# Safeguarding & Story Criticality

Before we start...

- Recording
- Camera & Mic
- Live Captions
- PowerPoint Live
- Post session email

# What we'll cover

**Care Opinion**
What's your story?

## Part 1 - Story Criticality

- What is story criticality?
- How do we assign it?
- Why do we assign it?
- How criticality impacts our moderation actions

## Part 2 - Safeguarding

- How do we identify safeguarding concerns?
- Our safeguarding process
- Potential actions we may take
- Record keeping & communications

## Part 3 - Discussion

An opportunity to ask your questions

# Meet your speakers



**Sarah**
Associate Director of
Service Quality
&
Senior Moderator

**Tim**
Head of Partnerships and
Safeguarding
&
Senior Moderator

**Danielle**
Senior Engagement &
Support Officer
&
Moderator

Care Opinion
What's your story?

# Part 1
# Moderation & Assigning Criticality

# Aim of moderation

We have **four aims** which guide our moderation at Care Opinion:

❖ Enable a clear, timely, public, constructive conversation about care

❖ Make giving feedback safe and easy for patients, service users and carers

❖ Encourage authentic feedback, based on personal experience

❖ Treat staff legally and fairly

**R** Story Review  →  **M** Moderation  →  **C** Criticality Assigned  →  **P** Story Published

Moderator **refers story to senior moderator** for review

Senior moderator gives advice:

- **Edit** the story
- Advises on criticality
- **Contact** the author for more info/advice
- Manage the story themselves (**safeguarding**)

If story assigned a **criticality of 4 or above**:

- Moderation paused
- Moderator refers story to CO support lead
- CO support lead contacts local organisational lead
- Provides advance notice of publication
- Signposting may be sent to the author
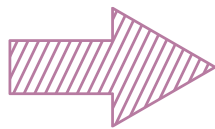
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# Story Criticality



Each moderated story is given a "**criticality score**" to help staff quickly identify those requiring **urgent attention or escalation.**
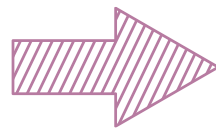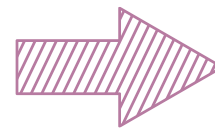
0 **Not critical**  ➡  1  ➡  2  ➡  3  ➡  4  **Severely critical (rare)** 5

❗ Stories rated with a criticality score of **4 or 5** are held from immediate publication. CO leads receive **advance notice of publication** (timing may vary), so they can work with the service to **prepare an appropriate response**.

| ✅ What a criticality score is... | ❌ What a criticality score is not... |
|---|---|
| The criticality score was **created by Care Opinion** | It is *not* **based on any framework** or care principles |
| It is assigned by the moderator, *not* **by the author** | It is *not* **the story author's own "rating" of a service** |
| It is focused on the **most negative statement made**, *not* on the story "as a whole" | It is *not* **Care Opinion's assessment of service quality** |
| It is assigned to help staff quickly identify stories requiring **urgent attention or escalation** | It is *not* **the "average" sentiment** of a story based on all the statements it contains |
| **One criticality score is assigned per story**, regardless of the number of services mentioned | ⚠️ It is *not* **made public** to authors and is available only to logged-in staff users. |

# How we assign criticality

## 0
- Story is entirely positive, no critical comments made

## 1
- Negative feedback about non-clinical aspects like food, parking, or cleanliness, and care experience issues such as facilities, privacy, or nutrition

## 2
- Issues in care like staff rudeness, poor communication, or lack of compassion, where there's no clear impact.

- Comments on negative staff behaviour

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# How we assign criticality

**3**
- Shortcomings in clinical care
- Waiting for treatment, care, referral or assessment
- Care needs not met
- Unable to access a service

**4!**
- Clear harm or high risk to health due to poor or absent care, especially for vulnerable individuals.
- Shows how poor care affected the author, through one or multiple detailed events.

**5!**
- Story alleges serious wrongdoing by named staff or organisations.
- Describes seriously negligent actions. Must be based on clear evidence, not speculation.

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# Criticality snapshot

**From 1st October 2024**

Care Opinion — What's your story?



Criticality 0
Criticality 1
Criticality 2
Criticality 3
Criticality 4
Criticality 5

# Criticality re-cap

❖ Criticality **highlights stories which may need urgent attention** or escalation

❖ Criticality is **not our assessment** of the service, staff or care delivered

❖ Criticality is **not made public** to authors or anyone outside of your subscription

❖ You can easily **run reports & visualisations** on stories based on their criticality – this can be

helpful when evidencing changes you've made

❖ Care Opinion uses criticality to provide subscribers with **extra responding support**

# Your questions

# Part 2
## Safeguarding

**Story read by First Line Moderator**

→
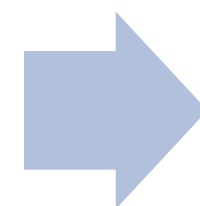
**Referred to Second Line for discussion**

→

**Involvement of Safeguarding lead**

- **Stories in queue read in date order – oldest first**
- **Queue scan feature**
- **Warning terms feature**

- **Senior moderators with many years experience, make discussions on any critical stories**

- **Safeguarding lead with deputy**
- **All second line staff can act on SG stories in their absence**

**\*\*Moderators at every level have appropriate safeguarding training**

1st Line Moderator flags safeguarding posting.

Safeguarding Lead and/or Senior Moderators assess posting

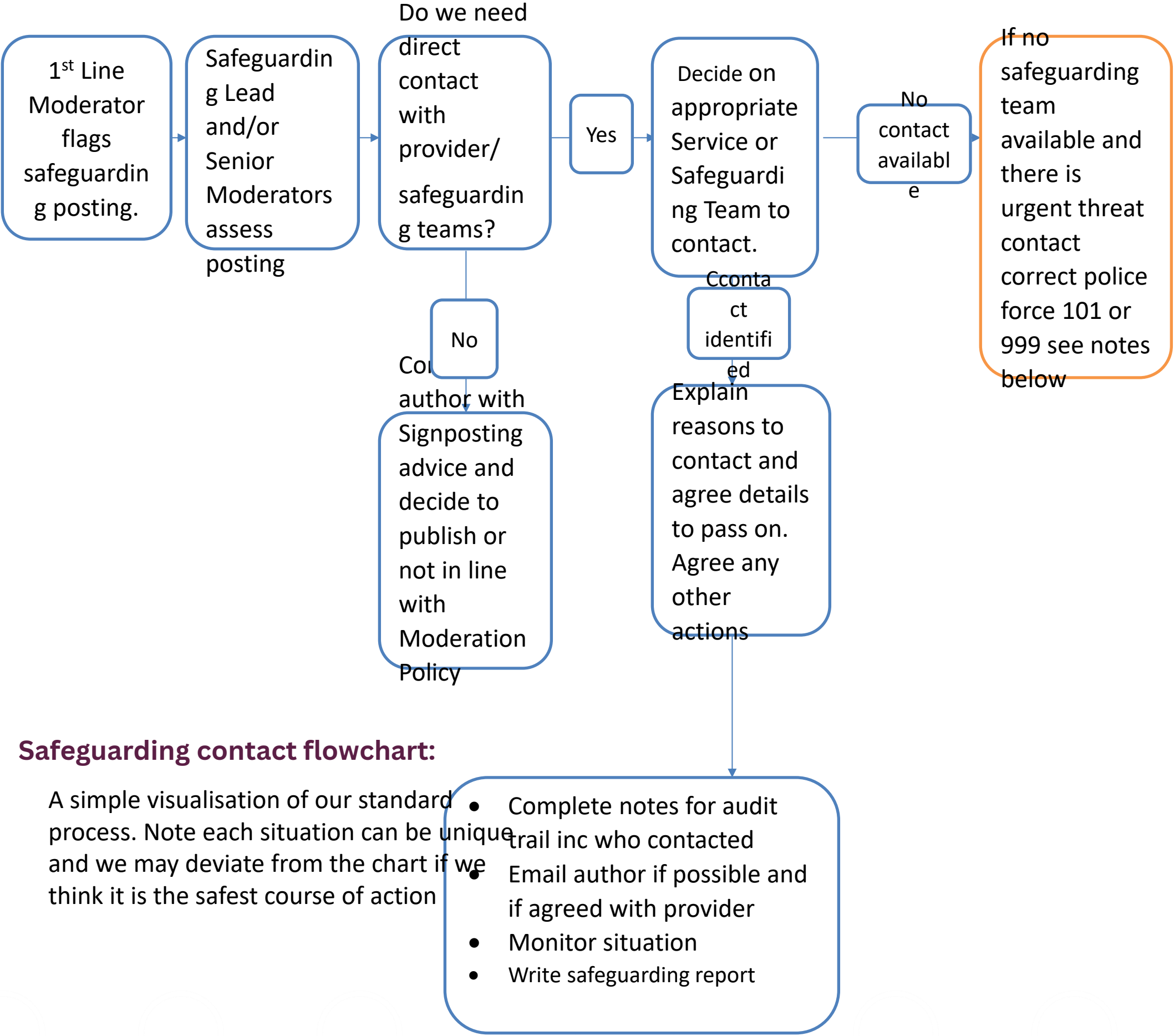Do we need direct contact with provider/ safeguarding teams?

Yes

Decide on appropriate Service or Safeguarding Team to contact.

No contact available

If no safeguarding team available and there is urgent threat contact correct police force 101 or 999 see notes below

No

Contact author with Signposting advice and decide to publish or not in line with Moderation Policy

Ccontact identified

Explain reasons to contact and agree details to pass on. Agree any other actions

**Safeguarding contact flowchart:**

A simple visualisation of our standard process. Note each situation can be unique and we may deviate from the chart if we think it is the safest course of action

- Complete notes for audit trail inc who contacted
- Email author if possible and if agreed with provider
- Monitor situation
- Write safeguarding report

# Some questions we need to consider….

- Does posting have content indicating safeguarding concerns for the author or any other individual
- Does posting indicate a threat to a staff member or serious allegations about a staff member
- Can the author raise these concerns themselves with the relevant staff/organisation(s)
- Degree of vulnerability i.e. Is the author or the patient in third party in contact with services who have primary responsibility for meeting needs

# Potential courses of action

- Signpost author to local or national organisations
- Signpost author to a person in the subscription (we ask you who this should be)
- Send un-edited story to you, and potentially break confidentiality of author, so you can provide support to the person
- Publish story to allow quick response to author from you
- If organisation does not subscribe to Care Opinion, find local SG detail
- In rare cases, contact the police
- Story might be published or it might be rejected once case is "closed"

# Supporting our moderators

Each story is moderated by a real person with lived experience. While you see the moderated version, our team works with the original, which may contain distressing content or personal triggers. Occasionally, a story can't be published, so it's only seen by our moderation team

As an organisation, we're committed to supporting our staff in this work and ensuring they can safeguard their own mental health while moderating these stories. Here's a few ways that we do this:

- Staff aren't expected to moderate stories that feel emotionally overwhelming for them
- Senior moderators are always available to help with challenging edits
- If a story has been distressing, we encourage a post-support chat to reflect and decompress

**Your questions**

# Extra Resources

[How we moderate | Care Opinion](#)

[Understanding criticality | Care Opinion](#)

[How we deal with concerns about vulnerable people | Care Opinion](#)

[Moderation principles | Care Opinion](#)

[Safeguarding flowchart | Care Opinion](#)