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business*

East Riding Safeguarding Adults Board

Procedure for undertaking Large Scale Enquiries (LSEs)

1. PURPOSE

1.1 This document underpins the East Riding Safeguarding Adults Board Multi Agency Policy and Procedures. It seeks to outline what determines a large scale enquiry and provides guidance on the response that is required in such situations.

1.2 A large scale enquiry (LSE) could be triggered where there are significant concerns and/or a high level of safeguarding activity in relation to adults at risk or where there is a complex concern regarding a number of adults at risk that requires a multi-agency response, e.g. one or more person(s) alleged to have caused harm in relation to multiple victims (4 or more suggested?) who are adults at risk.

1.3 This procedure is a working document which should be reviewed and amended in the light of experience and lessons learned from undertaking large scale enquiries.

2. GUIDING PRINCIPLES

2.1 Whilst the East Riding Council Adult Social Care have a duty to co-ordinate safeguarding enquiries, effective responses to large scale concerns must be based on multi agency responses. This results in collective responsibility and shared accountability across agencies.

2.2 This guidance does **not** negate the need for individual safeguarding concerns to be addressed via the individual safeguarding processes; it is not a replacement for the management of individual concerns, particularly where vulnerable adults at risk of harm may require ongoing support, care, advocacy etc.

2.3 All agencies receiving safeguarding concerns need to consider the possibility of more than one adult at risk who may potentially be at risk. It is essential that collaborative working and appropriate sharing of information across agencies takes place to identify information of any previous enquiries and allegations involving any named individuals or the organisation.

2.4 As with any safeguarding enquiry the governing principles of safeguarding apply and must be followed as the concerns are investigated. These are:

- Adults at risk are listened to and what they have to say is taken seriously and acted upon in an appropriate manner.
- Individuals have a right to privacy; to be treated with dignity and to be enabled to live an independent life.

- Everyone’s circumstances are different. Individuals should be able to exercise choice about how they lead their lives and have their rights upheld, regardless of ethnic origin, gender, sexuality, disability, age, religious or cultural background and beliefs.
- Intervention should be proportionate to the harm or possibility of future harm, and which has the overall effect (outcome) of improving the life of the adult(s) at risk.
- All responses to safeguarding concerns should consider an outcome which supports or offers the opportunity to develop or to maintain, a private life which includes those people with whom the adult wishes to establish, develop or continue a relationship and a right to make an informed choice.

2.5 Where adults lack capacity to safeguard themselves, other people will need to make those decisions. In doing so they will act as decision maker and will make “best interest decisions” on their behalf as described in the Mental Capacity Act 2005 and associated Code of Practice.

WHERE IT IS SUSPECTED THAT A CRIME MAY HAVE BEEN COMMITTED THE POLICE MUST BE ALERTED AT THE EARLIEST POSSIBLE OPPORTUNITY.

3. POTENTIAL TRIGGERS FOR A LARGE SCALE ENQUIRY

3.1 Triggers for a large scale enquiry can include one or more of the following:

- a number of adults at risk (4 or more?) have allegedly been abused resulting in significant harm or there is potential for significant harm (whether or not the local authority is funding this care). This could include people within a provider service or a group of individuals being allegedly abused by an individual or individuals.
- receipt of collective concerns in relation to one service setting.
- concerns in relation to a service are of a high volume.
- concerns are serious in nature i.e. serious crime, media interest, multi-agency involvement.
- a single concern naming individuals where it is believed other adults may be at risk.
- a provider has failed to engage with the safeguarding process to date resulting in continued harm or continued risk of harm to one or more adult at risk.
- an individual safeguarding concern or enquiry has raised significant concerns about the care of others in the same service or within the same organisation.
- receipt of an individual safeguarding concern where the adult has died (consideration must be given as to whether the criteria has been met for a Safeguarding Adults Review).
- receipt of a whistle blowing concern suggesting large scale concerns involving one or more adults at risk and/or more than one suspected perpetrator.

- information received from the regulator, the Care Quality Commission which suggests that the practices of an establishment(s) are placing adults at serious risk of harm.
- information from other bodies such as Monitor, Clinical Commissioning Group, Continuing Healthcare Team, Healthwatch or the Police suggesting serious concerns in relation to a service or multiple adults at risk of harm.
- information given by professionals or the public suggesting serious concerns within a service.
- a service provider going into administration or considering home closure. In this instance the Business Management Unit will be required to be part of the safeguarding response. This may not always require a large scale enquiry.
- where there may be multiple victims and one alleged perpetrator, for example where a staff member is alleged to have abused residents over a long period of time.

THIS LIST IS NOT EXHAUSTIVE – PROFESSIONAL JUDGEMENT SHOULD ALWAYS BE USED TO DETERMINE THE MOST APPROPRIATE RESPONSE TO CONCERNS.

3.2 A LSE may have some or all of the following additional factors:

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

For example: Dr Shipman, Winterbourne View, Gloria Foster, Steven Hoskin, Jimmy Saville etc.

3.3 The involvement of other agencies should be considered at the earliest possible stage. The level and nature of concern will influence which organisations need to be involved and the required level of authority to make decisions on behalf of organisations.

3.4 This procedure is intended to be used where a high level of management influence and coordination is required in the above circumstances, over and above that which can be exerted through the more usual safeguarding enquiry processes.

In many partner organisations this type of response is well recognised as the “gold group” response indicating that it requires escalating to a senior and urgent procedure.

4. STAGES OF THE PROCESS

4.1 The policy for large scale enquiries mirrors the processes outlined in the safeguarding policy which covers individual concerns. However large scale enquiries have additional actions which may be required and these are outlined in these procedures.

4.2 The concern, information gathering and decision making stage (to commence immediately)

The purpose of this stage is to:

- gather necessary information and check the accuracy
- assess and determine the degree of seriousness
- assess and determine the degree of urgency
- agree which agencies need to be involved
- agree whether given all the information the concerns meet the criteria required to trigger escalation into a LSE process.

Consideration needs to be given to the information currently available and additional information to be gathered, such as:

- summary of concerns linked to specific adults at risk
- background checks of any previous concerns and how these were addressed
- background checks of the provider e.g. Business Management Unit, provider data
- link inspector / last CQC report and any previous enforcement action, dates and outcomes
- company name and other local homes in the group
- commissioning arrangements and needs of individual adults
- any involvement of Quality Development Monitoring Officers (QDMOs) or procurement contract monitoring concerns.

Key actions required or to be considered at the information gathering and decision-making stage:

- address any immediate safety risks and consider any urgent actions required
- review any information contained from Business Management Unit, provider data, CQC etc
- consider an initial visit to the service to see the adult(s) at risk to ensure safety
- collate all allegations / disclosures and concerns received
- consider who needs to be involved in the LSE
- develop a chronology.

WHERE IT IS SUSPECTED THAT A CRIME HAS BEEN COMMITTED THE POLICE MUST BE CONTACTED TO AGREE HOW TO PROCEED BEFORE FURTHER ACTION IS TAKEN.

THE DECISION TO PROCEED TO THE LSE PROCESS SHOULD BE MADE WITHIN 24 HOURS OF THE INFORMATION GATHERING STAGE.

4.3 If the decision is taken to **proceed** to a LSE process then the following checklist should be used to assist in preparation for the initial LSE Safeguarding meeting:

- ✓ Identify who will chair the meeting and who needs to be invited. The Chair must be a Senior Manager or above and invites should be co-ordinated by the Chair.
- ✓ In the most complex and protracted of cases consideration should be given to the appointment of an **independent chair**.
- ✓ A list of invitees with contact details
- ✓ Identify initial information to be requested and initial information to be shared at the meeting.
- ✓ Agree the plan with the provider concerned, the adults at risk and families, to explain what safeguarding is and the actions proposed.
- ✓ If the concern relates to a care provider start to locate relevant contract information to determine if there are any likely breaches of contract and whether the contract needs to be reviewed at this stage.
- ✓ Update all relevant information on AIS and any other relevant information systems.
- ✓ Consider involvement of agencies required and a plan to secure ongoing commitment of senior representatives. This may include NHS, police, advocates and any wider stakeholders.
- ✓ Consider who else needs to be notified in each of the relevant agencies eg Council portfolio leads, Heads of Service, Directors, media teams etc.
- ✓ Consider whether a joint media statement is required using the ERSAB Communications Protocol.
- ✓ Notification to the CQC Inspector if the service is registered (unless already involved).
- ✓ Notification to any other commissioners involved such as CCG, NHS England, specialist commissioners or other local authorities

4.4 First Large Scale Enquiry Meeting (to be held within 5 days)

4.5 The main purpose of the first LSE Safeguarding Meeting is to ensure that immediate actions to protect individuals are agreed, plan the enquiry(s) required and confirm that all agencies are working together effectively to support the enquiry with the expectations and actions of each role clarified. Roles and responsibilities in an enquiry can overlap so it is important to be clear who is doing what and by when.

4.6 The first priority is to give attention to individuals who may have been subjected to abuse, including the requirement to identify any necessary action to safeguard other adult(s) at risk.

4.7 Where the concerns are very serious and/or high profile it is essential that sufficiently senior managers within the key partner agencies are invited to attend the

safeguarding meeting. This is particularly key to ensuring engagement within the enquiry process and where there are resource implications.

The safeguarding LSE meeting should take place within 5 days of the concern

The following should be considered to be invited to attend (depending on nature/type of incident):

- CQC inspector if the service is registered
- Senior manager within provider setting incident occurred
- Police (DCI)
- Local authority Senior Managers e.g. Head of service, safeguarding team manager, Contract compliance manager
- CCG Commissioning/safeguarding lead
- Adult social care senior practitioner
- Local Authority media manager
- Acute Trust senior safeguarding manager

The following should be agreed at the meeting:

- Identify risks to those referred and others, whether the adult(s) are at continued risk and immediate actions required. Capacity and consent issues to be discussed.
- Agree how reviews will be managed including the multi-agency staff required to complete reviews/assessments e.g. social workers, occupational therapists, continuing healthcare nurses, mental health practitioners.
- The length of the enquiry and timescales and who the information should be sent back to.
- Agree the terms of reference for the enquiry to consider the level of enquiry required, the proportionality of the response and identify the lead agency. The enquiry required may include:
 - interviewing the adult(s) and/or family/carers
 - engaging advocacy services for those who do not have capacity and do not have a person to represent them
 - health examinations/assessments
 - reviewing individual cases and case notes
 - Developing a timeline of events/chronology
 - liaising with other commissioning authorities
 - liaising with other professionals who have access to the service
 - documentation to be used including body maps.
 - Review resources and the funding required in order to support the enquiry including admin support.

- Agree the communication strategy including how communication will flow between individual and overarching enquiries, any statements for media, families, adult(s) and the provider. Establish how communication between group members will be co-ordinated and agree point of contact for families.
- Agree documentation and systems to be updated such as AIS.
- At the end of the meeting it should be agreed who needs to be involved at the next stage, what further information is required and programme of dates for future meetings.

4.8 The LSE enquiry (to commence within 1 working day of the LSE meeting)

4.9 Any police investigation will take primacy. However, other enquiries (of a health or social care nature) may run along in parallel where appropriate. It should be agreed by all partner agencies the level and scope of all strands of the enquiry.

4.10 The adult(s) and their families should be involved at the appropriate level and support for adults at risk will need to be considered to ensure the views of adults are understood and that the outcomes they wish to be achieved are understood.

4.11 For those who do not have the capacity to understand the process and do not have another person to represent them, the person undertaking the enquiry will engage with the advocate to ascertain what the adult would like as an outcome.

4.12 Engagement of the adult(s) and any advocates will need to continue throughout the whole process of the enquiry.

4.13 The enquiry will follow clear timescales as agreed at the first enquiry meeting.

4.14 The enquiry will need to include clear records of any interviews, information used such as staff rota's, care records, daily charts etc and there should be some analysis of this.

A further LSE Meeting (to be held within 28 days of commencement of the enquiry)

4.15 The purpose of the LSE further meeting is to share the findings of the various strands of the enquiries undertaken, reach broader conclusions about the nature and extent of the alleged abuse within the service and ensure an improvement plan is in place.

4.16 All those who attend the LSE further meeting are required to ensure that they have completed the actions agreed at the initial LSE safeguarding meeting and have provided the Chair with a report prior to the meeting, or as a minimum requirement have the information available to share at the further LSE safeguarding meeting in a format that complies with Data Protection requirements.

4.17 The relevant provider manager should be invited to attend the LSE further meeting as it is vitally important that they are fully engaged with undertaking an active role with the improvement plan.

The following should be considered at the LSE Safeguarding further meeting:

- ✓ Review information gathered since last meeting and the outcomes of enquiries.
- ✓ Confirm whether any criminal prosecutions will be progressed.
- ✓ Confirm any improvement plan or action plan required and designate responsibilities.
- ✓ Areas to be improved can include:
 - personalised care plans, risk assessments and management plans
 - health plans
 - managerial and leadership arrangements
 - policies and procedures
 - staff training and professional development
 - staff support and supervision

4.18 The improvement plan/action plan will show what is required to be improved, by whom and when (timescale with a date). All decisions should be evidenced with the reasons why a decision has been taken.

4.19 The meeting should consider how improvement plans will be monitored such as closer monitoring by commissioners, sponsoring authorities, Quality Assurance, Procurement contracts and performance monitoring along with the Care Quality Commission.

4.20 Confirm the status of placements (if appropriate).

4.21 Confirm the need or otherwise for an ongoing communication plan, including timely communication with families, partner Communications teams, CQC, etc.

4.22 Confirm the current degree of seriousness and whether it remains as a LSE.

4.23 Assess the risk to the adult(s). Where it is assessed that a significant/high risk of harm exists to the adult(s) then the case should continue as part of the LSE safeguarding response. The meeting should consider the evidence shared within the meeting to guide this and canvass the views of the meeting in reaching this decision. Advice from other more senior managers can be sought by the Chair where this is unclear.

4.24 Identify if the improvements required can now be delivered and monitored through a different process eg SARG sub-group, Business Implementation Group.

4.25 Agree plans to share information with the adult(s) and who is the best person to do this. If copies of notes of the meeting are distributed, only information relevant to the individual can be shared.

LSE REVIEW MEETING (THIS COULD BE VIRTUAL OR FACE TO FACE)

The purpose of the review is to:

- update on progress against the improvement/action plan in order to hold agencies to account and challenge as required.
- review the risks to the adult(s)
- decide if the LSE process is still required.
- review the status of the provider (if appropriate).
- Decide whether there is a need to maintain a communications plan.

4.26 Because the nature and level of risk of large scale enquiries can vary it will be the responsibility of the Chair of the meeting to decide what the most appropriate review arrangements are, and to record this decision.

There may need to be several further review meetings held in order to hold agencies to account and evidence improved care practices until there is no need for any more and the LSE process will close.

4.28 Where several meetings occur throughout the LSE process it is vitally important that agencies are kept up to date between minutes by regular updates provided by the Chair. All agencies should have up to date information about the stage of the enquiry. This will be in addition to the formal minutes taken at the meetings.

LSE CLOSURE

When the enquiry is closed the following steps need to take place:

- A letter sent to all adult(s), family members, advocates and agencies from the Chair or most appropriate Senior Manager informing them of the outcomes and closure of the enquiry.
- A letter to other commissioning authorities informing them of the closure if this is felt appropriate.
- Consider what ongoing quality monitoring is required, who will hold the lead and how will this be monitored.
- Letter to the service provider informing them the enquiry has been closed, the outcomes, and plans for reinstatement of business. This needs to align with contract action as required.
- Feedback to the person raising the concern as appropriate.
- Feedback to relevant organisations e.g. CQC, CCG, NHS England, Monitor, Healthwatch.

5. Reporting the outcome to the Safeguarding Adults Board

5.1 Where serious concerns or themes requiring multi-agency strategic oversight have been identified, a summary report should be co-ordinated by the LSE chair or other most appropriate person to be presented to the next routine East Riding Safeguarding Adults Board meeting. The report can include themes of incidents, agencies involved, outline of concerns and summary outcomes of enquiries. The focus of the report should, however be on any lessons learnt, practices changed since the incident and any areas of best practice highlighted.

5.2 Where it is decided that strategic oversight of the action plan is still required the SAB may request that progress against the action plan continues to be monitored by the SAB until they are satisfied that all actions have concluded in a satisfactory way. This may be necessary in cases where there has been significant media attention or very high profile cases.

5.3 There may also be consideration at the outcome stage whether the case meets the criteria for referral for a Safeguarding Adults Review (SAR) to be considered (if this has not already been triggered).

5.4 Alternatively the SAB will delegate the responsibility to review progress on the action plan to another group, such as the Business Implementation Group if there are any remaining actions which still require implementation.

6. Internal agency governance

6.1 Each agency will have its own internal governance structure to monitor the actions identified through the safeguarding process and will be accountable for actions assigned to individual agencies. For example, providers have the responsibility to refer employees to the Disclosure and Barring Service and professional bodies. This should be considered at the conclusion of any disciplinary matters (visit <http://www.dbs.gov.org.uk> and click referrals tab for more information and guidance). The Disclosure and Barring Service is in existence to prevent unsuitable people from working with vulnerable adults and children.

7. Other issues to consider

7.1 Investigation of staff members

7.2 Careful consideration should be given to a situation where the practice of operational staff needs to be investigated. This is the responsibility of the employer in line with organisational HR policies and procedures. It is not appropriate for a colleague to investigate a peer. Discussions and advice from HR should be sought of the agency involved to ensure appropriate procedures are followed.

7.3 The person alleged to have caused harm

7.4 The protection of the adult(s) at risk 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 person alleged to have caused harm.

7.5 Agencies should take appropriate practicable steps to minimise the potential disruption and damage to the private and professional life or the reputation and business of the care provider.

7.6 Where allegations are subsequently found to be unfounded, or it can be proven that false or malicious allegations have been made, the needs of the person alleged to have caused harm should be treated with sensitivity.

8.0 Media handling

8.1 The level of media interest in complex LSE's should not be underestimated. Having a multi-agency communication strategy in place is vital from the outset. The lead for the co-ordination and review of the strategy and sharing information with the media should be assigned at the initial LSE meeting. It is advised that a senior manager holds the lead and liaises with communications officers from all the agencies represented within the enquiry.

Always refer to the Safeguarding Adults Board Communications Protocol 2016.

UNDER NO CIRCUMSTANCES SHOULD STAFF DEAL DIRECTLY WITH ANY INQUIRIES FROM THE MEDIA.

9. Sharing and Storage of Information

9.1 All meetings *must* have formal notes taken which are shared and agreed by all attendees.

The distribution of the notes of the meeting will be via secure email unless an alternative is agreed at the start of each meeting.

9.2 All information should be stored securely both electronically and or in paper form in line with organisational policies and the Data Protection Act.

9.3 Information shared at safeguarding meetings is for that purpose only and should relate only to the individual(s) / organisation / agency concerned.

9.4 Any requests received for notes to be used for other purposes will need to be considered by Information Governance staff and consent of all concerned would be required and appropriate redaction considered. This includes disciplinary processes. Information shared should only be for the legitimate purpose of safeguarding individuals and families.

Appendix 1

This flowchart provides guidance on the relationship between the safeguarding process for individual concerns from provider settings and the large scale enquiry process (LSE).

