provider meetings and visits.

The NI is required to give permission for the Contracting Body to contact the Company Secretary and/or Directors and Shadow Directors in the event that action is taken to escalate risk management procedures through the instigation of the Serious Concerns Procedures. Formal representations, within 2 working days, will be invited in response to the considerations of restrictions on new business, the termination of existing spot contracts and/or the consideration of termination of Provider List Contract.

Providers will be notified, in writing, where there is an escalation of risk procedures resulting in initiation of this process.

In all cases where an embargo is placed upon a provider, a meeting will be convened with the persons registered with CQC as the Nominated Individual / Responsible Person, Registered Manager and other members of the provider's senior management team as deemed appropriate.

It remains the responsibility of the person legally registered for the delivery of the services to ensure that all CQC requirements are met and that people who use services are protected from harm and supported to lead fulfilling lives. System partners delivering support to services, under these arrangements, are not responsible for the services delivered.

People Who Use Services

This procedure is implemented at provider and service level. People who use services, their circle of support and community assets will not be invited to the SCM. Individuals will be represented in the process by the Operational Teams responsible for supporting them.

Operational teams involved in the process will undertake individual reviews, where these are required, to ensure that care and support records are current and accurately reflect the needs of the individual. Feedback from these reviews will be shared with Contracts and Quality Team to support ongoing assessment of risk and quality and to ensure that the service user voice is heard.

Safeguarding procedures will be followed in all cases where there is a belief that individuals are at risk of abuse or neglect. Findings from investigations undertaken under Safeguarding procedures will be shared with Contracts and Quality Team to support ongoing assessment of risk and quality.

Where a provider ceases to operate services, people using the service will be supported to find alternate provision by operational reviewing teams or clinical teams through enactment of the Service Closure protocol.

6. Timescales for the Serious Concerns Procedure

Timescales for the completion of the serious concerns procedure will be personalised to the risks and needs of the service.

Enhanced monitoring of services, comprising of desktop reviews and/or site visits, will be undertaken, to measure progress and ensure improvements are sustained.

Visits will be agreed in advance and will take place at a frequency deemed appropriate.

Routine enhanced visits will focus on evidencing the improvements and actions agreed in the service improvement plan.

Where the level is concerned to have reached a high threshold, system partners reserve the right to complete unannounced visits to ensure the welfare of services and to ensure service safety.

Where an embargo is placed on new admissions, sustained improvement of not less than three months will be required before a request to review an embargo.

A review of the enhanced monitoring and/or embargo can be requested by either party, where supported with clear evidence to substantiate improvement or where significant risk arises/continues for an embargo to remain in place.

7. Serious Concern Procedure

There are seven stages, which are outlined below:

Stage 1: Detailed Fact Finding

Feedback is routinely received by Contracts and Quality Team from a range of professionals and other sources via the CCL process in place. Lead Contracts & Quality Officers are allocated to each service area and maintain oversight of emerging trends or risks. Information is routinely shared between Safeguarding Adults Service (SAS) and Operational teams via the CCL and through triangulation of information.

Desktop reviews are undertaken, and consideration of next steps is made.

CBMDC operate a Risk Based Validation (RBV) process, which enables concerns of a less serious nature, or narrower scoped risks to be investigated in a pre-arranged visit to a service. These are carried out under separate contract arrangements to these procedures, though findings may result in recommending a service is entered into the Serious Concerns procedure.

In consideration of initiating the SCP, there will be a period of detailed fact finding. The Contracts and Quality Team reserves the right to engage professionals from time to time to assist to assist and delineate requirements based on appropriate information.

The following information may be used to inform the fact-finding stage.

- People who are using the service data, including names, funding type, date of last reviews and health assessments undertaken, for all people who use services funded by CBMDC and WYICB.
- Details of people who fund their own services or are funded by other Local Authorities will be collated.
- Feedback will be requested from Operational Teams who support people in receipt of services.
- Reports of contract management visits.
- Provider Service Improvement and/or Action Plans.
- Themes and trends from the CCL referrals.
- Themes and trends Safeguarding concerns.
- Financial and accounting information where concerns are of a financial or sustainability nature.
- Other regulatory reports e.g. health and safety reports, CQC reports, Public Health reports and fire reports, where linked to concerns raised.

This list is not exhaustive.

Stage 2: Decision to Invoke the Serious Concerns Procedure

Where it is considered that the concerns and risks are significant, and/or impact on the service, then consideration will be given to invoking the SCP. Consultation may continue to take place with key stakeholders, including WYICB where health services are being provided, in preparation of the formal documentation.

The safeguarding procedures, including OSE, may run concurrent with the Serious Concerns Procedure.

As set out in Section 4 Criteria for Embargo, if the regulator CQC publishes an outcome of an Inadequate overall rating, or serves a Notice of Proposal or Notice of Decision to remove a service's registration due to serious concerns, then an automatic embargo is triggered.

The Lead Officer will complete Appendix 1 Escalation into Serious Concerns Procedure detailing the concerns and/or CQC outcomes.

The Provider will be invited to a meeting to understand the concerns, agree actions and to ensure remedial actions are detailed within an action plan/service improvement plan for monitoring. Appendix 2 – Letter to Provider re: Concerns should also be completed, and Appendix 1 and 2 documents will be submitted for approval in line with Appendix 10 Authorised Signatories.

The Lead Officer, upon receipt of the authorised Appendix 1, will consider and review the recommendations and agreed actions.

The following may apply.

- Enhanced Monitoring and/or Embargo approved.
- The Provider letter will be issued within three working days.
- The Service is added to the Serious Concerns meeting agenda.
- The Service will be added to the Serious Concerns register of services, maintained by the Contracts and Quality Team (see Stage 5 Communication of Decisions).

Stage 3: Provider Meeting

As part of Stage 2 - Detailed Fact Finding a letter is issued, inviting the Provider to submit a copy of their Service Improvement Plan and to meet to discuss the concerns and issues identified in Stages 1 and 2.

Stage 3 is the Provider meeting, which will be chaired by a Contract and Quality Manager or appropriate senior manager, and should be attended by the Provider's Nominated Individual, and the person responsible for the day-to-day operational management of the service, usually the Registered Manager. A draft agenda is set out at Appendix 3

Where a Provider believes there are exceptional circumstances, which pose a greater risk to the people using the service to have an embargo in place, then these will be submitted in line with Section 4 Criteria for Embargo.

Stage 4: Review

The SCP is a dynamic risk procedure, and additional evidence may result in changes to the original scope. These changes may reflect an improvement or may identify that the risk has increased. Where it is evidenced that the necessary improvements have been implemented and these have been sustained, for a minimum of three months, then a review of the Service may be requested.

The following may apply:

- Improvements evidenced in which case consideration will be given to the following options.
 - A partial step down of conditions within an Embargo, known as a partial lift, to allow a specified number of new placements with defined timescales and agreed number of new admissions agreed.
 - A full Embargo lift, where the service will no longer have restrictions but will continue to be monitored under Enhanced Monitoring; or that
- Risks have escalated, or the Provider has failed to sustain the improvements, consideration will be given to the following option(s).
 - An escalation from a partial lift back to a full Embargo
 - The instigation of an Embargo, from Enhanced Monitoring
 - Escalation to Safeguarding for consideration of OSE

Where a provider has implemented new working procedures and documentation, then a partial lift may be granted in the first instance. This will enable a limited number of new people to enter the service, with a phased approach, followed by a review of the systems and identification of any further adjustments to be made. There is no mandated timescale for this period as it is intended to allow the provider time to review the effectiveness of the new operating procedures and be assured that these are embedded. A further review will then take place to consider a full embargo lift.

Consideration will be given to exceptional circumstances in line with Section 4 Criteria for Embargo.

In all cases above Appendices 4 – Review Briefing Note and 5 - Letter to Provider re: Outcome of the Review will be prepared and considered by the authorised signatories at appendix 10.

Where the signatory approves the briefing note (appendix 4)

- The Provider letter will be issued within three working days.
- The Service will be updated in the Serious Concerns meeting agenda.
- The Serious Concerns register of services will be updated and recirculated (see Stage 5 Communication).

Where the signatory approves an escalation of risk (see appendix 4 briefing note)

- The Provider letter will be issued within three working days inviting the Provider to a meeting.

- Appendix 3 - Serious Concerns- Provider Meeting Agenda will be updated and a meeting convened.
- The multiagency Serious Concerns meeting agenda will be updated.
- The register of Serious Concerns services will be updated and recirculated (see Stage 5 - Communication of Decisions).

Stage 5: Communication of Decisions

The central point for all activity within the Serious Concerns Procedure is the Contracts and Quality Team.

All approvals and briefing documents are prepared by Contracts and Quality Team. Monthly meeting agendas are agreed and chaired by a Contract and Quality Manager.

Written communications will be signed via electronic signatures and issued via email.

Evidence of communication sent will be permissible when supported by the covering email.

Each stage of the process requires authorised approval from the list of approved signatories shown in appendix 10. Where authorisation is not granted, then the signatory must give reasons for this; the Contracts and Quality Team will provide additional evidence and respond appropriately or revert to alternative monitoring arrangements.

Where authorisation is granted, via the completion and submission of appendices, the outcome will be communicated within the following timescales: -

- The Provider will be notified within three working days of the receipt of the authorised appendix.
- Where WYICB services are delivered as part of the Service they will be notified within two working days of the receipt of the authorised appendix.
- Where there is a change to the Embargo status the Serious Concerns register of services is republished within three working days. See below for circulation list.
- Where the change is unconnected to an Embargo, an update will be provided to the next Serious Concerns meeting.

The Serious Concerns register of services is managed and maintained by Contracts and Quality Team. The list comprises all providers who are being monitored as part of the SCP. Where there are restrictions on new business, known as an Embargo, full or partial, the name of the service will be circulated. Full rationale for the embargo will not be included. The list is issued within three working days of a change being made.

Services who have enhanced monitoring in place, but no restrictions on new business, will not be circulated.

Having due regard to the GDPR requirements and safeguards, the circulation list comprises: -

- CBMDC and WYICB Contracts, Patient Safety & Quality Teams and IPC teams working with Providers;
- CBMDC and WYICB Operational Teams who are responsible for making referrals into the service(s);
- OSE Chair and other SAS professionals;
- CQC; and
- Other Local Authorities, or ICB'Ss with reciprocal arrangements in place.

Members of the public who have an interest, for instance someone requesting information on available placements for self-funding residents, should be advised that:

“The City of Bradford Metropolitan District Council has decided to cease placing business with the Provider at this time as a result of outstanding contractual concerns, which the Council is seeking, along with the Provider, to address and resolve”.

Legal advice on information sharing will be sought as required.

Where there are safeguarding concerns relating to individuals within the Service, these will be managed through the Safeguarding procedures.

In all circumstances where an embargo is placed upon a service, a communication plan will be agreed with the Provider detailing what information will be shared, by whom and when.

Stage 6: Quality Monitoring and Support to Providers

The Provider will be required to develop and maintain a Service Improvement Plan covering all areas identified as requiring improvement through the governance systems in place at the Service, CQC inspection outcomes, SAS investigations, the WYICB and/or Contracts and Quality Team following site visits.

The Service Improvement Plan must contain details of what improvement is required, by whom (lead person responsible), when (timescales must be in line with the expectations of any regulatory bodies), and how this will be achieved and measured. Updated versions of this plan must be shared, no less than monthly, with the Contract and Quality Lead Officer, allocated to support the Provider through the SCP.

Desktop reviews of the Service Improvement Plan and Enhanced monitoring site visits will be undertaken to monitor compliance. The frequency of these visits will be determined by the improvements necessary and will be pre-arranged with the Provider.

Following site visits or desktop reviews a visit report will be produced and issued to the provider, setting out findings and any recommendations and/or actions required.

Where it is evidenced that the necessary improvements have been implemented and these have been sustained, for a minimum of three months, then a review of the Service will be undertaken – see Stage 4 - Review.

Where an embargo is in place and a Provider accepts new placements against the terms of the embargo and without prior agreement, a meeting will be convened with the Nominated

Individual and the person responsible for the day-to-day operation of the business, usually the

Registered Manager and the Contract and Quality Manager. The meeting will consider any impact of this non-compliance, which may include, but is not limited to, the scope and timescales of the current restrictions and application of the contract T&C's default position.

If the Provider fails to sustain improvements made, achieve the levels of improvement required or fails to reduce the risks to people using the service following a period of sustained enhanced monitoring, then consideration will be given to escalating to the Service Closure Procedure. See Stage 7.

Stage 7: Exiting the Serious Concerns Procedure

The Provider will remain on the agenda of Serious Concern Meeting until a full lift of all restrictions and enhanced monitoring is completed.

Where there is robust evidence that the risks have reduced and the quality of the service delivery meets the requirements set out in the contractual T&C's, then the process will formally close. Appendix 5 - Letter to Provider re Outcome of the Review will be issued to the Provider.

If after a sustained period of enhanced monitoring: -

- Insufficient improvement has been made within the agreed timescale;
- The Provider is unable to evidence that the improvements have been sustained;
- New referrals are received identifying further risk, for example to SAS or CCL;
- There is a lack of engagement in the Serious Concerns Procedure; or
- Further failure is identified; then:

A proposal will be made to Assistant Director People Commissioning and/or Head of Strategic Contracts and Quality for consideration to escalate to the Service Closure Procedure.

Appendices 8 - Escalation to Service Closure Procedure and 9 - Letter to Provider re Escalation to Service Closure Procedure will be completed setting out the rationale for the referral into the Service Closure Procedure.

A formal meeting will be held with the Provider to discuss the decision and to notify of the next steps.

Where the signatory approves an escalation to the Service Closure Procedure The Provider letter will be issued within two working days inviting the Provider to a meeting. Appendix 3 - Serious Concerns Provider Meeting Agenda may be used and amended to suit the requirements of the meeting. The Service will be updated in the Serious Concerns meeting agenda.

Providers may take the decision to cease service delivery. In these instances, formal notice must be given in writing and a meeting convened to agree timescales, and safe withdrawal in line with contract T&Cs and supported by the Service Closure Procedure.

8. Record Keeping, Information Sharing and Data Protection

The Serious Concerns register of services is managed and maintained by Contracts and Quality Team. This register contains the details of all providers subject to the terms of this procedure.

Confidentiality of commercially sensitive information is paramount and all attendees are agreed, in advance by the Chair. A confidentiality statement is included at the start of each Serious Concerns meeting.

All documentation and evidence relating to the Embargo will be held by the Contracts and Quality Team in line with the Council's retention policies. Electronic signatories are acceptable and all documents must be retained alongside the covering email as evidence of when these were issued.

Providers will be able to request access to this information in accordance with their rights under the Data Protection Act 1998 and the Freedom of Information Act 2000. However, best practice will require Providers to give full details of the concerns held in order that these may be addressed appropriately. Certain information may be withheld where it is lawful and necessary to do so but should only be withheld in accordance with any exemptions to disclosure that may apply within legislation.

9. Exception requests

There may be occasions where it is necessary to consider an exception to the procedures set out above. In all cases a written application must be made stating the reasons for the request, completed by the party requesting the exception.

i. Exception to placing of an embargo on the service. In exceptional circumstances, where it is believed that it would pose a greater risk to the people using the service to have an Embargo in place, then an exception application may be made.

These will be submitted by the Provider: -

- in writing,
- with supporting evidence; and
- submitted to the Authorised Signatory for consideration.

ii. Consideration to approve placements while embargo restrictions are in place

Where all other viable options have been exhausted, and in the sole interests of the individual, an application to allow a new person to receive services will be considered.

Decisions will be based on the: -

- risks to the service user,
- existing users,
- circumstances of the people who use services wishing to enter the service,
- business sustainability.

A written application, along with Appendices 6 - Exception to restrictions and 7 - Letter to Provider re Outcome of the Exceptions will be submitted for consideration by the authorised signatories as per appendix 10.

The outcome of this exception request will be notified, in writing, within two working days of the receipt of the decision.

These applications will be considered on an exceptional and individual basis and a decision taken with one location will not be deemed to have established a precedent for further instances, subsequent providers or occurrences.

If an application is rejected, then a Provider may only submit a new request when a clear change of circumstances has occurred, and new evidence is available to support the request.

Where a new placement is accepted against the terms of the embargo and without prior agreement, a meeting will be convened with the Nominated Individual and the person responsible for the day-to-day operation of the business, usually the Registered Manager and the Contract Quality Manager. The meeting will consider any impact of this non-compliance, which may include, but is not limited to, the scope and timescales of the current restrictions and application of the contract T&C's default position.

APPENDIX 1 - Escalation into Serious Concerns Procedure

Briefing note / Approval for the Assistant Director – People Commissioning & Business Support / Head of Strategic Contracts & Quality / Service Manager – Contract & Quality	
Officer/s Preparing Report: Service Area: Contact:	Line Manager: Lead Commissioner: Date:
Title: (Name of Provider and Contract)	
Service Type:	
Number of people using the service at this time:	CBMDC: WYICB: Other LA/ICB (state which):
Hours / sessions / units provided:	
Other services provided in the district:	
Current vacancies (if applicable)	
Action being taken under the Serious Concerns Procedure: ☐ Escalation to Enhanced Monitoring ☐ Placing of an Embargo on all new funded business	
Rationale for the above decision being sought: ☐ Quality concerns identified through site visit, information received and/or significant feedback from Partners ☐ Request from Safeguarding Adults Service (SAS) as part of an ongoing Safeguarding investigation. Please indicate below if there is an Organisational Safeguarding Enquiry (OSE) open with SAS ☐ CQC Inspection outcome published as Inadequate overall or Inadequate in Safe domain Notification of suspension placed on the Service by a partner Local Authority ☐ Other Please provide further details below	

Background and Service Implications: (Please indicate if there have been any historic service concerns with this provider. Does this action place significant risk on the stability of the service?)
Key Risks/Potential Sensitivities: (Include any risks such as wider service area implications, negative publicity, involvement of Councillors etc)
Recommendations and agreed actions: (Include details of future actions and any conditions of reinstatement) That the above approach is approved. Review Date
Signature _____ [To be pre-populated prior to issue to signatory as per Appendix 10 – Authorised Signatories]
Date of Approval :

Email: commissioninginbox@bradford.gov.uk

Date:

[APPENDIX 2 - Letter to Provider re: Concerns]

Dear [Insert name of Nominated Individual],

Concerns with Service (Include service name)

In line with the Adults Integrated Health and Social Care Serious Concerns Procedure we write to inform you that we are invoking the Serious Concerns Procedure.

The decision to invoke the Serious Concerns Procedure has been based on the following concerns: -

(Insert) [Ensure non-relevant parts are deleted before sending]

In line with our procedure we advise that [we have taken the decision not to place an embargo at this time, however we reserve the right to take this action where we feel that the service is at high risk of failure or individual risks to people using the service is unacceptable] / [a decision has been made to place an embargo on all new care and support packages/referrals to the Service named above.

We require a copy of your Service Improvement Plan within 10 working days from the date of this letter. If you require further guidance, please refer to Stage 6, Quality Assurance, Monitoring and Support to Providers, of the Serious Concerns Procedure which outlines the requirements for this plan.

We invite you as the Nominated Individual, and the person responsible for the day-to-day operational management of the service, usually a Registered Manager, to present your plan and to give both parties an opportunity to set out the implications of the Serious Concerns Procedure being enacted. If you would like additional representatives from your organisation to attend, this invitation may be extended but must include as a minimum yourself and the person with the operational lead for the service.

A meeting has been scheduled on DAY MONTH 202X at 00:00am/pm. The meeting will be held [in person at XXXX] [via MSTeams – a link to which will be forwarded along with a calendar invitation.]

If you are unable to make the time offered, please contact us as a matter of urgency to reschedule this.

If you have any queries your point of contact is commissioning.inbox@bradford.gov.uk

Yours Sincerely

[To be pre-populated prior to issue to signatory as per Appendix 10 – Authorised Signatories]

APPENDIX 3 - Serious Concerns Provider Meeting Agenda (suggested)

Serious Concerns Provider Meeting Agenda
1. Attendees and apologies Chair:
2. Overview of the Serious Concerns Procedure (SCP) The SCP procedure is embedded within the Terms and Conditions of Contract for all commissioned regulated services. It sets out the standardised response that will be taken in the event of a service falling below the standards set out in the service specifications. Where there are deemed to be serious concerns, at a service level, which is impacting on the people who use services and/or putting the sustainability of the service at risk, the procedure sets out who should be involved, the scope of the actions to be considered, requirements for reporting and evidence gathering, to support evidence-based decision making. • A copy of the procedure can be obtained here [insert a link to Provider Zone revised policy]
3. Conveying the Decision and risks CBMDC • The current position regarding enhanced monitoring / embargo • An explanation of what this means in operation • Details of any restrictions • The concerns identified (these are detailed in the Provider letter at Stage 2- Decision to invoke the Serious Concerns Procedure) PROVIDER • The provider's feedback
4. Service Data CBMDC • Triangulation of data re current people using the service • Other questions arising from Stage 1 Detailed Fact Finding PROVIDER • Service overview • Staffing overview • Outstanding reviews or assessments for funding • Overview of 1:1 / 2:1 support in place for people using the service • Other services engaging with the Service • Professionals' engagement and relationships • Details of any support needed

5. Service Improvement Plan PROVIDER • Present an overview • Where there are plans agreed with CQC these should be detailed here CBMDC • Feedback on plan
6. Next Steps
7. AOB • Date of next meeting

APPENDIX 4 - Review Briefing Note

Briefing note / Approval for the Assistant Director – People Commissioning & Business Support / Head of Strategic Contracts & Quality / Service Manager – Contract & Quality	
Officer/s Preparing Report: Service Area: Contact:	Line Manager: Lead Commissioner: Date:
Title: (Name of Provider and Contract)	
Current status: Enhanced Monitoring only / Embargo in place Date effective:	
Requested review: Service improvements evidenced ☐ Remove enhanced monitoring and revert to standard arrangements ☐ Partial lift of embargo to allow agreed XX number of new referrals in XX timeframe ☐ Full embargo lift to allow unrestricted referrals Service improvements not evidenced ☐ Step up to full embargo ☐ Escalate to Service Closure Procedure ☐ Provider requested a review ☐ Other: please state Rationale:	
Action taken since service was escalated into the Serious Concerns Procedure	
Recommendations: (Include details of future actions and any conditions of reinstatement)	
Please delete as applicable: - Supported / Not supported Signature _____ Date: _____ [To be pre-populated prior to issue to signatory as per Appendix 10 – Authorised Signatories]	

APPENDIX 5 – Letter to Provider -Outcome of Review



**Department of Adult Social Care, Housing
and Health**

People Commissioning Service
5th Floor, Britannia House
Hall Ings
Bradford
BD1 1HX

Email: commissioninginbox@bradford.gov.uk

Date:

Dear Nominated Individual,

Re: Outcome of Serious Concerns Procedure Review

I am writing to advise that we have undertaken a formal review of the enhanced monitoring / embargo in place at your service. After careful consideration we have taken the decision to [1. extend the period of enhanced monitoring] / [2. escalate to an embargo position] / [3. extend the period of embargo] / [4. lift the embargo with conditions] / [5. lift the embargo without conditions] with effect from XXXX.

The reason for this is XXX. [Ensure non-relevant parts are deleted before sending]

[Options 1, 2 & 3 above] We appreciate that this will be a disappointment to you. We remain committed to ensuring all Providers are delivering safe, quality service provision to residents across the district. We will continue to support the Service, via enhanced monitoring, and a further review will be undertaken in X weeks / months.

[Option 2] We invite you as the Nominated Individual, and the person responsible for the day-to-day operational management of the service, usually a Registered Manager, to attend a meeting with ourselves to further discuss the reasons for this and to present your Service Improvement plan.

A meeting has been scheduled on DAY MONTH 202X at 00:00am/pm. The meeting will be held [in person at XXXX] [via MSTeams – a link to which will be forwarded along with a calendar invitation.]

[Options 4& 5] This decision has been made based on a review of the outcomes achieved following the implementation of the Integrated Health and Social Care Serious Concerns Procedure.

We now believe the standard of care delivered within the service provision has achieved the level expected.

[Option 4] In order to assure both parties that the improvements made are sustainable, we confirm a phased lift of embargo conditions. These conditions are XXX number of new business may be accepted over XXX period.

[Option 5] We would like to confirm with effect from the date of this letter that you are able to resume placements to your service.

We will continue to monitor your service and in accordance with our procedure, this may be at an enhanced level to ensure that the improvements that have been made are sustained.

If you have any further queries regarding this matter, please contact
commissioninginbox@bradford.gov.uk

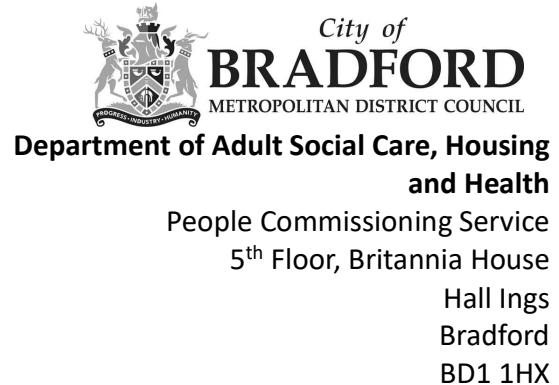
Yours sincerely,

[To be pre-populated prior to issue to signatory as per Appendix 10 – Authorised Signatories]

APPENDIX 6 – Exception to restrictions request

Briefing note / Approval for the Assistant Director – People Commissioning & Business Support / Head of Strategic Contracts & Quality / Service Manager – Contract & Quality	
Officer/s Preparing Report: Service Area: Contact:	Line Manager: Lead Commissioner: Date:
Title: (Name of Provider and Contract)	
Status: Enhanced Monitoring only / Embargo in place Date effective:	
Action taken since restrictions were placed	
Reason for exception request and details of who has requested this:	
Details of the measures that will be agreed to ensure that this exception does not negatively affect the improvements required by this service	
Recommendations with Timescales	
Where required: see Appendix 10 Authorised Signatories Supported by Signature _____ Date _____ Service Manager Adult Safeguarding	
Please delete as applicable: - Supported / Not supported Signature _____ Date: _____ [To be pre-populated prior to issue to signatory as per Appendix 10 – Authorised Signatories] [Pre-populate for signatory as per Appendix 10 – Authorised Signatories]	

APPENDIX 7 - Letter to Provider Outcome of Exceptions Request



Email: commissioninginbox@bradford.gov.uk

Date:

Dear Nominated Individual,

Re: Outcome of Exception to Restrictions in Serious Concerns Procedure

We received a formal request to allow new business to the service within the current Serious Concerns Procedure restrictions. This request was received from [SW] and/or [Provider] on XX. I am writing to advise that we have undertaken a formal review of the rational and the risks this would pose and, after careful consideration, we have taken the decision to [1. Allow the exception request to allow XX new people into your service] / [2. / [3. extend the period of embargo] / [4. lift the embargo with conditions] / [5. lift the embargo without conditions] with effect from XXXX.

The reason for this is XXX. [Ensure non-relevant parts are deleted before sending]

[Options 1, 2 & 3 above] We appreciate that this will not be the outcome hoped for. We remain committed to ensuring all Providers are delivering safe, quality service provision to residents across the district. We will continue to support the Service, via enhanced monitoring, and a further review will be undertaken in X weeks / months.

[Options 4& 5] This decision has been made based on a review of the outcomes achieved following the implementation of the Integrated Health and Social Care Serious Concerns Procedure.

We now believe the standard of care delivered within the service provision has achieved the level expected.

[Option 4] In order to assure both parties that the improvements made are sustainable, we confirm a phased lift of embargo conditions. These conditions are XXX number of new business may be accepted over XXX period.

[Option 5] We would like to confirm with effect from the date of this letter that you are able to resume placements to your service.

We will continue to monitor your service and in accordance with our procedure, this may be at an enhanced level to ensure that the improvements that have been made are sustained.

If you have any further queries regarding this matter, please contact
commissioninginbox@bradford.gov.uk

Yours sincerely,

[To be pre-populated prior to issue to signatory as per Appendix 10 – Authorised Signatories]

APPENDIX 8 – Escalation to Service Closure Procedure

Briefing note / Approval for the Assistant Director – People Commissioning & Business Support / Head of Strategic Contracts & Quality / Service Manager – Contract & Quality	
Officer/s Preparing Report: Service Area: Contact:	Line Manager: Lead Commissioner: Date:
Title: (Name of Provider and Contract)	
Timeline of Serious Concerns Procedure and interventions	
Action taken since restrictions were placed	
Enclosed documentation to support recommendation: -	
Recommendations with Timescales	
Supported / Not supported and comments: Signature _____ Date _____ Service Manager Adult Safeguarding	
Supported / Not supported and comments Signature _____ Date: _____ [To be pre-populated prior to issue to signatory as per Appendix 10 – Authorised Signatories]	

Appendix 9 – Letter to Provider re: Escalation to Service Closure Procedure

 **City of
BRADFORD**
METROPOLITAN DISTRICT COUNCIL
**Department of Adult Social Care, Housing
and Health**
People Commissioning Service
5th Floor, Britannia House
Hall Ings
Bradford
BD1 1HX

Email: commissioninginbox@bradford.gov.uk

Date:

Date:

Dear Nominated Individual,

Re: Escalation to Service Closure Procedure for [Service Name]

As you are aware we have been working with the above Service since XXXX via the Serious Concerns Procedure. A period of Enhanced Monitoring has been in place since XXXX, seeking to evidence sustained improvements, in line with your Service Improvement Plan and the standards set out in our Terms and Conditions of Contract. During this period, we have met with you to discuss our concerns and to seek reassurance that measures to address these would be implemented.

I am writing to advise that we have taken the decision to exit our Serious Concerns Procedure and instigate the Service Closure Procedure.

A meeting has been convened between XXX, Senior Contract and Quality Manager, and yourself as the Nominated Individual, on DAY MONTH 202X at 00:00am/pm, to discuss this further. The person responsible for the day-to-day operational management of the service, usually a Registered Manager, may also wish to attend and we ask that you confirm attendees at the earliest convenience. The meeting will be held, in person, at XXXX

If you are unable to make the time offered, please contact us as a matter of urgency to reschedule this.

If you have any queries your point of contact is commissioning.inbox@bradford.gov.uk

Yours sincerely,

[To be pre-populated prior to issue to signatory as per Appendix 10 – Authorised Signatories]

Appendix 10 Authorised Signatories

Serious Concerns Procedure Authorised Signatories August 2026

Stage	Authorisation	Notification to all parties listed below
Invoking Serious Concerns Procedure briefing and letter to Provider	Head of Strategic Contracts and Quality; or Service Manager Contract & Quality	Service Manager Adult Safeguarding Service* WYICB Head of Patient Safety and Quality Improvement
Instigate an embargo briefing and letter to Provider	Assistant Director People Commissioning; or Head of Strategic Contracts and Quality	Assistant Directors – Adults with Disabilities Assistant Director – Older People’s Services Service Manager Adult Safeguarding Service* WYICB Head of Patient Safety & Quality Improvement Operational Teams Other Local Authorities, with reciprocal embargo notification arrangements in place
To review/remove embargo briefing and letter to Provider	Assistant Director People Commissioning; or Head of Strategic Contracts and Quality AND Service Manager Adult Safeguarding Service* **	WYICB Head of Patient Safety & Quality Improvement Operational Teams Other Local Authorities, with reciprocal embargo notification arrangements in place
Further deterioration in service quality or escalation of risk while in the Serious Concerns Procedures.	Notification only	Assistant Director People Commissioning Head of Strategic Contracts and Quality Assistant Directors – Adults with Disabilities Assistant Director – Older People’s Services Service Manager Adult Safeguarding* WYICB Head of Patient Safety & Quality Improvement

Escalation to Service Closure Procedure briefing and letter to Service Provider	Assistant Director People Commissioning; or Head of Strategic Contracts and Quality	Assistant Directors – Adults with Disabilities Assistant Director – Older People’s Services Service Manager Adult Safeguarding* WYICB Head of Patient Safety & Quality Improvement Operational Teams Other Local Authorities, with reciprocal embargo notification arrangements in place
Oversight of embargo and escalation to Service Closure Procedure	Notification only	Strategic Director via 10-point briefing note

Key

* Delegated authority in place to Safeguarding Adults Service Managers in the absence of Service Manager Safeguarding Adults Services

**Where an embargo is instigated by another local authority, for a provider based within their geographical area, the Council will also instigate an embargo. In these instances, there is no secondary signatory requirement as the host authority safeguarding function will have lead responsibility.

Appendix 11 – Glossary of Terms

CBMDC	City of Bradford Metropolitan District Council
CCL	Contract Concerns Log
Circle of Support	Family and friends
Community Assets	Allied Health Teams inc DNT, EoL, TVT
Contracting Body	The legal entity entered into a contract for the delivery of services
CQC	Care Quality Commission
DNT	District Nursing Teams
EoL	End of Life Coordinators
IPC	Infection, Prevention and Control Team
OSE	Organisational Safeguarding Enquiry
RBV	Risk Based Validation
Safeguarding procedure	Safeguarding Adults Multi-Agency Policy and Procedures for West and North Yorkshire and York
SAS	Safeguarding Adults Service
SCM	Serious Concerns meeting
SCP	Serious Concerns procedure
T&C's	Terms and Conditions of Contract
TVT	Tissue Viability Team
VCO	Voluntary and Community Organisations
WYICB	West Yorkshire Integrated Care Board (Bradford district and Craven