hcpc health & care professions council

Agenda Item 19

Enclosure 17

Health and Care Professions Council
25 September 2019

Update of FTP case classification

To note

From Olivia Bird, Policy Manager

Council

25 September 2019

hcpc health & care professions council

Update on fitness to practise case classification

Executive Summary

In 2017-18, the Policy and Standards team undertook a review of the HCPC's case classification framework for allegations in fitness to practise cases.

In February 2019, this framework was implemented within our Case Management System. Allegations are now classified at the point of case closure, across all stages of the Fitness to Practise process.

This paper summarises the development of this framework, and analyses the first three months (February – April 2019) of data resulting from it.

This paper provides an early snapshot of the range of data we will be able to report on using the new case classification framework. At this stage, the small reporting period means it is difficult to draw any firm conclusions or findings. However, we will continue to review this data over the upcoming months.

With the introduction of the new Data and Intelligence team, we will be able to expand our reporting capabilities in this area and use this to drive new content regarding our policies and standards, and our prevention agenda.

Previous consideration	This paper was approved by SMT at its 3rd September meeting.
Decision	The Council is asked to note the papers.
Next steps	We will continue to collect data on case classification, and publically report on this.
Strategic priority	Strategic priority 4: Make better use of data, intelligence and research evidence to drive improvement and engagement.
Risk	Strategic risk 3 - Failure to be a trusted regulator and meet stakeholder expectations.
Financial and resource implications	There are no additional financial and resource implications for this work.
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hcpc health & care professions council

Update on fitness to practise case classification

Following the review of our case classification framework in 2018, in February 2019 a new case classification framework was implemented. This paper summarises the development of this framework, and analyses the first three months (February – April 2019) of data resulting from it.

Development

In 2018, the Policy and Standards team conducted a review of our approach to classification of fitness to practise cases, with the aim of developing a new case classification framework for allegations.

Prior to this review, we had used a case classification framework which pre-dated our case management system. As a result, it did not reflect the current range of cases which are handled by our fitness to practise (FTP) department. Classifications also varied in level of detail, did not reflect the wording of our standards, and were duplicated in some places. This meant the framework was frequently applied inconsistently, meaning data was incomplete, preventing us from accurately reporting on the types of cases passing through the FTP process.

To develop a new framework, the Policy and Standards team conducted:

- Initial scoping work, to consider the classification systems developed by other regulators and review our existing approach;

- Internal engagement with senior colleagues across FTP, as well as case managers, to review the HCPC's existing classification framework and discuss where it could be improved; and

- Classifying a random sample of approximately 150 cases closed over a six-month period across all stages of the FTP process, to inform a draft framework.

The new classification framework was presented to Council for discussion in July 2018, following which internal guidance was developed for colleagues on how to apply the new framework.

Implementation

The framework was finalised for launch within the CMS in February 2019, the developed guidance and a quick reference guide circulated within FTP. The guidance will form part of the FTP manual, to be implemented in September 2019.

The updated case classification framework has now been implemented, with case managers, case team managers, and the Operational Management team responsible for classification at the point of each case concluding.

Implementation has been supported by a number of training sessions run by the Policy and Standards team, undertaken with the case teams and operational managers. This provided illustrative case studies to guide colleagues on how to categorise particular cases. FTP colleagues also had the opportunity to provide feedback on the framework, following a pilot period, resulting in the addition of further classifications.

Analysis

This paper reports on classification data from February to April 2019. As the case classification framework is in the early stages of implementation, there may be some inconsistencies or errors in the data. Classifications may also be tweaked or revised in upcoming months.

In addition, this data reports on classification of allegation only – it therefore does not find or imply guilt. In some cases, allegations may be found not proved by the FTP panel, or it did not meet our Threshold Policy (for example due to lack of evidence).

Classified cases per team per month

From February to April 2019 (Figure.1), the reporting period saw a total of 425 concluded cases which required classification—of which 423 had been classified at the point of reporting.

The Case Reception and Triage (CRT) team classified the most cases (258 cases) over that period, making up 61% of cases concluded and classified. This is followed by the Final Hearings (FH) stage, lead by the Case Progression and Conclusion and the Serious Case Teams, making up 20% (85) of cases concluded and classified. The Investigation team(s) (INV) make up 19% (82) of cases concluded and classified.

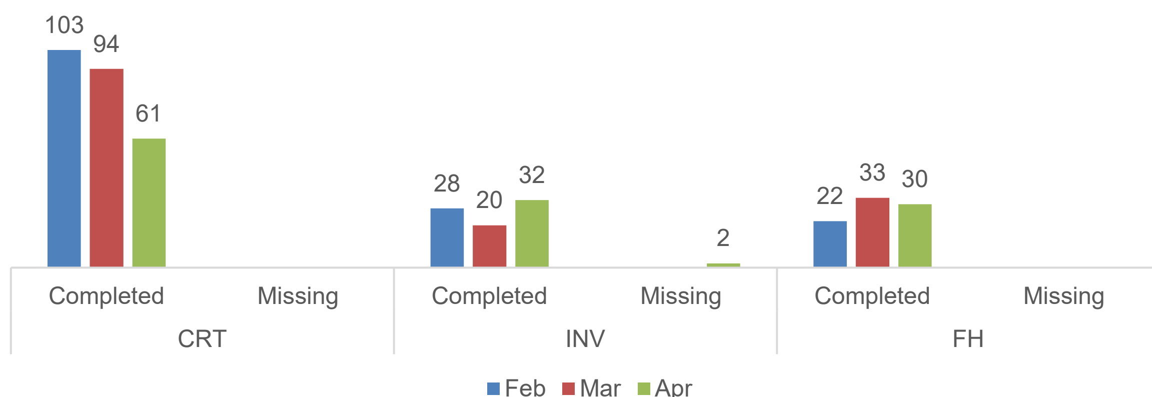

Figure.1

Breakdown of classifications

The classification framework is divided into three tiers. The first tier contains 10 broad categories. Each subsequent tier breaks these down into subcategories that provide increasing detail. For example:

Tier 1	Tier 2	Tier 3
Criminal matters or conduct	Violent offences	Serious assault (e.g. GBH / ABH)

For each case, a maximum of three allegations can be classified, each with a possible three tiers (as seen above). The total number of classifications at each tier is therefore higher than the total number of cases concluded and classified set out above.

The breakdown of Tier 1 classifications for the reporting period is set out below (Figure.2):

Figure. 2

Professional practice

The majority (122) of allegations within Tier 1 related to a registrant's professional practice. These are allegations concerned with a registrants' proficiency, care and treatment decisions and team working skills.

40% (49) of professional practice allegations were classified at the FH stage. Of these, 94% (46) fell within the Tier 2 category 'care and treatment'. The remaining 6% fell within either 'failure to demonstrate knowledge or proficiency appropriate to experience' (2) and 'medicines and prescribing' (1).

The top three Tier 3 classifications within 'care and treatment' at the FH stage were[1]:

[1] A full list of the Tier 3 classifications within this can be found at Appendix B.

- Incorrect or inadequate assessment of a service user (13);
- Failure to act in an emergency (7); and
- Failure to appropriately involve service users and carers in care treatment or other services (5).

36% (44) of professional practice allegations were classified by the CRT team. As with the FH stage, the largest number of professional practice allegations at this stage related to care and treatment (31, 70%). This was followed by allegations relating to 'acting beyond skills, knowledge and experience' (5) and 'failure to demonstrate knowledge or proficiency appropriate to experience' (5).

The top three classifications within 'care and treatment' at the CRT stage were:

- Failure to appropriately address the needs or concerns of a service user or carer;
- Incorrect or inadequate assessment of a service user; and
- Failure to appropriately involve service users and carers in care treatment or other services.

Finally, 24% (29) were classified by the INV team. Again, the largest number of allegations related to care and treatment (11, 38%) – but a less significant proportion than at the other two stages. This was followed by allegations relating to 'failure to demonstrate knowledge or proficiency appropriate to experience' (9), 'medicines and prescribing' (3) and 'other professional responsibilities' (3).

Matters not for further investigation

The second most frequent allegation within Tier 1 regards matters not for further investigation. These classifications relate to concerns that have been closed as they fell within the types of cases under the Threshold Policy suitable for closure. These classifications therefore came solely from the CRT team.

The top three sub-categories within matters not for further investigation were:

- Disagreement with the registrant's decision/report or expert evidence (58);
- Low level communication issue (18); and
- Employment, contractual or business dispute (9).

Communication and information sharing

The third most frequent allegation type, this relates to concerns about the use of inappropriate or offensive language and about professional communication skills.

The majority of allegations about communication and information sharing were classified by the CRT team (67, 65%). Of these, 34% related to allegations about breach of confidentiality. This was followed by allegations of 'other ineffective communication' (22) and 'inappropriate written or verbal communications' (11).

The majority (82%) of inappropriate verbal or written communications at the CRT stage related to either rude, inappropriate or offensive statements or language towards a service user or carer, or rude, inappropriate or offensive statements or language towards a colleague.

17% (18) were classified at the INV stage. The top three of these also related to breach of confidentiality (33%, 6), 'other ineffective communication' (28%, 5) and 'inappropriate written or verbal communications' (28%, 5).

The majority (80%) of inappropriate verbal or written communications at the INV stage related to rude, inappropriate or offensive statements or language towards a service user or carer.

18% (19) were classified at the FH stage. The majority of these related to allegations of 'inappropriate verbal or written communications' (55%, 10), followed by allegations relating to information sharing (4) and breach of confidentiality (3).

The majority (50%) of inappropriate verbal or written communications at the FH stage related to sexual statements or language towards service users or colleagues.

Behaviour

This relates to allegations about a registrant's behaviour (the way in which they act and conduct themselves).

The majority of allegations relating to behaviour were classified by the CRT team (51, 56%). Both the INV and FH stages classified 20 allegations relating to behaviour (22%).

Across all stages, the most common allegations within behaviour relating to registrant's failure to be open and honest. This accounted for 41% (21) of CRT, 45% (9) of INV and 75% (15) of FH behaviour allegations.

This was followed by:

- At the CRT stage, allegations of aggressive or intimidating behaviour (13) and bullying and harassment (6).
- At the INV stage, allegations of bullying and harassment (4) and aggressive or intimidating behaviour (2).
- At the FH stage, allegations relating to alcohol and drugs (2) and aggressive or intimidating behaviour (1).

At the CRT stage, the most common reason for failure to be open and honest was 'lying to legal or other state authorities', followed by 'lying or misleading team members about actions or omissions in care of service users' and 'failure to declare cautious / convictions'.

At the INV stage, the most common reason for failure to be open and honest was 'lying, misrepresentation or deceit regarding experience, qualifications and skills'.

This was followed by ‘failure to be open and honest during investigations into serious adverse events or serious errors’ and ‘failure to declare cautions / convictions’.

At the FH stage, the most common reason for failure to be open and honest was ‘lying to or misleading team members about actions or omissions in care of service users’, followed by ‘lying, misrepresentation or deceit regarding experience, qualifications and skills’ and ‘failure to declare cautions / convictions’.

Criminal matters or conduct

These are concerns about criminal convictions, cautions and conduct that would or could be unlawful if proved to be true.

The majority of criminal allegations were classified at the FH stage (46%, 21), followed by the INV stage (30%, 14) and the CRT stage (24%, 11).

The top three allegations at the FH stage were motoring offences (33%, 7), violence, assault and unlawful killing offences (24%, 5) and sexual offences (14%, 3).

The top three allegations at the INV stage were motoring offences (64%, 9), drug offences (14%, 2) and sexual offences (14%, 2).

The top three allegations classified at the CRT stage were financial related offences (27%, 3), drug offences (9%, 1) and motoring offences (9%, 1).

Raising concerns, complaints, safeguarding and risk management

This relates to concerns where it is alleged that a registrant has failed to appropriately raise and handle concerns and manage risk to service users.

The majority of these concerns were classified at the CRT stage (55%, 22), followed by the INV stage (28%, 11) and FH stage (18%, 7).

At the CRT stage, the majority of allegations related to putting the safety or wellbeing of others at unacceptable risk (45%, 10), followed by safeguarding (18%, 4) and failure to manage foreseeable risks to service users, their carers or colleagues (14%, 3) or failure to report a serious adverse events or errors in care or treatment (14%, 3).

At the INV stage, the majority of allegations related to either safeguarding (36%, 4), risk assessments (27%, 3) or failure to manage foreseeable risks to service users, their carers or colleagues (18%, 2) or failure to report a serious adverse events or errors in care or treatment (18%, 2).

At the FH stage, concerns related to either risk assessments (57%, 4) or safeguarding (43%, 3).

Record keeping

The number of record keeping allegations was equally split across the three stages (with 19 closed at both CRT and INV stage, and 18 closed at FH stage).

The majority of record keeping allegations at each stage related to failure to keep full, clear and accurate records (63% at CRT and INV and 78% at FH).

Professional boundaries

This relates to concerns where it is alleged that a registrant has breached professional boundaries with a service user or carer. These can either be classified as:

- Abuse of position: where a registrant takes advantage of the power imbalance between them and their service user for their own personal advantage; and

- Inappropriate or sexual relationships: where a registrant has used their position as a registered professional to pursue an inappropriate relationship with a service user or carer.

We received a total of 20 allegations regarding professional boundaries, half of which were closed at the CRT stage. 4 were then closed at INV, followed by 6 at FH.

At the CRT stage, 6 of these allegations related to inappropriate relationships and 4 related to abuse of position. The breakdown was:

- Inappropriate personal relationship with a service user or carer (5)
- Sexual relationship with a service user or carer' (1)
- Misleading service users and carers (1)
- Financial abuse of a service user or carer (1); and
- Other abuse of position (2).

At both the INV and final hearing stage, allegations were split 50:50 between inappropriate relationships and abuse of position, with 2 and 3 respectively each.

At the INV stage, the breakdown was:

- Inappropriately contacting a service user or carer in a non-professional capacity (1)
- Inappropriate personal relationship with a service user or carer (1)
- Other abuse of position (2)

At the FH stage, we received an allegation for each of the Tier 3 allegations within the professional boundaries section.

Health

We only received 9 allegations during the reporting period which related to health. The majority (5) were closed at the CRT stage, and 2 were closed at both INV and FH stages.

Mental health was the most common allegation across all three stages (5, 3 at CRT, 1 at INV, 1 at FH), followed by alcohol dependency (2, 1 at CRT, 1 at FH) and drug dependency (2, 1 at CRT and 1 at INV).

We received no allegations during the reporting period relating to physical health.

HCPC / regulatory issues

These are concerns about a registrant's compliance with HCPC registration requirements and with our fitness to practise processes. There were only 4 cases reported under this classification within the reporting period, 2 of which were at FH stage and 1 respectively at the INV and CRT stage.

At both the CRT and INV stage, this related to 'failure to meet other registration requirements'. At the FH stage, 1 allegation also related to 'failure to meet other registration requirements', whilst the other regarded 'fraudulent or incorrect entry to the Register'.

Classification breakdown: case teams

The three highest classifications closed at CRT were:

1. Matters not for further investigation (109) - Because of a disagreement with the registrant's decision/report or expert evidence (58), low level communication from the registrant (18); and employment, contractual or business dispute (9).

2. Communication and information sharing (67) - Due to breach of confidentiality (23), other ineffective communication (22) and inappropriate written or verbal communications (11).

3. Behaviour (51) - Because of failure to be open and honest (21), aggressive or intimidating behaviour (13), and bullying or harassment (6).

The three highest classifications closed at the Investigations stage (INV) were:

1. Professional practice (29) – Because of care and treatment allegations (11), failure to demonstrate the knowledge or proficiency appropriate to experience (9), medicines and prescribing (3) and other professional responsibilities (3).

2. Behaviour (20) - Failure to be open and honest (9), bullying and harassment (4), and aggressive and intimidating behaviour (2)

3. Communication and information sharing (18) – Breach of confidentiality (6), inappropriate written or verbal communications (5) and other ineffective communication (5).

The three highest classifications closed at the Final Hearing stage (CPC) were:

1. Professional practice (49) - Due to care and treatment (46), failure to demonstrate knowledge or proficiency appropriate to experience (2), and medicines and prescribing (1).

2. Criminal matters or conduct (21) - Which includes motoring offences (7); violence, assault and unlawful killing offences (5), and financial related offences (2).

3. Behaviour (20) - Due to failure to be open and honest (15), alcohol and drugs (2) and aggressive or intimidating behaviour (1), and touching or physical contact (1).

Allegation count by top three professions per team

The allegation count by top three professions had a total of 340 classifications. (Figure.3)

The three highest professions at the CRT stage were:

1. Social Workers (169 cases, 220 allegations) – Top 3: Matters not for further investigation (64), communication and information sharing (47) and behaviour (37).

2. Practitioner Psychologist (37 cases, 49 allegations) – Top 3: Matters not for further investigation (26), communication and information sharing (9), and professional practice (5).

3. Paramedic (17 cases, 23 allegations) – Top 3: Professional practice (8), matters not for further investigation (5), and behaviour (4).

The three highest professions at the INV stage were:

1. Social Worker (35 cases, 51 allegations) – Top 3: Record keeping (10), communication and information sharing (10), and professional practice (9).

2. Paramedic (18 cases, 27 allegations) – Top 3: Professional practice (9), behaviour (7), and = communication and information sharing (3) and record keeping (3).

3. Physiotherapist (6 cases, 11 allegations) – Top 3: Criminal matters or conduct (4), record keeping (3), and communication and information sharing (2).

The three highest professions at the FH stage were:

1. Social Worker (41 cases, 68 allegations) – Top 3: Professional practice (23), record keeping (10), and = behaviour (9) and communication and information sharing (9).

2. Paramedic (11 cases, 16 allegations) – Top 3: Criminal matters and conduct (5), professional practice (5), and communication and information sharing (3).

3. Occupational Therapist (6 cases, 8 allegations) – Top 3: Professional practice (2), criminal matters and conduct (2), and record keeping (2).

Next steps

This paper provides an early snapshot of the range of data we will be able to report on using the new case classification framework.

At this stage, the small reporting period means it is difficult to draw any firm conclusions or findings. However, we will continue to review this data over the upcoming months.

With the introduction of the new Data and Intelligence team, we will be able to expand our reporting capabilities in this area and use this to drive new content regarding our policies and standards, and our prevention agenda.

Tier 1	Tier 2	Tier 3
Behaviour	Aggressive or intimidating behaviour	Aggressive or intimidating behaviour towards a service user or carer
		Aggressive or intimidating behaviour towards a colleague
		Aggressive or intimidating behaviour towards others outside of the workplace
		Other
		X Find violent offences under ‘criminal matters or behaviour’ and rude, inappropriate, offensive or sexual statements under ‘inappropriate written or verbal communications’ X
	Alcohol and drugs	Consumption of alcohol on-duty
		Presenting as under the influence of drugs at work
		Presenting as under the influence of alcohol at work
		Smelling of drugs or alcohol at work
		Use of drugs on-duty
		X Find drugs and driving offences under ‘criminal matters or behaviour’ X
	Bullying and harassment	Bullying of a colleague
		Bullying of a service user or carer
		Harassment of a colleague
		Harassment of a service user or carer
		Harassment of others outside the workplace
		Other
		Sexual harassment of a colleague
		Sexual harassment of a service user or carer
		Sexual harassment of others outside the workplace
	Discrimination	Discrimination on the basis of protected characteristics against service users, carers or colleagues
		Discriminatory or hateful expression

		Failure to challenge discrimination by colleagues
		Other discrimination or unreasonable bias
	Failure to be open and honest	Failure to be open and honest during investigations into serious adverse events or serious errors in care or treatment
		Failure to declare actions or findings by another regulator
		Failure to declare compromised health
		Failure to declare issues that might create a conflict of interest
		Failure to declare restrictions, suspensions or dismissals by an employer
		Failure to declare cautions / convictions
		Failure to ensure that promotional activities are accurate and not likely to mislead
		Falsifying expenses, timesheets, sick leave or other claims
		Lying to legal or other state authorities
		Lying to or misleading team members about actions or omissions in care of service users
		Lying, misrepresentation or deceit regarding experience, qualifications and skills
		Other lying, misrepresentation or deceit'
		X Find failure to report a serious error in care or treatment under 'raising concerns…' X
	Touching or physical contact	Inappropriate physical contact with a colleague
		Inappropriate physical contact with a service user or carer
Communication and information sharing	Breach of confidentiality	Inappropriate access or processing of confidential information
		Inappropriate disclosure of confidential information
		X Find failure to keep records secure under 'record keeping' X
	Inappropriate written or verbal communications	Rude, inappropriate or offensive statements or language towards a service user or carer
		Rude, inappropriate or offensive statements or language towards a colleague

		Sexual statements or language towards a colleague
		Sexual statements or language towards a service users or carer
		Verbal abuse towards a colleague
		Verbal abuse towards others outside of the workplace
		Verbal abuse towards a service user or carer
	Information sharing	Failure to appropriately involve service users and carers, in a service user's care treatment or other services
		Failure to appropriately share accurate and relevant information with colleagues
		Failure to provide accurate and relevant information to service users and carers
	Other ineffective communication	
	Unprofessional conduct on social media	
Criminal matters or conduct	Drug offences	Possession
		Supply
		X Find prescription fraud under 'medicines and prescribing' Possession X
	Female Genital Mutilation (FGM)	Failure to report FGM
		Performing FGM
	Finance related offences	Fraud
		Misuse of corporate funds
		Other
		Tax avoidance

		Theft
		X Find financial abuse of a service user under 'abuse of position' X
	Motoring offences	Dangerous driving
		Dangerous driving on duty / in a work vehicle
		Death by dangerous driving
		Driving under the influence
		Driving under the influence on duty / in a work vehicle
		Other
		Speeding
	Other	
	Pornography	Accessing pornography in the workplace
		Accessing, making or distributing indecent images of children
		Other
	Sexual offences	Grooming
		Other
		Rape (of an adult)
		Rape (of a minor)
		Sexual abuse of a minor - non-service user
		Sexual abuse of a minor - service user
		Sexual assault of an adult - non-service user
		Sexual assault of an adult - service user
		X Find other concerns about inappropriate touching, physical contact and relationship under 'professional boundaries' X
	Violence, assault and unlawful killing offences	Common assault to colleague
		Common assault to other
		Common assault to service user
		Gross negligence manslaughter
		Manslaughter

		Murder
		Other
		Serious assault
		X Find other concerns about aggression and intimidation under 'behaviour' X
HCPC / regulatory issues	Failure to comply with a Committee Order	
	Failure to co-operate with investigations into conduct or competence	Failure to co-operate with investigations into your conduct or competence
		Failure to co-operate with investigations into the conduct or competence of others
	Failure to keep skills and knowledge up-to-date (including CPD)	
	Failure to meet other registration requirements	
	Falsification of CPD	
	Fraudulent or incorrect entry to the Register	
	Practising without an appropriate indemnity arrangement	
Health	Alcohol dependency	
	Drug dependency	
	Mental health	
	Physical health	
Matters not for further investigation	Threshold test	Customer service issues not impacting on service user care
		Disagreement with a Personal Independence Payment (PIP) assessment completed by a registrant
		Disagreement with the registrant's professional decision/report or expert evidence
		Employment, contractual or business dispute
		Low level communication issue

		Managed health condition
		Minor motoring offences (parking, FPNs)
		Private family or personal disputes or civil matters
		Protected caution or conviction
	Triage stage	Complaint about an organisation in general
		Complaint about fees or charges
		Complaint about level of service provided by an organisation or a registrant's private practice.
		Complaint about social care arrangements or clinical care plans
		Complaint about the decisions made by another organisation
		Concerns have already been investigated by the HCPC
		Professional not registered with the HCPC
		Registrant has been struck off
		Relates to the complaint handling of another organisation
Other	Created in error	
Professional boundaries	Abuse of position	Financial abuse of a service user or carer
		Influencing care or treatment decisions for personal reasons
		Misleading service users and carers
		Other
	Inappropriate relationships	Inappropriate personal relationship with a service user or carer
		Inappropriately contacting a service user or carer in a non-professional capacity
		Sexual relationship with a service user or carer

Professional practice	Acting beyond skills, knowledge and experience	
	Care and treatment	Failure to act in an emergency
		Failure to appropriately address the needs or concerns of a service user or carer
		Failure to appropriately obtain informed consent
		Failure to appropriately refer a service user to another practitioner
		Failure to assess a service user
		Failure to follow care plan
		Failure to perform tests or interventions
		Failure to respect privacy and dignity of service users
		Failure to review or follow-up a service user
		Ignoring needs or requests of a service user or carer
		Inadequate review or follow-up of a service user
		Inappropriate discharge of a service user
		Inappropriate exposure to radiation
		Inappropriate treatment decision
		Incorrect diagnosis or failure to diagnose
		Incorrect interpretation or reporting of test results
		Incorrect or inadequate assessment of a service user
		Incorrect or inadequate performance of tests or interventions
		X Find medicines and prescribing concerns under 'medicines and prescribing' X
	Failure to demonstrate knowledge or proficiency appropriate to experience	
	Medicines and prescribing	Error in supply or administration of medicines
		Failure to follow controlled drugs procedures
		Failure to supply, administer or prescribe medicines
		Inappropriate prescribing decision

		Prescribing error
		Prescribing without the relevant legal and regulatory entitlements
		Prescription fraud
		Supplying or administering medicines without the relevant legal and regulatory entitlements
		Theft or misappropriation of drugs from the workplace
		Unsafe or inappropriate disposal of medicines
		Unsafe or inappropriate storage and transportation of medicines
		X Find failure to report a serious error in care or treatment under 'raising concerns…' X
	Other professional responsibilities	Failure to appropriately maintain clinical equipment or supplies
		Failure to keep up to date with and follow the law, HCPC guidance and local or other requirements
		Failure to work autonomously and independently
		Poor case progression
		Poor time management skills
		X Find CPD and registration requirements under 'HCPC / regulatory issues' X
	Supervision, delegation and team working issues	Failure to follow instructions from management or seniors
		Failure to obtain senior authorisation for actions
		Failure to provide appropriate supervision to colleagues
		Failure to secure appropriate supervision
		Failure to work within a multi-disciplinary team
		Inappropriate delegation
Record keeping	Failure to complete records promptly	
	Failure to keep full, clear and accurate records	
	Failure to keep records secure	Loss or misfiling of records

		Other
		Records taken into personal possession
	Falsification of records	
Raising concerns, complaints, safeguarding and risk management	Complaint handling	Failure to appropriately support service users and carers who want to raise complaints
		Failure to offer a helpful and honest response to a complaint from a service user or carer
	Failure to manage foreseeable risks to service users, their carers or colleagues	
	Failure to report a serious adverse events or errors in care or treatment	
	Putting the safety or wellbeing of others at unacceptable risk	Placed colleague at risk
		Placed service users or carers at risk
	Risk assessments	Failure to complete an adequate risk assessment
		Failure to complete risk assessment
	Raising concerns	Failure to recognise or report concerns promptly and appropriately
		Failure to support, follow up or escalate concerns
	Safeguarding	Failure to appropriately respond to a safeguarding alert
		Failure to put in place adequate safeguarding arrangements
		Failure to recognise or report safeguarding concerns
	Working excessive or unsafe hours	