



PROTOCOL FOR MANAGING LARGE SCALE ENQUIRIES SAFEGUARDING ADULTS

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PART 1: CONTEXT

1. Introduction

1.1 Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect, as well as promoting good practice for responding to concerns on a multi-agency basis.

1.2 The Care Act, which came into force on 1 April 2014, sets out the Local Authority's responsibility for protecting adults with care and support needs from abuse or neglect for the first time in primary legislation. The implementation of the Local Safeguarding Adults Board (LSAB) Protocol for Managing Large Scale Investigations is a collaborative responsibility for which all agencies are accountable. This protocol complements and supplements BaNES Multi-Agency Safeguarding Policy and Procedures (2015) and is provided to assist in the investigation process where there is a concern that more than one adult has been abused or is at risk of being abused within a regulated or contracted health or social care setting. This will include hospitals, Care Homes (Residential and Nursing Homes), Domiciliary Care and Support Services.

The guidance in this protocol may also be helpful in other circumstances where a number of adults have experienced abuse, or are at risk of abuse; for example:

- In a sheltered housing project where an individual, or group of individuals, have targeted a number of service users, or similar situations such as bogus callers etc.
- Where there may be multiple victims but one perpetrator for example; a staff member has abused a number of Service Users over a long period of time

1.3 In setting out this specific guidance on Large Scale Enquiries, there is a clear expectation of awareness, understanding and adherence to the more detailed policy and procedures. Instigation of a Large Scale Enquiry will most likely be in response to allegations or concerns of potential organisational abuse. Adherence to the content of this protocol is expected unless there is clear justification for not doing so.

2. Legal context

2.1 Safeguarding is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances (Care and Support Statutory Guidance 2014; 14.7).

2.2 The Care Act provides particular focus on well-being in relation to an individual, and requires that organisations should always promote adult's well-being in their safeguarding arrangements. This includes establishing with the individual what 'safe' means to them and how this can be best achieved. 'Well-being' is defined in Section 1 of the Care Act 2014 as follows:

- Personal dignity (including treatment of the individual with respect)
- Physical and mental health and well-being
- Protection from abuse and neglect
- Control by the individual over the day to day life (including over care and support, or support provided to the individual and the way in which it is provided)
- Participation in work, education, training or recreation
- Social and economic well-being
- Suitability of living accommodation
- The individual's contribution to society.

The principles of promoting a person's wellbeing are also supported by [Making Safeguarding Personal](#) (2014), and subsequent toolkit [Making Safeguarding Personal: A Toolkit for Response \(2015\)](#), which seeks to ensure that where possible, the individual is involved in their own safeguarding and that it is 'person-led', 'out-come' focused but not process driven.

2.3 The following six principles must underpin all adult safeguarding work (Care Act Guidance p232):

Empowerment – People being supported and encouraged to make their decisions and informed consent.

"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens".

Prevention – It is better to take action before harm occurs.

“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”

Proportionality – The least intrusive response appropriate to the risk presented.

“I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”

Protection – Support and representation for those in greatest need.

“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”

Partnership – Local solutions through services working with their communities.

Communities have a part to play in preventing, detecting and reporting neglect and abuse.

“I know that staffs treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me”.

Accountability – Accountability and transparency in delivering safeguarding.

“I understand the role of everyone involved in my life and so do they.”

2.4 The aims of adult safeguarding are to:

- Stop abuse or neglect wherever possible;
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- Safeguard adults in such a way that supports them in making choices and having control about how they want to live;
- Promote an approach that concentrates on improving life for the adults concerned;
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and
- Address what has caused the abuse or neglect (14.11)

2.5 **Market Failure**

The Care Act seeks to ensure that the care and support needs of people receiving services continue to be met should a provider experience business failure. It sets out duties for both local authorities and the Care Quality Commission (CQC) Care Act: Provider Failure

From April 2015, the financial ‘health’ of certain care and support providers became subject to monitoring by CQC. This market oversight duty specifically applies to large, hard to replace providers, which because of their size, geographic concentration or other factors, would be difficult for one or more local authorities to replace, therefore requiring national oversight. The Care and Support (Market Oversight Criteria) Regulations 2014, sets out the entry criteria for a provider to fall within the regime.

The local authority also has a ‘temporary’ duty to meet people’s needs when a provider is unable to continue to carry on the relevant activity because of business failure. This applies to all individuals, regardless of whether they are self-funders or funded by another authority. Further information can be found in a guide for local authorities: Care and Continuity: Care and Continuity: Contingency planning for provider failure; supporting the implementation of the Care Act 2014

Providers will be expected to have business continuity plans in place. Where market failure is suspected as part of a large scale enquiry, these should be shared and appropriate arrangements put in place.

3. Definition

‘No Secrets’ (DOH 2000) definition of ‘institutional’ abuse has now been replaced by the term ‘organisational’ abuse. Neglect and poor practice need further consideration and may take the form of isolated incidents of poor or unsatisfactory practice, at one end of the spectrum, through to persuasive ill treatment and gross misconduct at the other. Repeated instances of poor care may be an indication of more serious problems.

Not all abuse that occurs within settings that provide health or social care will be organisational; incidents between service users or actions by individual members of staff may occur without any failings on the part of the organisation.

Organisational abuse is the mistreatment, abuse or neglect of an adult at risk by a regime or individuals in a setting or service where the adult lives or that they use.

Such abuse violates the person's dignity and represents a lack of respect for their human rights

Organisational abuse occurs when the routines, systems and regimes of an organisation result in poor or inadequate standards of care and poor practice which affects the whole setting and deny, restrict or curtail the dignity, privacy, choice, independence or fulfilment of adults at risk

There is a need for assessment and judgement in determining when poor practice becomes an adult safeguarding issue leading to potential concerns of organisational abuse. Addressing four key questions will support the decision to initiate a large scale investigation:

1. Is the incident of the **type** to indicate organisational abuse?
2. Is the incident of a **nature** to indicate organisational abuse?
3. Is the incident of a **degree** to indicate organisational abuse?
4. Relating to these three questions, is there a **pattern and prevalence** of concerns about the Service and/or Organisation?

Further guidance on identifying organisational abuse can be found in APPENDIX 1.

4. Thresholds for 'large scale enquiry' or 'organisational abuse'.

4.1 Concerns about potential "organisational abuse" will lead to the need for a threshold decision to be made about whether large scale enquiry procedures are required. As organisational abuse can be indicated by a number of instances of poor practice, making a large scale enquiry threshold decision can be difficult.

A systematic way of flagging up concerns and complaints about commissioned services is needed in order to identify a pattern of poor practice which would indicate serious problems. Such systems also play a critical role in promoting early interventions through health or social care review processes or contract action planning arrangements.

Providers are subject to a number of Quality Assurance Frameworks (Health and Social Care Contracts and Commissioning, CQC regulatory arrangements) and it is essential that factual evidenced based information is used to support threshold decision making. Large Scale Procedures should not be seen as a tool for health and social care review, regulatory or contract monitoring arrangements (Care and Support Statutory Guidance: 4.9). These processes should be reviewed as distinct from each other. Further information on thresholds for large scale enquiries or

organisational abuse can be found in the ADASS South West Safeguarding Adults Threshold Guidance (March 2011)

4.2 Thresholds for determining Large Scale Enquiry Procedures can be found in APPENDIX 2 (Risk Assessment and Escalation Procedures for Organisational Abuse). Triggers for raising concerns relevant for Large Scale Enquiry Procedures may include the following:

- There is a risk that serious abuse, involving death or serious harm of an individual or individuals will occur or has occurred.
- It is suspected that a number of adults at risk have been abused:
 - By the same alleged person responsible
 - By a group of alleged people responsible
 - In the same setting
- There is clear evidence from an individual safeguarding process and investigation that other service users are at risk of serious harm or exploitation as per local and regional safeguarding policy and criteria
- An anonymous concern or whistle blower within the service highlights that a number of service users may be affected
- Collective safeguarding concerns (this is where several concerns are received at the same time, over a period of time, naming individual victims in the care setting). This may require a flexible approach depending on the nature and pattern of the concerns raised and whether there are any wider concerns about the care service or setting. A review of the concerns about the care service or setting will be carried out jointly by the Council and the CCG/Virgin Care/AWP (depending on the setting and concerns raised) to determine if there is evidence to indicate organisational abuse.
- There is clear evidence that, despite monitoring and/or CQC compliance review action planning there has been insufficient evidence and assurance of improvements within the service which is resulting in service users being placed at risk of significant harm or exploitation as per local safeguarding threshold criteria. This may include a non-compliant CQC review resulting in compliance, enforcement or legal action
- A Provider going into administration/is subject to market failure (NB: this may not always require a large scale enquiry response)
- A Provider operating without the appropriate CQC Registration
- Reports from quality assurance monitoring by Contracts Officers and/or Commissioners and Complaints (BaNES Council/CCG)

- The care plan recommendations relating to multiple service users have not be implemented by the Provider despite evidence of clear advice and guidance given to the Provider/Manager, which is resulting in more than one individual being placed at risk of significant harm
- A Large Scale Enquiry concern could be raised further to a decision made at the Multi-Agency Contract Liaison meeting or because of information received from the Council's Safeguarding Adults and Quality Assurance Team

It should be noted that the trigger threshold is not a failsafe tool; it does not replace professional judgement or preclude earlier intervention based either upon a safeguarding concern(s) or other sources of information.

If the trigger threshold is met then this must be recorded as a safeguarding concern and have the status in terms of receiving a structured and recorded response. Information in relation to the setting of concern will be saved into a named electronic file on Liquid Logic.

4.3 In circumstances where a safeguarding concern has been triggered, information will be gathered and a task group will be convened led by the Safeguarding Lead (Adults) and Quality Assurance (B&NES Council) to review and evaluate all current sources of evidence, including making enquiries of the following:

- The previous safeguarding history of the Provider (including other services/institutions owned by the Provider)
- CQC – previous and current status of institution/Provider. Previous and current evidence of non-compliance
- Contracts and Commissioning – previous and current evidence of non-compliance or complaints.
- Status and **information about B&NES social care** funded placements and feedback received from placement reviews
- **Information about B&NES CCG funded** Continuing Health Care (CHC) and Free Nursing Care (FNC) feedback – status of placements and history of concerns/complaints
- Status and **information about** Out of Area placements **funded by both other CCGs and LAs**
- Police – past or current concerns
- NHS - history and pattern of clinical referrals (for example; Emergency Department attendances)

- Health and Social Care Practitioner views – any concerns arising from engagement, involvement or reviews.
- If market failure is suspected, request information about the financial status of the provider (from CQC if subject to the Market Oversight Regime), and consider if 'temporary duties' apply to all residents
- Any history of complaints

It is also important to obtain any information relating to positive feedback

At this meeting, a decision should be made to determine whether to proceed into Large Safeguarding procedures. A template for agenda (Appendix 3) and minutes (Appendix 4) can be found in the appendices. If a decision is made to proceed to Large Scale Enquiry, the Provider and Registered Manager must be informed in writing. A letter template can be found in Appendix 5.

PART 2: ROLES AND RESPONSIBILITIES

5. Partnership working – key points

Responding to alleged organisational abuse is likely to require complex coordination of different organisations both for information and for direct involvement in the investigation. Drawing upon the knowledge and expertise of local NHS, Clinical Commissioning Group (CCG), CQC and Police partners will be an important early step in formulating an effective response. It is important that everyone involved is aware of their respective roles and responsibilities and their duty to cooperate in the enquiry.

In December 2012, ADASS ratified the new Guidance for 'Out of Area Safeguarding Adult Arrangements'. This protocol aims to clarify both strategic and operational responsibilities and actions to be taken by host authorities and placing authorities with respect to people who live in one area, but for whom commissioning responsibility remains with the area from which they originated.

It can be particularly complex and demanding for a host authority to manage a large scale enquiry when there are different placing authorities involved. As the host authority, B&NES Council will lead large scale enquiries, but multi-agency knowledge, skills and information sharing are essential for best practice, sound decision making and securing positive enquiry outcomes for service users.

6. Organising Large Scale Enquiries – Lead Roles and Responsibilities

6.1 *Overarching Chair*

A Safeguarding Adults and Quality Assurance Team Manager (Council) will be nominated as 'Overarching Chair' to undertake the following:

- Chair all of the Large Scale Enquiry meetings
- Agree with representatives the Terms of Reference and action plan for the large scale enquiry at the Planning meeting
- Communicate the decision to proceed to Large Scale Enquiry to relevant Senior Managers of the Council and keep informed and updated
- To escalate concerns to Senior Management (Council, CCG and Virgin Care/AWP where appropriate) if significant risks are identified
- Provide advice to the Designated Chair, Large Scale Coordinator and Team Manager (Virgin Care /AWP) on the direction of the large scale enquiry and ensure that briefings are provided to staff involved in the enquiry process.
- Ensure that the right people are aware of and involved in the large scale enquiry process throughout
- Provide advice and guidance on how the process should be managed.
- Receive information and agree and review the supporting Action Plan

6.2 *Large Scale Coordinator*

A Large Scale Coordinator will be agreed from one of the following agencies; Virgin Care, Avon and Wiltshire Mental Health Partnership (AWP) or NHS B&NES Clinical Commissioning Group (CCG) to liaise with the Overarching Chair and act as Coordinator for the Large Scale Enquiry process dependent on whether the concerns fall within adult or mental health social care or a health provision service (hospital or sub-setting).

The Large Scale Coordinator will:

- Contact and liaise with the Safeguarding Adult Leads and Commissioners in each of the South West Local Authorities in accordance with guidance set out

in the ADASS South West Cross Boundary Information Sharing Protocol when needed

- Arrange all Large Scale Enquiry meetings having liaised with the Overarching Chair to agree attending representation
- Take responsibility for circulating papers/minutes prior to meetings taking into account the requirements of information governance and data protection
- In conjunction with the Overarching Chair, oversee and coordinate the Large Scale Enquiry and overarching action plan
- Oversee the provision of summary reports by representatives as part of the investigative process ensuring that 'Terms of Reference' have been addressed
- Liaise with CQC re reasons for Large Scale procedures being initiated , to ensure CQC awareness and oversee the management of any whistle blowing concerns in conjunction with CQC and the Overarching Chair and ensure that summary reports of findings are provided
- Liaise with multi-agency representation (to include the provider) so that timely updates can be provided/received
- Act as a 'clearing house' for all information relating to the Large Scale Enquiry and coordinate the overarching action plan ensuring timescales are met
- Provide advice and support to the service that is subject to the enquiry and act as designated liaison with the Service Provider

Each participating organisation will nominate a lead with appropriate authority to support the Enquiry.

6.3 *Designated Chair for complex adult protection safeguarding enquiries with multiple service users*

A large scale enquiry may require a series of individual Safeguarding Adult procedures/ enquiries to address allegations of abuse specific to each individual. Where possible, these will be overseen by one 'Designated Chair' from the Council's Safeguarding Adults and Quality Assurance Team to ensure continuity and oversight. Issues of concern and outcomes will be fed back into the Large Scale Enquiry meetings enabling the Overarching Chair to co-ordinate the overall enquiry process.

The Designated Chair will:

- Ensure the B&NES Multi-Agency Safeguarding Procedures are followed for each individual
- Agree the Terms of Reference for the investigation of individual safeguarding concerns
- Liaise with the Team Manager (Virgin Care/AWP) regarding the provision of written reports of findings, actions taken or to be taken as a result and outcomes for the service user
- Inform the Overarching Chair and Large Scale Coordinator when any new individual safeguarding concerns are received
- Provide an updated summary of safeguarding activity during Large Scale Enquiry meetings (to include outcomes, actions taken and emerging themes)
- Provide advice to Team Managers and Enquiry Leads and liaise with relevant professionals

6.4 Team Manager

Where the concerns relate to a Service Provider, one or more social care teams will be identified for managing any individual safeguarding concerns. The Manager(s) of the team will:

- In conjunction with the Designated Chair, maintain an overall awareness of the safeguarding interventions
- Ensure that nominated Enquiry Leads for individual concerns are acting in accordance with the B&NES Multi-Agency Safeguarding Policy and Procedures and associated guidance
- Ensure that staff involved in individual safeguarding concerns and undertaking enquiry processes have adequate opportunities for debrief and supervision
- Liaise directly with Senior Managers within own organisation if safeguarding activity results in resource implications for the team
- Attend Large Scale Enquiry meetings where required to support effective decision making

6.5 Decisions relating to Community Hospitals, Health Care Settings and Private Hospitals

When a safeguarding concern relates to one of the above settings indicating wider concerns regarding service provision, the CCG (Director of Nursing and Quality) must be informed immediately. In these cases the decision to proceed into Large Scale Enquiry procedures will be made by the Council following discussion with the CCG. If there is a disagreement, then the final decision will lie with the Deputy Director of Adult Care, Health and Housing.

If Large Scale Enquiry procedures concern a hospital or a health setting, B&NES will undertake the Overarching Chair role and the CCG will undertake lead role in coordinating and leading the enquiry process. NHS England must be informed of any Large Scale Enquiry procedures/ meetings that are convened.

If the concern relates to an Acute, Private or Community Hospital or relates to another health setting that is not a Nursing Home or Nursing Agency Provider, the Large Scale Enquiry will be coordinated by the Quality & Adult Safeguarding Lead, NHS B&NES Clinical Commissioning Group. This will be carried out in conjunction with NHS England.

7. Multi-agency co-ordination and Partnership Roles

7.1 Police: Where there are concerns/indications that a criminal offence may have been committed, the initial referral information should be shared with the Police Safeguarding Coordination Unit, followed up with a discussion by the Designated Chair. According to the circumstances, it may be necessary to put all or some parts of an Enquiry process on hold, whilst the Police investigate to ascertain if a crime has been committed or to carry out a criminal investigation. Any agreed action plan should focus on the immediate protective measures, whilst the Police investigation takes place.

7.2 CQC (Care Quality Commission): Must be informed of any safeguarding concerns relating to a regulated service. There is an Information Sharing Protocol in place between B&NES Council and CQC. It is key to ensuring that each organisation is aware of the other's concerns. CQC also has its own organisational market failure, safeguarding and whistle blowing protocols.

In terms of its involvement in the safeguarding process, CQC will determine whether a breach in regulations has taken place, which requires inspection. Investigations will have overlapping concerns since both will relate to the quality of care provided by the Service (repeated instances of poor care is one definition of whole service or institutional abuse). To avoid duplication, it is essential to have a coordinated approach.

However, whilst both organisations will co-operate in order to safeguard adults at risk, some decisions will need to be taken independently following consultation with the other, rather than jointly by both, as a result of differing responsibilities as regulators, commissioners and safeguarding leads

7.3 B&NES Non-acute Social Care Commissioning Team: Must be informed of safeguarding concerns relating to any provider operating in B&NES, irrespective of whether the service is commissioned. The nominated Contracts and Commissioning Officer will liaise with the Provider and CQC as part of the monitoring and quality assurance of care provision, on-going practice, recording and management of the service where a contract is in place with the Provider.

7.4 Health Commissioned Services: Health Commissioners are expected to actively contribute as they retain responsibility for those services they commission and would be required to negotiate any changes that are required to a service user's care and treatment package as a result of the Large Scale Enquiry. They may be best placed to carry out some investigatory aspects as determined at the Planning meeting as they have the expertise to evaluate evidence of a medical nature which may be pertinent to the Enquiry.

7.5 Out of Area Placements: Where placements are commissioned by another commissioning organisation, for example - another Local Authority, they must be formally notified of the referral and involved throughout the Large Scale Safeguarding (APPENDIX 3). While B&NES Council retains the lead safeguarding role for all safeguarding concerns, placing commissioning bodies retain a duty of care towards the service user(s) and should be expected to fulfil this role in co-operation with the Large Scale Enquiry.

The placing authority is responsible for providing support to the adult at risk and should nominate a link person for liaison during the Enquiry process. They will also consider whether to review any other placements that they have funded within the service.

The placing authority must satisfy themselves that:

- Representation has been provided at safeguarding meetings (both Large Scale and individual cases as required)
- The continued placement is safe; is meeting the needs of the individual/s and is in their best interest
- The relatives or advocates of individual/s have been kept informed of Enquiry progress and outcomes

7.6 The Service Provider

The involvement of Service Providers in multi-agency procedures is important in order to enable steps to be taken for the immediate protection of people using a service; in the development and implementation of protection plans for individuals and the improvement plan for the service. However, it may be necessary to hold an initial Large Scale Enquiry meeting without the Provider present, for example if:

- There is possible complicity by the Service Provider's staff and managers in the issues under investigation
- There is a possibility that the Service Provider may tamper with or destroy evidence to protect themselves against allegations made
- Specific advice from the Police or CQC relating to the exercise of their statutory powers.

Depending on the size of the Service Provider organisation, the nature of the allegations and the circumstances in relation to the enquiry/s to be carried out, consideration should be given to involving the following:

- The Manager of the Service (the Registered Manager if the service is subject to CQC Registration)
- The Area or Regional Manager, particularly if concerns relate to the conduct of the Service Manager
- The Owner, Company Director or Managing Director (the 'Responsible Person' as registered by CQC may be the most appropriate person)

While active and co-operative behaviour by the Service Provider is expected, it may not be appropriate that responsibility for the enquiry process is delegated to the Service Provider. This will be discussed at the Large Scale Planning meeting.

However, it will be important to consider the Service Provider's own mechanisms for example, disciplinary procedures, and how any intention to deploy these relates to the safeguarding concern and aligns to the safeguarding plan.

The Service Provider will:

- Ensure provision of information regarding individual service users accommodated in respect of:
 - Their name
 - The authority funding their placement or if they are self-funding
 - The service user's representative and/or their Next of Kin, including DoLS status and current paid advocacy if in place
- Support/assist in the investigation of any individual safeguarding concerns and actions taken or to be taken as a result. Clear instructions must be given to the Service Provider regarding timescales of the Enquiry and realistic outcomes, including their responsibilities in the enquiry process
- Assist in the investigation of allegations where appropriate/pertinent to the organisational abuse issues and to provide written reports of their findings and any recommended actions
- Provide a detailed action plan, including milestones ; review dates and lead named responsible managers, setting out how service deficiencies will be remedied (the same action plan may be used to satisfy the requirements of both the Council and CQC by agreement)
- Provide appropriate representation at Large Scale Enquiry meetings
- Ensure adherence to any agreement made during the Large Scale Enquiry process including those relating to placement bars or restrictions on admission and responsibilities for ensuring that service users, their representatives and other stakeholders are kept informed of any organisational safeguarding proceedings taking place with regards to the service
- Have in place and provide a business continuity plan to assist them in working through any period of Enquiry processes. Where there are concerns of market failure, this should include details of the support that the Provider is delivering

PART 3: PROCEDURAL GUIDANCE

8. Timescales

8.1 Where it is believed that a Large Scale Enquiry may be indicated, because of the potentially very urgent nature of a safeguarding concern, it is vital that an initial risk assessment is carried out at the point of the alert within 2 working days (See APPENDIX 2). The process of making the threshold decision will give further guidance as to how quickly a Large Scale Safeguarding Planning meeting is needed and who should be involved. If immediate investigation and/or protection is needed, then convening an urgent meeting with one or two key agencies or holding an initial telephone planning discussion should be undertaken as soon as possible.

8.2 In all cases, a large scale safeguarding Planning meeting needs to occur within 5 working days of the concern(s) being raised. In exceptional cases, if key agencies are not able to attend within 5 working days and an initial risk assessment indicates that the person(s) who has been or is at risk of harm is safe then the Overarching Chair in consultation with the Designated Chair, Large Scale Coordinator and relevant Team Manager will agree a timeframe for the large scale Planning meeting to take place. If the meeting is delayed by the unavailability of agencies, the Large Scale Coordinator with the Overarching Chair should review the need for that agency to attend and/or ask for a deputy if their attendance is crucial to the purposes of the meeting.

8.3 Safeguarding concerns specific to individuals will be managed in accordance with the B&NES Multi-Agency Safeguarding Procedures and associated procedural timescales. The Large Scale Enquiry Planning meeting will be to determine risks to individuals and service users collectively in conjunction with any wider concerns identified in relation to the management, regulatory and quality assurance arrangements of the Service Provider.

8.4 Due to the often complex nature of Large Scale enquiry processes, it is acknowledged that it will not be always be possible to correlate individual safeguarding timescales with those of the Large Scale Enquiry. Large Scale timescales will be reviewed and agreed by the Overarching Chair with representatives at each meeting. The intervals between Large Scale Safeguarding Review meetings will be dependent on the Terms of Reference for any enquiry process and timescales agreed as a result of any interim action plan determined at the initial Planning meeting.

8.5 The Large Scale Coordinator may need to set times for reporting back during the assessment/investigation period and ensure that action plans are pursued proactively in order to minimise the possibility of delay. The Large Scale Planning meeting will need to formulate and agree a Large Scale Action Plan, and with this in mind, it should be held no later than 6 weeks after the referral is received.

8.6 Large Scale Safeguarding Review meeting intervals should be defined by the nature of the Enquiry process (to include feedback from individual cases), the risks identified and the Large Scale Action Plan. A review of the Large Scale Action Plan should occur within 6 weeks of the plan being agreed. It does not need to be a full meeting, but will include core member representation as agreed by the Overarching Chair. Review meeting intervals can then be every 3 months until the Large Scale Enquiry procedures can be closed.

9. Safeguarding Large Scale Planning meetings

The information presented in the Planning meeting is crucial to inform the decision making process and will impact on whether the meeting participants consider it is appropriate or not to continue to a Large Scale Enquiry.

It is each attendee's responsibility to prepare adequately for the meeting and ensure that they bring all relevant information to the meeting in order for evidence based decisions to be made **(see Appendix 4 for suggested meeting agenda)**.

The meeting should have full access to the following:

- Information and intelligence relating to the safeguarding concern (alert)
- Any risk assessments undertaken to date
- Overview and outcomes of any individual safeguarding processes which indicate a number of residents are at risk of significant harm or exploitation.
- Regulator activity and outcomes
- Contract Action Plan monitoring details where applicable (this will relate to quality monitoring forms, staff feedback forms and any actions/recommendations identified further to contract reviews)
- Any information relating to recent Incident reporting. Where this is a Health Provider, this may include the reporting of a Serious Untoward Incident and subsequent Root Cause Analysis (RCA) investigation

- Recorded evidence where the Service Provider has failed to comply with Health and Social Support review recommendations that resulted in a person(s) being placed at risk of significant harm or exploitation.
- Evidence and detail of other recent concerns. This may include whistle blowing alerts
- Business continuity plan and financial details (if available), if there are concerns in relation to market failure

The Planning meeting will determine whether the evidence presented meets the ADASS Regional Safeguarding Adults Threshold criteria (2011) and the criteria as defined in this practice guidance document.

A decision to proceed to a Large Scale Safeguarding Enquiry can only be made if there is agreement at the meeting that this is the most proportionate response to the concern and is based on the evidence presented. Legal advice should be sought where necessary at an early stage.

Representatives should also consider whether there are issues of poor practices that can be addressed and worked through in partnership with a Service Provider outside of the safeguarding process using a more proportionate approach. Options may include contracts and commissioning (CCG/Council) or regulatory action via CQC.

If a unanimous decision cannot be reached then the Overarching Chair will contact the Head and Deputy Head of Safeguarding Adults and Quality Assurance – B&NES Council (or their cover arrangement) who will make a final decision.

If a Safeguarding Large Scale Enquiry is required, representatives at the Planning meeting should consider an initial protection risk plan, with indicative timescales and 'ownership' of actions identified. This may include a request for further information/intelligence. The meeting must also agree the Terms of Reference of the Enquiry (the wording must be agreed by representatives).

The Terms of Reference for the investigation are essential to ensure that all those participating are clear of the concern, what is being investigated and their roles and responsibilities within the enquiry process. Care must be taken not to initially investigate issues outside the remit of the concern/s and action plan. Please refer to **Appendix 5** for suggested issues the Terms of Reference should consider.

It is important to remember that decision making at the end of the Large Scale Enquiry safeguarding process (e.g. substantiated/not substantiated/partly substantiated or inconclusive) must be linked to the Terms of Reference for the Enquiry. It is the responsibility of all representatives to formulate a robust and effective investigation plan arising from the Terms of Reference. The action plan should clearly determine what (if any) investigation tools are to be used to support the Enquiry process. This should also include feedback and outcomes from individual safeguarding concerns.

All representatives and staff who take an active role within the Enquiry process should receive a copy of the Terms of Reference and investigation plan to ensure that there is clarity about key issues. A copy of this should be appended to the minutes of the meeting.

It is important that the Large Scale Coordinator maintains an up to date chronology of concerns, investigations and outcomes. These will be reviewed at each Large Scale Enquiry meeting.

Representatives at the Large Scale Investigation Planning meeting (and throughout the Large Scale Enquiry process) should also consider the following:

9.1 The use of resources to support a Large Scale Enquiry

Representatives will need to consider and identify the resources to be used to support the Large Scale Enquiry and the impact that this may have on the services involved. This will involve discussions with Senior Commissioning Managers (Council/CCG) so that a proportionate action plan and appropriate resources can be agreed.

9.2 Managing admissions/new referrals to the service

Any decision to bar or restrict admissions should be undertaken in accordance with the B&NES Policy on Suspension and Restriction of Placements in Care Homes and Domiciliary Care Agencies. Any decisions made will be subject to a separate task group meeting coordinated and chaired by a Senior Commissioning Manager. Options may include:

- Restriction or ban on admissions to part of the Home offering a particular service (for example; to the Dementia Unit within a Home)
- Restriction or ban on the grounds of complexity (for example; those meeting CHC funding criteria)
- Restriction or ban relating to specific care provision (for example: end of life care)
- The Service Provider may themselves choose to impose a voluntary restriction or ban on admissions
- Escalation of persistent serious concerns requires that measures that are already put in place are reviewed in the light of new evidence or concerns

Informing the Service Provider and other stakeholders of decisions taken to manage admissions/referrals will be the responsibility of a designated member of the B&NES Non Acute Social Care Commissioning Team. Where the concerns are in relation to an Acute, Private or Community Hospital or relate to another health setting that is not a Nursing Home or a Nursing Agency Provider, a decision will be made by the CCG following discussion with NHS England.

The imposition of placement restrictions or embargo will be reviewed by Commissioners as set out in the B&NES Policy on Suspension and Restriction on Placements. This will take into consideration feedback received from Large Scale Enquiry Procedures. Decisions will also need to take account of any statutory action being taken by CQC.

Where an embargo or restrictions are in place, the decision made, the nature of these and when reviews have taken place will be detailed in the minutes of the Large Scale Enquiry meetings.

9.3 Individual Service User Reviews

Which organisation is responsible for ensuring which individual service user reviews are carried out, will be clarified at the Large Scale Enquiry Planning meeting. A decision will also be made to determine which staff are best placed to carry out the reviews (for example; Social Workers, CHC Assessors, staff known to the service user or not). The response may require an urgent review of the most vulnerable service users or a planned programme of reviews of all service users who are in receipt of a service from the Service Provider.

The criteria against which to carry out service user reviews will be discussed and agreed during the Large Scale Enquiry Planning meeting. Clear, concise guidance and information should be provided regarding the safeguarding concerns so that staff carrying out the reviews are aware of specific risks that have been identified and that need to be considered as part of the review.

Individual reviews may be a precursor to consideration of a service user/s removal from the service. In reaching a decision, service user preference will need to be taken into consideration alongside the duty of care owed by the relevant commissioning organisation (Health and/or Social Care). Where the adult(s) at risk lacks mental capacity; guidance from the Mental Capacity Act (2005) must be applied.

Service users and their representatives retain the right to request a move out of the service irrespective of any decisions regarding the overall safety of the service made as a consequence of the Large Scale Enquiry.

In all cases, the involvement of an independent advocate as determined under [The Care Act \(2014\) Statutory Guidance](#) (section 7:93) or an Independent Mental Capacity Advocate (IMCA) - [The Mental Capacity Act Code of Practice](#) (chapter 10) or an Independent Mental Health Advocate if they are subject to [The Mental Health Act 2007](#) (section 30), should be considered where the need is identified.

9.4 Communication Strategy

Each safeguarding meeting should include a clear communication strategy within the action plan and specific consideration given to the following

The Adult(s) at risk:

- A decision will be reached and agreed in the meeting (with timescales) regarding who should liaise with the adult(s) at risk within the service and how this will be done.
- The focus of the Large Scale Enquiry will be on the collective issues and themes from a number of enquiries to include procedures relating to individual safeguarding concerns (alerts). For reasons of privacy and confidentiality, it will not be appropriate for individuals/relatives/informal carers and/or

representatives to attend Large Scale meetings. The Overarching Chair, Safeguarding Coordinator and Designated Chair will therefore need to consider how the view of individual adults and service users collectively can be most appropriately included.

- Individuals and service users collectively should be offered feedback in relation to actions taken and decisions reached from the Large Scale Enquiry. Representatives at the Large Scale meetings should determine how best this is provided (for example, letter or meeting).

Relatives, Informal Carers and Representatives:

- For the adult at risk who is capacitated, their consent should be sought and recorded regarding what information can be shared with relatives/informal carers
- If the adult at risk lacks mental capacity to consent to the sharing of information, then a Best Interest Decision should be reached regarding who is the most appropriate representative to be contacted. This could be for example a family member, friend or IMCA service.
- A decision will be reached and agreed in the meeting with timescales regarding who should liaise with families/representatives and how this will be done

Legal Owner:

The legal owner of the Provider Service will normally be advised of the safeguarding enquiry unless agreed otherwise at the Planning meeting. There may be circumstances where it is appropriate to invite the legal owner to part of the Planning meeting. The Overarching Chair will formally write to the legal owner of the Provider Service to advise of the decision made whether to proceed with or close the Large Scale Safeguarding Enquiry. The content of the letter will include the Terms of Reference if the Large Scale Enquiry is to proceed. It should also make reference to any decisions made to bar/restrict admissions to the Provider Service.

The legal owner of the Provider Service should have the opportunity to respond to any allegations raised by the Large Scale Enquiry procedures and to be able to review the Large Scale Enquiry report or to report where any focussed review has been carried out and comment on its findings.

Other Staff:

'Who else needs to be contacted' will depend on the circumstances of the enquiry process. Anyone disclosing information should give consideration to their organisational information governance policies and be able to provide a clear rationale for disclosing information. To ensure there is control over disclosure only the Overarching Chair, Designated Chair, Large Scale Coordinator or Safeguarding Adults and Quality Assurance Team should undertake this role or agree prior to disclosure.

Referrer/Whistle Blower:

Consideration should be given to how the person making the initial referral is involved in the Enquiry. Clearly this will vary depending on the circumstances of the case. However, in all cases, the Safeguarding Planning group should ensure that the referrer is as far as possible, and having regard for confidentiality, kept up to date with development and informed of the final outcome of the enquiry process.

Multi-Agency Partnership organisations should be mindful of their own Whistle Blowing Policy and Procedures. Where a concern is raised by a whistle blower, the person receiving the safeguarding concern should ensure that the whistle blower has followed their own organisation's whistle blowing procedures. Information should be obtained from the whistle blower as to whether they want their anonymity maintained. Although all efforts should be made to ensure this, they must be advised that this cannot always be guaranteed. Where a whistle blower does not wish to leave their contact details it is vital wherever possible that as much detailed information is obtained in relation to any specific service users or incidents to support an investigation to take place.

Further information for whistle blowers can be obtained from the following websites:

- Public Concern at Work: <http://www.pcaw.org.uk>. This is an independent Whistle Blowing Charity.
- NHS Employers: <http://www.nhsemployer.org>. This provides a Whistle Blowing Help Line for NHS and Social Care Staff and was launched in January 2012.

- Care Quality Commission: <http://www.cqc.org.uk>. This provides whistle blowing guidance for providers who are registered with CQC and guidance for raising a concern with CQC

Media Enquiries:

Agencies should not underestimate the level of media interest in complex abuse investigations. Each representative engaged in the Large Scale Enquiry process must ensure that their organisations are appropriately briefed on the potential for media interest. Each organisation is requested to discuss a media strategy with the B&NES Council Communication and Marketing Team. Under no circumstances should staff deal with enquiries from the media.

General:

When a decision is taken to proceed to Large Scale Enquiry, service users and/or the family member/representative should be formally contacted via letter to advise that safeguarding concerns have been raised and are being investigated. This will be undertaken by the Service Provider and the content of the letter agreed with the Overarching Chair before it is sent. Care must be taken at this stage to ensure that any direct contact is based on factual information.

Initial contact with Service users/ representatives must be made as soon as possible after the Large Scale Enquiry is underway and include agreed points of contact for further information. This will usually include details of the Service Provider and the Large Scale Coordinator.

Records of contacts must be made by the Service Provider and consideration given at all points to data protection policy and procedures. Copies of any written correspondence are to be given to the Large Scale Coordinator until records are formally passed over to the Safeguarding Adult and Quality Assurance Team for storage.

If an adult at risk is funded by another local authority agreement should be sought as to who will contact family / representatives with the funding authority.

9.5 Alleged Person/s responsible [APR]

The protection of any adult identified as being at risk of harm remains paramount, but the sharing of information and confidentiality issues should be treated with due consideration for the alleged person/s responsible. There may be circumstances where it is considered appropriate to inform the alleged person/s responsible of the concerns that have been raised against them. However, this should only be done further to discussion and agreement with the Overarching Chair and/or the Designated Chair and where appropriate, the Police, CQC and the Service Provider.

Agencies should take appropriate practicable steps to minimise the potential disruption and damage to the alleged person/s responsible's private and professional life caused by a protracted investigation.

Where allegations are subsequently determined to be unfounded, or it can be proven that false or malicious allegations have been made, the needs of the alleged person/s responsible should be treated with sensitivity.

9.6 Data Protection

Due to the sensitive nature of Large Scale Enquiries, care must be taken by all participants to keep information that they receive as part of the Enquiry, safe, secure and confidential at all times and in accordance with their organisation's policies and procedures. When sharing information by email, organisations must ensure that information is only sent through an encrypted email system, faxes are sent to 'safe haven' fax machines and anything sent by external post goes by recorded delivery.

All breaches of confidentiality must be reported with immediate effect to a Line Manager, the Head of Information Governance and the Overarching or Designated Chair.

Representatives from organisations should note the following:

If you are in doubt about the sharing/disclosure of information, please refer either to the Overarching/Designated Chair or refer to your own organisation's local information governance policies and procedures.

10. Decision not to proceed to Large Scale Enquiry

If a decision is taken that there is insufficient evidence to proceed to a Large Scale Enquiry, the Planning meeting action plan must still clearly document what action will be taken to address the concern(s) raised and who will take responsibility for ensuring the agreed action plan is completed. When the identified actions are completed, a summary outcome report must be provided to core attendees so that there is an effective audit process to ensure that all agreed actions have been undertaken.

It is important that the person who referred the safeguarding concern is informed as soon as possible that safeguarding adult procedures are not thought to be appropriate. A referrer who believes that action is being taken may cease to monitor or take protective action in the belief that others are involved. Referrers are also keen to learn whether the concern has been appropriate or not. By providing information and feedback, inappropriate referral patterns can be changed. If the adult at risk has raised the concern themselves or was aware that a concern had been referred, they must also be informed that procedures will not be used. The Referrer should be informed of any alternative action being taken to address concerns raised.

11. The Enquiry and Planning meeting

A Large Scale Enquiry may require a series of individual Safeguarding Adults procedures/investigations to address allegations of abuse specific to each individual adult at risk. These will be led by the Designated Chair. A summary overview and outcome of each case will be fed into the Large Scale Enquiry process and provided to the Overarching Chair in order to maintain a strategic overview and ensure that representatives are kept appropriately informed. The summary overview should include details of the number of adults adversely affected, outcomes, criminal offences that may have been committed and where possible, what breaches of the Care Standards Act 2000 and associated Regulations have occurred.

There may be wider regulatory or quality issues within the Provider Service as a result of concerns that have been raised that require action, in addition to themes arising from individual safeguarding cases that need to be addressed by the Service Provider. Some of the concerns may fall within the regulatory remit of CQC or commissioning and contract monitoring (health or social care). In this instance, a separate Enquiry with clear Terms of Reference detailing the roles and

responsibilities of each agency involved should be discussed and agreed **as** appropriate at the large scale Planning meeting. This should include how whistle blowing concerns are to be investigated. Agreement should be reached around how progress will be monitored and who will report back to the meeting according to what timescales. Of key importance will be to decide how the Service Provider will be involved. Guidance for investigation planning is included within Appendix 4.

Written reports where different agencies have a role to undertake an enquiry should be returned to the Large Scale Coordinator within agreed timescales and will be shared at the Review meeting or any subsequent Large Scale Review meetings so that the findings can be discussed and outcomes agreed. If any additional information (e.g. new concerns) has been identified, then this should also be included within the Enquiry Report.

Once all investigation/s have been concluded, the Large Scale Coordinator will provide a written summary report into the findings of the Large Scale Enquiry. This will be shared at the final Large Scale Review meeting. The Large Scale Enquiry may result in an overarching action and protection plan for the people living in the Provider Service.

The Large Scale Enquiry report should reflect the Enquiry's Terms of Reference and the agreed action plan from the Planning meeting and any subsequent Large Scale Safeguarding Review meetings.

Once completed, a copy of the summary report should also be sent to the Senior Commissioner of the Council or CCG and the Head/Deputy Head of Safeguarding Adults & Quality Assurance – B&NES Council.

12. Escalation process

During the process of the Enquiry, an on-going risk assessment must take place.

If further concerns and/ or new safeguarding concerns arise during the enquiry process these must be escalated to the Large Scale Co-ordinator who, in consultation with the Overarching Chair, will assess if an interim Safeguarding Review meeting is required. Immediate consideration will be given to whether further protective measures are required.

If an interim Safeguarding Review meeting is to be convened, representatives at that meeting will consider if the concern(s) meet the criteria for Large Scale Enquiry. If this threshold is met then the existing Terms of Reference must be amended to include the detail of the new concern and how the new concern will be investigated.

Unless the legal owner is directly implicated, the new concerns must be shared with the legal owner as soon as they are identified and not held back until a further meeting.

Organisational high risk indicators which could prompt the need for an emergency interim meeting are:

- *Where there have been a series of significant incidents where the management response within the establishment has been unsatisfactory*
- *Where an unplanned incident poses a serious threat to the running of the establishment and its ability to meet the needs of the service users*
- *Where the organisation may not have sufficient resources to meet the requirements of the service users, thus exposing them to potential risk of market failure*
- *Where the organisation has consistently failed to meet the national minimum standards (as outlined in the CQC regulations)*

A meeting will be convened and chaired by the Overarching Chair to agree the most appropriate course of action. This must either be in consultation with the Service Provider or where it is not appropriate for the Service Provider to be included in the discussions, the Chair will inform the Service Provider of the outcome. This must also be confirmed in writing.

Safeguarding Adult Review

Throughout the Large Scale Enquiry process, the Overarching Chair in conjunction with representatives at the meeting should also consider whether any of the concerns raised meet the criteria for referral to the Local Safeguarding Adults Board for a Safeguarding Adult Review (Safeguarding Adult Review Protocol 2015)

A Safeguarding Adult Review takes place when an adult at risk dies or suffers from abuse or neglect, and there are concerns about the multi-agency system. Safeguarding Adult Reviews are statutory under section 44, Care Act 2014.

The Local Safeguarding Adults Board MUST carry out a review, under s.44 (Care Act 2014) where:

- The case involves an adult with care and support needs (whether or not the Local Authority was meeting those needs)
 - There is reasonable cause for concern about how the Safeguarding Adult Board, its members or organisations worked together to safeguard the adult
- AND
- The person died (including death by suicide) and it is known or suspected that this resulted from abuse or neglect (whether or not it was known before the person died)
- OR
- The person is still alive but the Safeguarding Adults Board knows or suspects they have experienced serious abuse/neglect, sustained potentially life threatening injury, serious sexual abuse/permanent impairment of health or development.

13. Emergency Closure of Service as a Consequence of Safeguarding Risks

In some circumstances there may be a need to consider the immediate or urgent removal of a number residents from a care setting or to change a domiciliary support provider where there are serious safeguarding risks. The legal and evidence basis for such an action must be discussed within an emergency safeguarding meeting, chaired by a Senior Commissioning Manager. The following people may be asked to participate:

- Deputy Director of Adult Care – B&NES Council
- Head/Deputy of Safeguarding Adults and Quality Assurance – B&NES Council
- Senior Commissioning Manager - B&NES Council
- Overarching and Designated Chair
- Large Scale Coordinator
- Relevant Team Manager
- AWP Mental Health Representative (if appropriate)
- CQC
- Police (if appropriate)

- CHC representative (if appropriate)
- Virgin Care representative – member of the Senior Management Team
- CCG representative – member of the Nursing and Quality Team
- Trust and/or Legal Advisor
- Communications and Marketing Team - B&NES Council
- Other funding authority representatives

Any supporting evidence from other agencies such as Police or Care Quality Commission will be presented by representatives specific to these agencies. Attendees at this emergency meeting will then consider the evidence base presented by the Overarching Chair (and relevant others) in order to reach an agreement on what actions are required.

If a decision is taken that a Provider Service must be closed, the Large Scale Procedures will continue as required and facilitate the safe removal of residents. However any termination of contract decision must be led by the Senior Commissioning Manager (B&NES Council) through a commissioning strategy process and they will assume a lead role in devising an appropriate emergency plan in relation to termination of contract.

The Senior Commissioning Manager will lead in devising a communication strategy to the legal owner, service users, family and representatives and media in partnership and with the support of the Overarching Chair, Large Scale Coordinator, Team Manager and Communications and Marketing Team – B&NES Council.

Emergency closures may involve complex casework and assessment, increased levels of distress and anxiety to 'at risk' adults, their families / representatives and all other parties. It is important to ensure that the individuals preferred outcomes and best interests are paramount throughout this process. Resource implications will need to be carefully considered and agreed.

In the event of a decision to remove residents on the basis of a safeguarding intervention the following principles as identified in the SCIE document '[Short Notice Care Home Closures: A Guide for Local Authority Commissioners](#)' should be adopted.

- The closure process needs to be handled sensitively in order to allay anxieties and protect the welfare of residents to ensure that good quality care is continued during the days and following weeks.

- Where possible, service users should not be separated from long-term friends.
- Staff should be aware of service user's reactions to change and listen to their fears, wishes and needs throughout the process. In turn, those arranging transfer to new homes should heed the experience of existing staff.
- Service users should not be promised anything that cannot be delivered.
- Care Home closure should be managed as a multi-agency project so that all organisations offering some level of care or support to service users and staff can work towards the common aim of effecting best outcomes and continuity of care.
- Key players (regulators, receivers/administrators, commissioners, NHS, service user's representatives, professional associations, etc) must therefore be engaged at the earliest possible stage.
- Closure processes should be informed by a clear purpose with values and principles that guide how the desired outcomes are to be achieved.
- Team Managers (Virgin Care/AWP) should identify a range of alternative services which are available and can be matched to the needs of the residents being relocated.
- Good record keeping is important to promote effective communication between staff and organisations and to enable the transfer of information to the new home.
- While continuity is hugely important, once the closure of one Home and the move to another becomes inevitable, service users need to be provided with sufficient information to exercise choice and control over where they will next live and how their support is delivered.
- Families will require reassurance about continuity of care and this should be the responsibility of the key worker appointed to work with the service user.
- Commissioners in conjunction with Team Managers (Virgin Care/AWP) should identify a range of alternative ways of securing individual's outcomes (including other Care Home placements, Home Care packages, higher cost placements, split packages with the NHS, extending direct payments to relatives, family placement schemes or the procurement of 'extra care' capacity).

14. Emergency Closure Hub

It is recommended that an Emergency Control Centre is established to co-ordinate the emergency closure. The function of the hub should be proportionate to the

number of service users being removed. It is suggested that as a minimum the hub should include the following people:

- Commissioning Manager – B&NES Council
- Team Manager
- Social Worker
- Health professional
- Representative from the Safeguarding Adults and Quality Assurance Team – B&NES Council
- Large Scale Coordinator

The hub will undertake the following key roles:

- Act as a direct contact for social workers co-ordinating the removal of service users.
- Collate assessment information in relation to identified needs and ensure this is passed on to new providers
- Arrange assessments, new placements and funding arrangements
- Liaise directly with families and representatives as appropriate
- Arrange new equipment in conjunction with the new provider
- Arrange new prescriptions in conjunction with the new provider
- Arrange transport as per individual need
- Ensure GP practices are aware of new addresses and communicate with the relevant GP/s as required
- Update Liquid Logic/RIO electronic care records as required
- Agree contact arrangements by health and social care professionals once new placements have taken place
- Coordinate any response to unexpected information from Overarching Chair or Large Scale Coordinator.

The hub should create a folder of information for each service user to support this process and ensure relevant information is passed to the new provider in a timely manner.

15. Closure of Large Scale Investigation Procedures

Large Scale Enquiry safeguarding procedures can only be closed when there is agreement within a formal safeguarding meeting.

At the final meeting –

- Consideration should be given to de-briefing sessions to ensure that any relevant learning opportunities are taken forward
- Lessons learnt and 'best practice' identified from the enquiry process should be made available to all staff and agencies involved in the investigation so that any training issues can be addressed. This may include:
 - What was successful in this investigation?
 - How can we apply this to future cases?
 - What could have been done better?
 - Did the protocol help?
 - Does the protocol need to be reviewed?
- An on-going Protection Plan for the provider setting may need to be completed and agreement reached around how this will be monitored (this is likely to include CQC and Contracts and Commissioning). This should detail actions to include milestones and review dates, setting out how the service deficiencies will be remedied. It is essential that there is an agreed framework to follow through any actions outside of the Large Scale Enquiry procedures and who will assume responsibility for this
- A decision will be made around any arrangements for on-going support of the service and who will undertake this. Timescales for on-going involvement should be agreed within safeguarding meetings
- The Overarching Chair of the Large Scale Enquiry will ensure that the Head/Deputy Head of Safeguarding Adults & Quality Assurance (B&NES Council) is informed of the final outcome of the enquiry process and advise them of any risks identified regarding the service.
- A copy of the Enquiry report should also be sent to the Senior Commissioner of the Council and where relevant, the CCG. This is to ensure that actions are built into contract monitoring arrangements with the Service Provider
- The Large Scale Coordinator will obtain written responses from all who were allocated actions from the closure meeting and in conjunction with the Overarching Chair and Contracts and Commissioning Officer will review the final action plan no later than 6 months after the Enquiry has closed

- Responses will be stored by the Safeguarding Adults and Quality Assurance Team and a concluding letter will be sent to the Service Provider
- Any restrictions on the Provider Service will be reviewed by the Senior Commissioning Manager and communicated to the Service Provider

Recording of Minutes and Collation of Documentation and Evidence

Throughout the process, minutes of each Large Scale meeting will be taken by a member of the Councils Safeguarding Adults Administrative Team.

A specific Safeguarding Adult Team Administrator (B&NES Council) will be designated to the Large Scale Enquiry process and will (where possible) remain with the case for continuity until the Enquiry closes.

Action plans and Terms of Reference from Large Scale Enquiry meetings must be sent in an 'approved by chair format' to all attendees and invited persons within 5 working days of the date of the Planning or Review meeting.

Minutes approved by the Overarching Chair will be circulated to representatives by the Large Scale Coordinator within 10 working days with a request that any request for amendments are forwarded within 5 working days of that date.

If there are only minor amendments, minutes from the Large Scale Enquiry meetings are then approved, circulated and stored by the Councils Safeguarding Adults Administration Team. Approved minutes further to individual cases will be stored on the Liquid Logic/RIO electronic care system.

Only major amendment requests (such as contested discussion points / agreements) will be re-forwarded to the Chair for re-approval. Providing there are no major amendment requests minutes should therefore be fully approved by the Overarching Chair, circulated and recorded no later than 10 working days after the meeting.

Where individual safeguarding procedures have been carried out, copies of minutes and enquiry reports will be held electronically on Liquid Logic/RIO for the individual. This will be the responsibility of the relevant Team Manager (Virgin Care/ AWP). The Designated Chair will compile a summary report (to include personal details, date of

alert, summary of concerns and outcome of safeguarding procedures) of each individual case to be held as part of the collated overarching evidence

Agenda, attendance sheets, minutes and action plans from the Large Scale meetings will be held electronically in a named secured folder by the Councils Safeguarding Adults and Assurance Team.

Observations specific to the care service / setting will be entered onto the named electronic file on Liquid Logic. Information will be added by the Overarching Chair, Designated Chair, the Large Scale Coordinator, relevant Team Manager or Safeguarding Adult Team Administrator. This will serve to provide an up to date record of activity in relation to Large Scale Enquiry procedures

The Large Scale Coordinator in conjunction with the Councils Safeguarding Adults Team Administrator will assume responsibility to collate all evidence from the Large Scale Enquiry and ensure this is chronologically filed. All information will be passed to the Large Scale Coordinator within 6 weeks of the closure of the safeguarding process. This includes a copy of all records/assessments undertaken throughout the enquiry process, emails, hand written documentation, photographic evidence, statements / testimonies recorded. As a guide only the following will apply:

- All **paper records** collated will be divided into chronological sections such as assessments, letters, emails, reports, photographs, statements. (Current practice is to upload/scan this info onto the computer system rather than hold paper files)
- Records will be hand delivered and stored in a secure cabinet in accordance with local policy
- A receipt of delivery will be given by the Safeguarding Team Administrator when the documents are handed over
- All **electronic records** collated will be stored in an electronic folder as above and forwarded via safeguarding.adults@bathnes.gcsx.gov.uk
- A delivery and read receipt should be included as evidence of forwarding and responded to by the Safeguarding Team Administrator
- Only emails that are sent directly to or from the individual (not as cc.) need be forwarded to reduce duplication
- The Council Safeguarding Adults and Quality Assurance Team on receipt of all documentation will ensure that both paper and electronic information is stored in chronological sections as above. All electronic information will be

held in Safeguarding Adults: Whole Home / Large Scale Investigation Policy and Practice Guidance Date:

- Best interest decisions and outcomes for each allegation concerning individuals must be clearly recorded on Liquid Logic/RIO under the individuals own identification number the respective team manager (Virgin Care/AWP).

PART 4: APPENDICES

APPENDIX 1

Identifying Organisational Abuse

Definition

A definition of organisational abuse encompasses all types of abuse – neglect, emotional abuse, sexual abuse, physical abuse, financial abuse and discrimination.

Organisational abuse within a care environment will involve repeated incidents of poor care, ill treatment, neglect or unsatisfactory professional practices. The persistence of abuse over time or the potential for this to develop is consequently a key characteristic. Poor management, an absence of policy and procedure [or their reliable use of] and poor practice by a significant number of staff are also likely to be present.

Indicators of organisational abuse

The 'type' of incident

- Inappropriate or poor care that leads to
 - Malnutrition
 - Dehydration
 - Skin damage / pressure ulcers
 - Unmanaged continence
 - Falls / fractures
 - Unexplained injuries
- Restricted access to appropriate medical or social care
- Misuse or inappropriate use of medication
- Neglect of service user(s)
- Poor risk assessment and/or management
- Absent or inadequate policies and procedures
- Evidence that policies and procedures have not been followed
- Poor or lack of training to staff
- Misuse of restraint or inappropriate restraint methods (physical, chemical)
- Unauthorised Deprivation of Liberty
- Non-adherence to the Mental Capacity Act
- Sensory deprivation (denial of hearing aids, glasses)
- Restricted mobility (denial of access to mobility aids)
- Restricted access to toilet/bathing facilities

- High number of complaints, accidents or incidents [NB: this requires a considered response as positive reporting should be seen as a means for organisational reflection and change)
- Care regime exhibits lack of choice, flexibility and control (for example; early morning rising, removal of call bells)
- Care regime impersonal and lacks respect for dignity
- Lack of personal clothing and possessions
- Denial of visitors or phone calls

The ‘nature’ of the incident

- Is the behaviour widespread within the setting?
- Is it evidenced as repeated instances?
- Is it generally accepted within the setting?
- Is it sanctioned by supervisory and management staff?
- Is there an absence of effective management monitoring and oversight?
- Are there resourcing or environmental factors that adversely affect the quality of care?
- Are there systematic deficits embedded in the care setting (this may include sub groups within the setting)?

The ‘degree’ evidenced by the incident

- The vulnerability of the service users
- The nature and extent of the abuse
- The length of time that it has been occurring
- The impact (or potential impact) on service users
- The risk (or potential risk) of repeated or escalated incidents

The pattern and prevalence of incidents

- Are the same incidents reported over time?
- Is there a frequency of concerns (which may encompass previous safeguarding concerns, complaints, whistle blowing, CQC outcomes, contract monitoring reports, staff feedback etc)?

In summary, common themes in organisational abuse are:

- A history of concerns that may not have been previously connected to a wider view of the care service/setting
- Poor standards of care

- Rigid routines
- Inadequate staffing, high staff turnover (to include the manager)
- Poor supervision and training of staff
- Lack of or non-adherence to policies and procedures
- Poor recording in care documentation, incident logs
- Culture and behaviours suggesting a lack of transparency and openness

Occasionally, there may be members of staff who plan to exploit these environments. In these cases, patterns of theft, sexual assault or physical assault may emerge.

APPENDIX 2

RISK ASSESSMENT AND ESCALATION PROCEDURE FOR ORGANISATIONAL ABUSE

Purpose of the Procedure

The risk assessment procedure set out below relates to concerns that have triggered Safeguarding Adults procedure thresholds. The procedure mirrors the approach to risk assessment set out in the CQC Judgement Framework – guidance about compliance. It is not a procedure to be applied narrowly to specific safeguarding standards, outcomes, processes and procedures only, but rather one that needs to be applied to all aspects of care/desired service user outcome in order to determine a level of concern. The outcome of the risk assessment will indicate the level of management that should oversee proceedings and the safeguarding and commissioning actions that need to be taken (see table).

RISK ASSESSMENT

1. When a concern of organisational abuse concern is made, a designated person (**need to determine who this will be**) will carry out a risk assessment. The risk assessment will need to be revisited if circumstances change
2. The risk assessment will consider the impact the circumstance under consideration will have on people using the service
3. A combination of assessed impact and likelihood will determine a level of concern as summarised in the table below

Likelihood/Impact	Low	Medium	High
Unlikely	Minor	Minor	Moderate
Possible	Minor	Moderate	Major
Almost Certain	Moderate	Major	Major

IMPACT CRITERIA

LOW No, or minimal impact on the safety of people who use services

MEDIUM A moderate impact but limited provided remedial action is taken with no long term effects on people's health or well being

HIGH A significant immediate impact on the safety of people who use services which will have a long term impact on their health and well being

LIKELIHOOD CRITERIA

UNLIKELY This is unlikely to happen or recur due to the control measures and processes in place

POSSIBLE This may happen but is not a persistent issue

ALMOST CERTAIN This will probably happen/recur frequently. This could be due to a breakdown in processes or serious concerns about control measures

CONCERNS

MINOR	People are generally safe but shortfalls in quality of provision mean that outcomes may not be achieved and that they are potentially at risk if service provision deteriorates further
MODERATE	People remain generally safe but there are specific identified risks to their health and well-being There is an inconsistency in the quality of care given and the service’s ability to meet complex needs is questionable Appropriate policies and procedures are in place and known to most staff but they are not consistently applied to ensure the prevention of abuse Most staff have received appropriate training but it is not comprehensive, up-to-date or reliably put in place
MAJOR	The number and/or seriousness of concerns made indicate that people are not protected against unsafe or inappropriate care. An absence of staff training and/or knowledge of appropriate policy and procedure and/or managerial failure to investigate concerns indicate that processes and actions that would serve to prevent abuse are not embedded with the provider/service
PERSISTING MAJOR	Despite intervention by the (who) at an organisational level, the provider persistently fails to improve, or improvements are not sustained leading to persisting serious concerns. This results in a loss of confidence in the provider and their ability to keep their service users safe

LEVEL OF CONCERN	CIRCUMSTANCES	ACTIONS Safeguarding	ACTIONS Quality Assurance	MANAGEMENT OVERSIGHT
MINOR Unlikely, possibly low or medium impact (BLUE ALERT)	<ul style="list-style-type: none"> • The provider has a history of recent difficulties (poor care/complaints) • An individual safeguarding concern may indicate wider concern • Whilst unlikely, there would be a medium impact on people if the concerns applied widely across the provider service • The manager is complacent/not proactive in working to ensure preventions 	An individual safeguarding meeting – outcomes and action plans may lead to a LSE meeting being called or provide evidence to be incorporated into an LSE meeting		
MODERATE Almost certain low impact Possible medium impact Unlikely high impact	<ul style="list-style-type: none"> • There have been a number of individual safeguarding concerns (see thresholds criteria) • Low impact service shortfalls are almost 	LSE procedures initiated Individual safeguarding cases feeding into LSE meeting Action plan required from the service	Likely to be QA visits before and after LSE Compliance Action by CQC	

(YELLOW ALERT)	<p>certainly taking place across the provider/service and medium shortfalls are possible</p> <ul style="list-style-type: none"> • There is a failure at systems level to deliver service users' outcomes across a range of needs • The manager is failing to identify or act on the above • Compliance actions by CQC 			
MAJOR (AMBER ALERT)	<ul style="list-style-type: none"> • Abuse/neglect is in evidence across a wide range of provision • LA Safeguarding Team/Commissioners' lack of confidence in the managers to deliver appropriate care and prevent abuse • Warning Notices by CQC 	<ul style="list-style-type: none"> • LSE procedures instigated • Individual safeguarding cases feeding into LSE • Action plan required from the organisation 	<ul style="list-style-type: none"> • Total or partial embargo of placements • QA monitoring visit/s • Targeted individual Service User Reviews 	
PERSISTING MAJOR	<ul style="list-style-type: none"> • There is a loss of confidence in the organisation 	<ul style="list-style-type: none"> • LSE procedures instigated • Meeting with 	<ul style="list-style-type: none"> • Series of QA visits • All Service 	

(RED ALERT)	<ul style="list-style-type: none"> • There have been a series of action plans relating to safeguarding concerns over a period of time, but improvements are not sustained • There is a danger of reputational damage to the Authority • CQC Civil Enforcement – Conditions, Suspension or Cancellation of Registration 	<p>organisations senior management</p> <ul style="list-style-type: none"> • Action plan from organisation 	<p>Users reviewed according to agreed timetable</p>	
	<ul style="list-style-type: none"> • Service users are at constant serious risk 		<p>Service User removal Termination of contract</p>	

APPENDIX 3

MEETING TO CONSIDER THE USE OF LARGE SCALE ENQUIRY PROCEDURES

NAME OF PROVIDER:

VENUE:

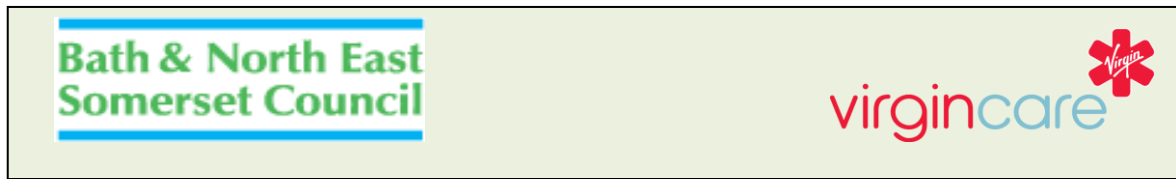
DATE:

AGENDA:

1. Welcome, introduction, apologies and role of attendees
2. Purpose of meeting
3. Background information of Service to include:
 - Registration status
 - Occupancy
 - Staffing / Registered Manager
4. Previous safeguarding history and current concerns/issues to include:
 - CQC status
 - Contracts and Commissioning status
 - Police view if appropriate
 - Concerns identified by other health and social care professionals (arising from engagement, involvement or reviews)
 - History of complaints / positive aspects of the service
 - Business continuity if there are concerns around market failure or service closure
5. Service User overview
 - Funded placements
 - Out of area placements
 - Self-funders
 - FNC/CHC
6. Any other information sharing by professionals
7. Assess and agree whether the concerns meet the criteria for Large Scale Investigation procedures using the Risk Assessment Appendix 2
8. Agree communication to Provider to advise of outcome if Large Scale Procedures are to be implemented.
9. Agree date for Large Scale Enquiry Planning Meeting and representatives that need to attend.
10. AOB

NB: Where placement concerns are identified, B&NES commissioners to follow separate process in accordance with the Councils Policy on Suspension and Restriction of Placements in Care Homes.

APPENDIX 4



Meeting to consider the use of the Large Scale Enquiry Procedures:

Strictly Confidential

Date of meeting:	
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Service under consideration:	
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Attendees:		
Name	Job title	Organisation Telephone Number

Apologies:		
Name	Job title	Organisation Telephone Number

1. Background Information of Service:
2. Previous safeguarding history and current concerns/issues:

3. Service User overview :

4. Information sharing by professionals:

5. Decision to manage through the Large Scale Enquiry Procedures

Agree communication to Provider if Large Scale Enquiry Procedures are to be implemented, date for Large Scale Enquiry Planning Meeting and representatives that need to attend

6. Actions

7. Agreed distribution of minutes

Chair:

Designation:

Signature:

Date:

APPENDIX 5

**Bath & North East
Somerset Council**

Working together for health & wellbeing

NHS
**Bath and
North East Somerset**

Letter to Provider and Registered Manager

Copy to be sent to Provider and Registered Manager

Name
Title
Address

**Bath & North East Somerset Council
People and Communities Department
Safeguarding Adults Team**

Kemphorne House
St Martin's Hospital
Clara Cross Lane
Combe Down
Bath
BA2 5RP

Direct Line:
Mobile:
Email:
Website: www.bathnes.gov.uk

Date:

Dear

I am writing to confirm that the Bath and North East Somerset's Local Safeguarding Adults Board Protocol for Managing Large Scale Enquiries is to be used to manage the current safeguarding issues being experienced at **(Name of Service)**. The reason for this decision is due to:

-
-
-

Where enforcement notices have been issued by the Care Quality Commission; to add the following:

*The Council is also aware of the enforcement notice issued to **(Name of Service)** by the Care Quality Commission (CQC). The CQC are obliged under section 39 of the Health and Social Care Act 2008 to provide copies of these notices to the Local Authority. The issuing of this notice, whilst it informs the safeguarding process was not a key contributing factor in the decision to move into the Large Scale process **or** .*

The Protocol for Managing Large Scale Enquiries can be found at **(add hyperlink)**. Please let me know if you cannot access this information and required a hard copy.

I have asked **(add name of Team Manager)** (Team Manager – Safeguarding Adults and Quality Assurance) to Chair the process. **(Add name of Team Manager)** can be contacted on Tel: **(add number)** or at **(add email address)**

A Planning Meeting has been arranged for **(add details to include, date, time and venue)**. Please come to **(insert details)** where you will be met.

To support the discussions at the meeting we would be grateful if you could provide **(add name of Team Manager)** with:

- Details of all the Service Users and how they are funded. This should include the contact details for any Local Authorities outside of B&NES who fund Service Users.
- *The details of the GP who provides support to the Home **(where concerns are in relation to a Home)***
- *Business Continuity Plan and financial details **(where there are concerns of market failure)***

If you have any further questions please contact **(add details)**.

Yours sincerely

(Add name)

**Head/Deputy Head of Safeguarding and Quality Assurance
Bath & North East Somerset**

APPENDIX 6

**Bath & North East
Somerset Council**

Working together for health & wellbeing

NHS
**Bath and
North East Somerset**

Letter to Placing Authority

Title (First Name) (Last Name)
Address Line 1
Address Line 2
Address Line 2
Town
Postcode

**People and Communities Dept
Commissioning Services
Bath & North East Somerset Council**
Trust HQ
St Martin's Hospital
Clara Cross Lane
Bath
BA2 5RP

Tel:
Fax:

Date:
Ref:
Your Ref

Dear *(Title) (Last Name)*

Re: *(First Name) (Last Name)*

We are currently undertaking a Large Scale Safeguarding Enquiry in relation to allegations of abuse and concerns against a number of service users placed in *(Name of Provider)*, of which *(First Name)(Last Name)* is one.

We are fulfilling our obligations in relation to Safeguarding Adults as the 'host' authority.

Our role is defined as:

- To take the lead on responding to the referral
- Co-ordinate the initial information gathering, background checks and ensure a prompt notification to the 'placing authority' and other relevant agencies
- Co-ordinate any investigation

The placing authority is responsible for providing support to *(First Name)(Last Name)* and planning their future care needs, either as *(the alleged 'adult at risk' or 'alleged person responsible')*. The placing authority should also nominate a link person for liaison purposes during the Large Scale Safeguarding Enquiry. They will be invited to attend any Safeguarding Meetings and/or may be required to submit a written report.

B&NES LSAB Protocol for the Management Large Scale Investigations. Final Version 12/15.
Amended February 2018

I am writing to suggest that you satisfy yourself that:

- Representation has been provided at Safeguarding Meetings
- The continued placement is safe, meeting the needs of the individual and is in their best interests
- The relatives or advocates of the individual have been kept informed of the investigation and the process your staff have put in place to inform them of the outcome

The on-going placement for *(First Name) (Last Name)* is a matter for your Commissioning Manager to decide and is not something we, as the 'host' authority can decide or advise upon

I hope that you find this letter helpful in clarifying the current position.

Please do not hesitate to contact me should you wish to discuss further

Yours sincerely

(First Name) (Last Name)

(Position)

This letter should go out in a senior manager's name

APPENDIX 7

Ground Rules for managing Large Scale Enquiries:

1. Confidentiality

Advise that the meeting has been convened under the B&NES Safeguarding Adults Multi-Agency Policy and Procedures. The content of the meeting is strictly confidential and can only be shared on a need to know basis

2. Staying for the whole meeting

It is the intention that the meeting should not last more than 2 hours. It is important for all members to contribute to the Enquiry process and the development of the protection / action plan. Every effort should be made to stay until the end of the meeting

3. Responsibility to speak out

Everyone needs to be open and honest in their contribution to the meeting

4. Respect for other's views

It is everyone's responsibility to actively listen to the views of others and not interrupt. Everyone will be given an opportunity to speak.

5. Outcomes

Professionals should record any actions for themselves pending arrival of the meeting minutes that will be circulated as soon as possible.

6. Minutes

Minutes will be sent out within 10 working days of the meeting and if sent electronically, should be sent via either secure email or password protected. They will not be reproduced without the express permission of the Overarching Chair.

Ensuring the accuracy of the minutes is everyone's responsibility. Any omissions or corrections must be sent to the Overarching Chair within 5 working days of receipt.

AGENDA – LARGE SCALE ENQUIRY PLANNING MEETING

NAME OF PROVIDER:

VENUE:

DATE:

1. Welcome, introductions, apologies and role of attendees

- Identify who has been invited and why
- Who has attended
- Who has sent apologies
- Who has not attended
- Who has been excluded and why (if appropriate)
- Clarify with participants their role in the meeting.

2. Housekeeping, ground rules and confidentiality

- Share and agree ground rules
- Inform attendees that if any information needs to be shared, this should first be checked with the Overarching Chair
- Inform attendees minutes of the meeting will be circulated to all attendees and those who have given apologies.
- Identify if there is anyone else that requires a copy of the minutes
- Remind participants that the minutes of the meeting can be requested for the purposes of any criminal proceedings, Disclosure and Barring Service enquiries and / or Coroner enquiries.

3. Purpose of the Large Scale Enquiry Planning Meeting

- To share the concerns and allegations
- To agree whether the concerns meet the criteria for an on-going LSE, and if so to agree the scope / terms of reference for the enquiry process.

4. Information sharing from relevant people/organisations.

Summary overview of care setting/provider

Safeguarding referrals:

- Details of allegations (previous history and current concerns)
- Investigative actions and outcomes so far.
- Discussions of concerns and issues to be addressed.

Reports/feedback can be sought from the following people so that the situation can be considered in context and fully assessed:

- Social Workers (host and placing authorities)
- Contracts and Commissioning (host and placing authorities / health and social care)
- Health representatives (FNC / CHC / GP's / Hospital staff)
- The Provider (if attending the meeting)
- CQC or other regulatory body
- Police
- Feedback of any information from service users/family and/or advocates

5. Information regarding service users

- Service Users placed and funded by B&NES (Adult / Mental Health Services)
- Out of Area placements
- FNC / CHC
- Self-funders

6. Risk Assessment

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 the provider

7. Safety of the service

- Business continuity and contingency plans should the situation deteriorate; for example – sourcing alternative placement/service

8. Do the concerns meet the criteria for an on-going LSE?

If no – agree the following

- Which agency will lead on following through the concerns?
- How will the outcomes of the Planning meeting be fed back to the owner/provider?

9. Planning the Enquiry

Could include:

- Immediate or further action required to safeguard service users
- Safeguarding considerations of any referrals so far
- How complaints and whistle-blowing incidents are dealt with
- Assessment of service users
- Planning any further enquiries – roles and responsibilities
- Involvement of other agencies, for example; Police, CQC, Contracts and Commissioning.

- Proposed timescale for enquiry process

10. Communication strategy

Agree a communications strategy which should include communication with:

- All service users or their representatives, family, carers and advocacy services
- Service Provider if not present at the meeting
- Person(s) alleged to have caused harm
- Identify designated person who will be the single point of contact for their organisation
- Agree how other placing authorities (for example; of individuals not identified as alleged adults at risk) 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 and relevant senior managers and legal representatives
- Consideration needs to be given to informing risk and insurance if necessary
- The communication strategy must be reviewed regularly

11. Agreed actions

Clarify the agreed actions from the meeting – record any disagreements, unresolved areas and unmet needs

- Restate the scope of the enquiry process
- Confirm who will be doing what
- Timescales
- Check with the minute taker that they have all the information that they need to write up the minutes.

12. Date of next meeting

Date, time and venue of subsequent meetings.

APPENDIX 8

Issues to be considered when determining the Terms of Reference for Large Scale Enquiries

Planning Issues:

- Joint response and decision making between agencies
- Clarify the issues to be investigated and agree Terms of Reference
- Agree roles and responsibilities for each agency (for example; Local Authority, Police, CQC, NHS/CCG Commissioners and Providers/Health Trusts and other provider settings to include GP's)
- Agree timing of Enquiry actions (including complaints, whistle blowing alerts and any disciplinary action, where appropriate, as well as coordinating/maintaining oversight of other processes for example; Serious Incident Reports and Root Cause Analysis (RCA) Investigations)
- Identify all people affected by the enquiry process (staff and service users)
- Ensure any intervention does not compromise possible Police investigation (unless there are over riding safety needs)
- Obtain background information
- If not already done so, consider whether concerns warrant a recommendation for suspension of local authority placements or service contracts. This should be undertaken separately to the Safeguarding Process in accordance with B&NES Councils Policy on Suspension and Restrictions on Placements in Care Homes (2013). Service Providers may also need to consider suspension of staff if indicated.
- Maintain a chronology of all incidents related to the Enquiry
- Keep a record of all policy decisions related to the Enquiry
- Obtain legal advice where appropriate
- Preservation of evidence and preparation for medical examinations where indicated
- Multi-agency response to risk assessment and management
- Ensure that service users and their representatives are supported by the Provider/LA via Safeguarding to take place in the safeguarding process to the extent to which they want, are able to, or to which the process allows, and are kept informed of progress.
- The Service Provider should be informed of timescales in relation to the enquiry process, to include realistic targets and when they can pick up enquiry processes themselves.
- The Provider must have a business continuity plan in place to assist them in working through any period of enquiry.

Management issues:

- Identify key managers from all appropriate agencies
- Clarify operational procedures and whether Police Major Incident procedures apply
- Agree staffing commitment and location of Enquiry
- Ensure that staff involved do not, or are not seen to have any non-professional interest in the service or other elements to be investigated
- Prepare for interview of vulnerable witnesses – are specialist staff and interview facilities required
- Liaise with press officer and prepare/agree joint press release statements where appropriate
- Alert other placing/commissioning authorities if not already done so
- Consult on management action and share information on issues relating to disciplinary action and suspension, where appropriate

Professional issues:

- Identify differing agency priorities
- Regular briefing and information sharing for relevant staff and managers, which may need to be daily for some cases/wider concerns
- Support/protection for referrers/whistle blowers
- Care arrangements for adults at risk, including therapeutic support
- Consideration of individual needs in relation to race, culture, age, gender, sexuality, religion and disability
- Language and communication needs
- Consent and information sharing
- Advocacy services; including IMCA, Independent Advocacy (Care Act), IMHA
- Identified point of contact for queries
- Identify where actions are required in relation to referrals to the DBS or other professional bodies.