

6 Large Scale Investigations (LSI)

Glossary

Host Authority – The Local Authority or Health Authority in the area where the alleged abuse occurred.

Placing Authority – The Local Authority or Health Authority that has commissioned the service for an individual involved in a safeguarding adults allegation.

6.1 Definition

6.1 A Large Scale Safeguarding Adults investigation would take place when:

- a number of adults at risk have allegedly been abused resulting in significant harm or there is potential for significant harm (regardless of funding arrangements e.g. includes self-funders) . This could include people within a provider service or a group of individuals being allegedly abused by an individual or individuals.
- patterns or trends of alleged abuse are emerging (e.g. from safeguarding or contract and commissioning data)

6.2 An Exceptional Large Scale Investigation is as above and has some or all of the following additional factors:

- Potential for media interest
- High volume and severity of risk
- Culture of dangerous practices
- The need for high level coordinated response
- Single or several people/organisations with significant power and authority to cause considerable harm

For example: Dr Shipman, Winterbourne View, Jimmy Savile etc.

6.3 See appendix 1 for further clarification of the difference between quality and contract monitoring concerns, large scale investigations and exceptional large scale investigations. Decisions about whether large scale investigation procedures will be invoked will be based on the professional judgement of the relevant manager (See local guidance).

6.4 The management of Large Scale Investigations will be determined at local level, however exceptional large scale investigations will need to be managed at a higher level which will be determined locally according to the circumstances of the case.

6.5 Although Large scale investigations are predominantly undertaken in relation to service providers e.g. residential and nursing homes, hospitals, domiciliary care agencies, i.e. institutional abuse (see 3.10 West Midlands

Policy and Procedures, 2012) e.g. Winterbourne View, there can be cases of multiple alleged abuse by an individual or individuals with potentially equally serious consequences e.g. Dr Shipman and Jimmy Savile.

1. Purpose

The purpose of a Large Scale Investigation is to:

- Ensure the safety and well-being for all adults at risk involved individually and collectively.
- Arrange and coordinate a multi-agency investigation to reduce risk of harm and protect adults at risk.
- To focus on the investigation of the alleged abuse. Other aspects of unsafe practice will be addressed by other processes e.g. contract quality monitoring.

2. Roles and responsibilities

3.1 Large Scale investigations may involve a wide range of organisations and a number of individual Safeguarding Adults processes and investigations. They can also often cross local authority boundaries (see Section 4.19.5, West Midlands Policy and Procedures) and may involve services that are not commissioned by health or social care. It is therefore crucial such processes are tightly coordinated and managed.

The different roles and responsibilities of some key organisations are detailed below:

3.2 The Host Authority will have overall responsibility for coordinating the safeguarding adult investigation and for ensuring clear communication with all placing authorities, especially with regards to the scheduling of meetings.

3.3 The Placing Authority will have a continuing duty of care to their adult at risk of harm. They will contribute to the investigation as required, and retain overall responsibility for the individual they have placed.

3.4 People at risk of harm, family and friends and their advocates. The West Midlands Safeguarding Adults policy and procedures details the role of the adult at risk, family and friends and advocates in sections 2.5.1, 2.5.2 and 2.5.3 of the procedures section. In large scale investigations there is an added dimension in that if the investigation relates to a provider providing services to a group of people some of those individuals may not be subject to abuse. However, they may need to be informed of the wider issues so they can make informed judgments about their own service.

3.5 Commissioners (Health or Local Authority)

All Commissioners must ensure through contracts and service specifications, or service level agreements that the provider, has arrangements in place for protecting adults at risk of harm and for managing concerns, which are compliant with local (host authority) multi-agency safeguarding adults policy and procedures. Placing commissioners must ensure that arrangements are in place for ongoing contract monitoring and review.

In cases where a service is not commissioned by Health or Social Care an agreement must be reached at the outset of the process on which commissioners will take responsibility for overseeing the service. For example in a private hospital the host health commissioner will take the lead and for residential or domiciliary care the host local authority will take the lead.

See local guidance for any templates for reports from commissioners.

3.6 The Police are responsible for the investigation of crimes, securing and preserving evidence. They will interview alleged victims, the persons allegedly causing harm and any witnesses.

3.7 The Care Quality Commission's (CQC) responsibility is to ensure compliance with relevant legislation and minimum standards and take appropriate action in relation to non-compliance.

3.8 NHS

NHS providers have a responsibility to participate and co-operate with any investigations and to provide appropriate information as requested by the Investigation Officers in a timely manner.

3.9 Service Providers

There are different types of large scale abuse e.g. where the organisation as a whole is alleged to have abusive care practices or where individual members of staff are alleged to have caused harm to a number of people. On a case by case basis a decision must be made on who, how and when the provider or individuals alleged to have caused harm will be notified of the allegations against them. This is to ensure a fair right of reply as part of the large scale investigation process. Organisations also have a proactive role in the development and implementation of protection plans for adults at risk and improvement plans for the Service.

3.10 Other agencies, organisations and other Local Authority Departments that may be involved in Large Scale Investigations include:

- Health representatives – such as GP, District Nurses etc.
- The Coroner,
- Care Contracts Manager & the service contract monitoring officer,
- Specialist professionals such as Tissue Viability Nurse, Medicines Management, Infection Control etc.
- Health and Safety officers,
- Advocates and/or Independent Mental Capacity Advocates,
- Department of Work and Pensions,
- Environmental Health and Trading Standards,
- Fire or Ambulance Service and
- Housing organisations.

This list is not exhaustive and the roles and responsibilities of those involved will need to be agreed as part of any Large Scale Investigation.

3.11 Person or Persons alleged to have caused harm

On a case by case basis a decision must be made on who, how and when the person or persons alleged to have caused harm will be notified of the

allegations against them. They have a right to a fair opportunity of reply as part of the safeguarding adult's process. If there is a criminal investigation police advice must be sought before any contact is made.

3. Timescales

Investigations for individuals involved must keep to the timescales within the West Midlands procedures.

A Large Scale Strategy meeting should be convened in relation to the risk no later than 10 working days from when the need for a LSI is identified. This timescale can be extended if there are good reasons for the delay which are evidenced in recording.

It is important that the Host Authority monitors the process and timescales and should not go more than 20 working days from the strategy meeting without liaison with the key people identified at that strategy meeting to ensure investigations are progressing appropriately.

A case conference should be convened no later than 10 working days from the completion of the investigation. If however there are justified reasons for delaying the case conference these should be recorded and an appropriate date set.

A large scale investigation will only be closed when there is multi-agency agreement that there is evidence the risk of harm has been reduced and the service is operating safely.

If a review is required this should be undertaken within a maximum of 60 working days. Timescale to be determined at the case conference.

4. Process

5.1 Decision making, coordination and management of large scale investigations will be determined by local procedures.

To determine if a large scale investigation is required the following is to be considered:

- Does it meet the Large Scale Investigation definition?
- Can the concerns be investigated through individual safeguarding procedures?
- Is it more appropriate to be managed through an alternative process e.g. contract monitoring, care management reviews?
- Is more complex coordination and planning required?

See Appendix 1 for the criteria for large scale investigations.

5.2 Before the strategy meeting the following will apply.

Careful co-ordination and planning is required as soon as the need for a Large Scale Investigation is identified.

The following will be considered:

- Consultation with the Police about possible criminal implications
- The need for a communications strategy including who will be the single point of contact
- Any urgent actions to safeguard adults currently at risk must take place immediately and not wait for the strategy meeting.
- What information will be immediately shared with providers to enable them to
 - a. protect adults at risk in their care
 - b. take appropriate employment action if required
 - c. have the opportunity to respond to any allegations
- Whether the use of the services should be temporarily suspended for new users whilst further information is gathered through the LSI process

Individual investigations should not be delayed whilst waiting to convene a Large-Scale Strategy Meeting

Where there are safeguarding concerns about specific individuals a safeguarding adult's alert must be opened for each individual.

5.3 Planning a Large Scale Strategy meeting

- Organise a Large Scale Strategy Meeting within a maximum of 10 working days from the date that the need for a large scale strategy meeting is identified. The timescale will be determined by the perceived level of risk.
- Identify who needs to be involved, which agencies and placing authorities and in what capacity e.g. attendance at meeting, submission of report or for information only
- Consider who would not be involved following legal and police advice (e.g. person alleged to have caused harm if involving them would contaminate a police investigation)
- Identify who will be responsible for chairing meetings and taking the minutes. Exceptionally Large Scale Investigators will be chaired by Senior Managers (see local procedures).
- Consider other policies and procedures to be taken into consideration. For example: Emergency procedures, Person in Position of Trust,

ADASS Out-of-Area Safeguarding Adults Arrangements etc.

- Work to an agreed agenda (see any local templates)
- Consider the best way to involve the provider in the Large Scale process. Think about:
 1. Who is the most appropriate person or people to represent the provider depending on the allegation?
 - the manager of the service provider
 - the senior/regional manager
 - the owner

NOTE: in rare circumstances it may not be appropriate to invite the provider. In such cases legal advice should be sought to ensure the rights of providers are upheld.

2. How the service provider will be involved in the strategy meeting:
 - invitation to the full strategy meeting
 - invitation to part of the strategy meeting
 - a separate meeting with the provider to discuss allegations

If the meeting is undertaken in two parts then minutes must reflect the different discussions and attendees should only receive minutes for the part which they attended.

5.4 The Large Scale Strategy Meeting

The meeting will begin with attendees signing a confidentiality agreement and signing in sheet (see any local templates for an example).

The strategy meeting will:

- Share the concerns and allegations
- Share general knowledge concerning the provider/person/s causing harm
- Share information from the provider if appropriate
- Consider what information will be shared with the person/persons alleged to have caused harm
- Clarify adults at risk affected

- Assess the immediate risk of harm to current users of the service and determine if any immediate actions are required which will include:
 - Individual protection plan actions
 - Actions for provider
- Agree terms of reference for the large scale investigation so it is manageable and achievable see any local guidance.
- Receive a report (see local template) from the lead commissioner/ quality monitoring officer. To assist in making a decision about a recommendation of a temporary stop on using the service whilst the investigation takes place see local procedures
- Consider again other policies and procedures to be taken into consideration. For example: Emergency procedures, Person in Position of Trust, ADASS Out-of-Area Safeguarding Adults Arrangements etc.
- Identify roles and responsibilities and resources required for undertaking the investigation i.e. the coordinating investigator from the host authority and identified point of contact/investigator from partners and any other staffing or resources required.
- All those tasked with undertaking part of the investigation must complete a report (see local templates) which must be received at least 24 hours before a case conference,
- Assign tasks to the placing authority and partners as appropriate with timescales for completion and arrangements for sharing of any information
- Ensure there is a clear communications strategy which will include communication with:
 - All service users, families, carers and advocacy services (including Independent Mental Capacity Advocate (IMCA) services where appropriate).
 - Service Provider
 - Person/persons alleged to have caused harm
 - Identify designated person within the key organisations who will be the single point of contact for their organisation
 - Agree how other placing authorities, (i.e. of individuals not identified as alleged victims) will be informed of the concerns raised and who will do this.
 - Agree how commissioners of the service – including specialist commissioners will be informed of the concerns and who will do this.
 - Consideration needs to be given about media interest and briefing Communications Team, relevant senior managers and legal representatives
 - Consideration needs to be given to informing risk and insurance if appropriate

- This communication strategy must be reviewed regularly.

Minutes of the meeting will be taken and shared with participants and those who were invited and unable to attend. See local template. If the meeting is undertaken in two parts then minutes must reflect the different discussions and attendees should only receive minutes for the part which they attended.

- Share the minutes with CQC when the allegations involve a regulated service, even if CQC does not provide a representative to attend the meeting.
Consider if major incident procedures are invoked what contingency plans are required.
- Consider contingency plans should the situation deteriorate.

5.5 Investigation

Large scale investigations may require a number of organisations/people to carry out investigations/enquiries appropriate to their role. See local template for example investigation report.

This will require robust management and coordination by the Chair. Such investigation/enquiries could include the following:

- Individual service user investigations as per West Midlands procedures
- Police investigation into possible criminal offences
- CQC inspections
- Care contract monitoring
- Investigation into financial viability and sustainability of a provider
- Health care assessment e.g. pharmacy, Continuing Health Care, tissue viability involvement.
- Meetings individually or collectively with users, and or relatives or advocates
- Assessment/reviews of users by placing authorities Social Care or Health)
- Service Provider enquiries or response to allegations

Due to the complex and wide ranging nature of large scale investigations it is likely these investigations will take some time. To ensure investigations are progressing in line with the terms of reference, additional large scale meetings, and or agreed feedback mechanisms/communication strategies may be required.

5.6 Following completion of a large scale investigation

When the large scale investigation is completed a large scale case conference will be held. It is the responsibility of the host authority to make the investigation report(s) available to all relevant agencies and people prior to this meeting. If the investigation has identified risks which require management immediately this will be communicated to the most appropriate person/agency to ensure that protective arrangements are made.

5.7 Safeguarding Adults Case Conference (Outcomes meeting)

The meeting will begin with attendees signing a confidentiality agreement and signing in sheet (see local template).

Each adult at risk investigation will need to be concluded in order for the findings to be fed into the Large Scale Case Conference.

All case conferences will be arranged, organised and chaired by the Host Authority.

The purpose of the Large Scale Investigation Case Conference is:

- To share the outcome of the individual safeguarding investigations (including individual adult at risk and appropriate informal carer, significant other views and provider responses to allegations) on the safeguarding concern
- To share final reports from all key agencies e.g. commissioning
- To identify any differing views and the potential implications of these
- To agree the process of communicating the outcome of the Large Scale Investigation Case Conference with the adults at risk, their families, carers or advocates
- Agree who else (individuals or agencies) needs feedback about the outcomes of the case conference and how this will be achieved
- Agree what feedback is given to the person/persons causing harm
- Determine what follow up actions are required and who is tasked with doing these.
- Determine if the large scale investigation can be closed
- Determine if monitoring or actions are required through a different process
- Determine if a large scale safeguarding review is required

5.8 Possible Outcomes from a Large Scale Investigation Case Conference.

All investigations will conclude with outcomes. That is, on the balance of probabilities the alleged abuse is substantiated, partly substantiated, unsubstantiated or inconclusive. This may require individual judgements where there are a number of separate allegations but where an overall judgment should be made.

There may be protection plan/s for individuals affected AND there may also be other actions required such as:

- **Multi-agency** actions:
Such as changes in policies, procedures or practices.
- **Contract and commissioning** actions.
Such as suspension of placements, application of contracting sanctions, implementation of a service improvement action plan
- Consideration of whether a **Serious Case Review** is needed.
- Ongoing police investigation
- Ongoing CQC action
- Actions in relation to person/persons who has/have caused harm
- Minutes of the Case Conference will be taken and shared with attendees and those who were invited and unable to attend. See any local templates.
- If the meeting is undertaken in two parts then minutes must reflect the different discussions and attendees should only receive minutes for the part which they attended.

5.9 Considerations in Transitional Situations

- Safeguarding Children's procedures cover children and young adults up to the age of 18 years.
- Safeguarding Adults procedures covers all adults from the age of 18 years.
- When an alleged victim is over the age of 18 years by the time the safeguarding incident is reported, but the alleged incident occurred prior to the individual reaching 18 years, any investigation into the concern will be led by Children and Young People's services.

- When an alleged adult at risk is over 18 and the alleged incident occurred after they were 18, any investigation into the concern will be led by Adults Safeguarding Services.

If concerns are raised about a provider that provides services for individuals both under and over the age of 18, such as specialist colleges, the host authority will be responsible for clarifying whether their children or adults safeguarding services will act as Chair/Managing Officer, and coordinate any investigation necessary. Generally adult safeguarding procedures must be implemented for 18 year old plus and in these situations Children's Safeguarding must be equal partners throughout the process so any issues that impact on Children's Services can be identified, addressed and monitored.

These situations may be complicated by the different procedures timescales and processes for each. The shortest timescales should be met.

In these situations the following issues will need to be considered:

- The Chair should be the Adult lead. There should also be appropriate representation from Children's Services,
- Information sharing
- The law and regulations which govern both the adult at risk and children
- Investigations should be undertaken jointly between adults and children's services so both aspects are considered.
- The protection arrangements, will be the responsibility of either Children or Adults services, as follows:
 - Where a young person is supported by Children's Services under "leaving care" arrangements, their protection is the responsibility of that service until they are 21 (25 if they are a disabled person). In cases where adult services also provide services it will be agreed between adult and children's services who will be responsible for protection arrangements.
 - If the responsibility for care management of a service user lies with Transitional Services **within** Children and Young Peoples Services when the safeguarding alert is made, responsibility for protection will remain with this service throughout the investigation. Any discussion/agreement to transfer responsibility should be made subsequent to and not as part of the investigation.
 - In all other cases, the protection arrangements would be the responsibility of adult services.

Large Scale / institutional abuse Criteria

Not safeguarding – Quality and Contract Monitoring Concerns	Large scale investigation	Exceptional large scale investigation
Managed by Commissioning and Contract monitoring	Managed by operational managers – determined at local level	Managed at senior level – determined locally
<ul style="list-style-type: none"> • Provider has recent history of difficulties (poor care complaints) • CQC inspector raises alert about quality concerns which do not meet the threshold for safeguarding • Other professionals raise concerns about quality • There are concerns about Management arrangements e.g. frequent change of management • Series of unconnected one off safeguarding alerts which are quickly resolved and risk assessed with appropriate action plan in place if required. • Anonymous alerts indicating quality concerns • Whistleblowing alerts indicating quality concerns 	<ul style="list-style-type: none"> • There have been a number of safeguarding alerts, complaints, review feedback and /or quality concerns which together indicate an emerging pattern of significant harm or abuse • Anonymous alerts indicating pattern of significant harm or abuse taken together with other concerns • Whistleblowing alert/s indicating a pattern of significant harm or abuse • Regular failure of processes and practices which lead to individual needs being unmet e.g. under staffing which leads to significant harm or abuse • Concerns about management /organisational ability to deliver a safe service e.g. failure to notify relevant people/agencies of serious incidents • CQC enforcement action is being taken indicating there are concerns about significant harm or abuse • Stark or Spartan living environment causing sensory deprivation • Financial instability of the service or parent organisation linked to Safeguarding Adults concerns • Significant criminal investigation. 	<p>As large Scale and has some or all of the following additional factors:</p> <ul style="list-style-type: none"> • Potential for wide media interest • High volume and severity of risk <ul style="list-style-type: none"> ○ E.g. Widespread consistent ill treatment • Culture of dangerous practices <ul style="list-style-type: none"> ○ E.g. over-medication and/or inappropriate restraint used to manage behaviour ○ And/ or low staffing levels which result in serious injury or death (corporate manslaughter) • The need for high level coordinated response • Single or several people/organisations with significant power and authority misusing this to cause considerable harm • Pattern of suspicious or preventable deaths, • Pattern of serious harm, • A culture of institutional practices • Repeated failure to comply with action plans to improve quality and safety • Significant criminal investigations

