

Fife Interagency Guidance and Procedure for Large Scale Investigations of Adults at Risk of Harm



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Large Scale Investigation (LSI) Flowchart

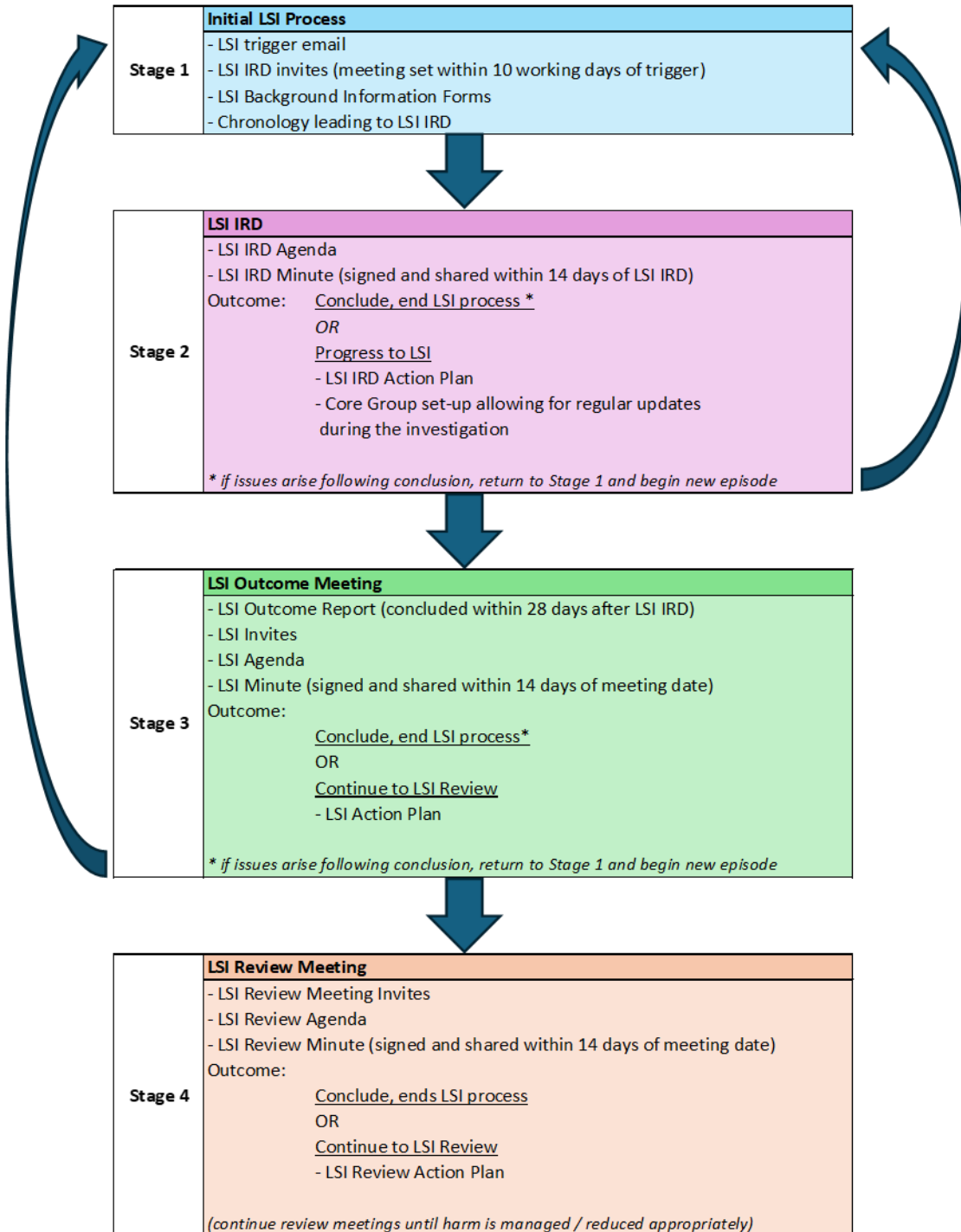
Concerns about a regulated or health setting or about one or more adult at risk of harm report received

The source may vary, such as:

Complaints to: Care Inspectorate; Fife Council or NHS Fife, or
 Individual Adult Support & Protection (ASP) duty to inquire identifies concerns regarding a service,
 Or Whistleblowing or regulatory process identifies concerns about a service,
 Or Concerns Identified within Quality Assurance Care Provision process

LSI Workflow Diagram

Large Scale Investigations of Adults at Risk of Harm



Interagency Procedure for Large Scale Investigations

1. Scope and purpose of procedure

1.1 This procedure has been created to:

- Provide a standardised approach to carrying out a Large Scale Investigation consistent with current best practice.
- Offer a framework for an alternative to holding large numbers of individual Adult Support and Protection Investigations linked to a specific regulated service or health setting and ensure that there is adequate overview / co-ordination where a number of agencies have key roles to play.
- Clarify partner agencies' responsibilities during Large Scale Investigations.

1.2 Scope

This procedure may apply to all adults at risk of harm, as defined by the Adult Support and Protection (Scotland) Act 2007 (ASPA), who fall within scope above.

1.3 Definition

A Large Scale Investigation is an inter-agency response to circumstances where there is concern about an adult, or adults who may be experiencing harm or are at risk of harm. Adults at risk of harm, is a term defined by the Adult Support and Protection (Scotland) Act 2007. Where necessary supportive and protective action will be taken during the course of an investigation to mitigate the risk to the users of that service. This protocol is relevant to adults living in the community as well as adults who may be receiving services from a registered care provider which can include care homes, day care, hospital or care at home provided by care provider.

A Large Scale Investigation should be considered if one or more of the following applies:

- Systematic failure in the delivery of services, placing individuals at risk of harm
- Institutional harm is suspected
- Concern about the quality of care and about the service's ability to improve ¹
- Two Section 4 (ASPA) inquiries within a six month period or three in a year related to harm in the same service (for same or range of service users/patients)
- A whistle blower makes allegations about the service which suggest harm is or is likely and may impact more than one adult

¹ See Early Indicators of Harm <http://www.gov.scot/Publications/2014/02/4761/1>

- Multiple victims not in one setting: for example, several adults at risk in the community are potentially being systematically targeted by criminals, such as bogus workmen, hate crime and sexual exploitation. Although the police will have the lead responsibility to investigate, a LSI brings together key agencies to assist in that investigation and take a consistent approach to support and protect victims from harm

1.4 Relevant Legislation

The following legislation is viewed as being relevant and/or related to this procedure:

- Adult Support and Protection (Scotland) Act 2007
- Adults with Incapacity (Scotland) Act 2000
- The Social Work (Scotland) Act 1968, section 12, section 6
- Mental Health (Care and Treatment) (Scotland) Act 2003
- Regulation of Care (Scotland) Act 2001
- Public Services Reform (Scotland) Act 2010
- National Health Service (Scotland) Act 1978
- Human Rights Act 1998
- Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 –
Part 2-Duty of Candour
Part 3 – Ill-treatment and wilful neglect offence
- Criminal Law
- Children and Young People (Scotland) Act 2014

1.5 Relevant Guidance and Procedures

The following agency/interagency procedures are viewed as being relevant and or related to this document:

- Adult Support and Protection (Scotland) Act 2007 Code of Practice
- Fife Interagency Adult Support and Protection Guidance
- Fife Significant Occurrence Process
- Procedure for Management of Registered Sex Offenders (R.S.O.) in a residential/nursing home, or being supported by a care at home agency.
- Fife Social Work Adult Support and Protection Procedures
- Individual Agency Human Resource Guidance (Conduct Processes)
- Care contract clauses relating to the suspension on placements and adults at risk



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2 Introduction

- 2.1 The Local Authority has a duty to make inquiries where it is known or believed that an adult may be at risk of harm and may require support or protection. The Adult Support and Protection (Scotland) Act 2007 (the Act) gives the Local Authority the lead role in Adult Protection investigations and makes no distinction between NHS premises and other settings.
- 2.2 This procedure has been agreed by Fife Council, NHS Fife, Fife Health and Social Care Partnership, Police Scotland and the Care Inspectorate, which are the key agencies involved in any investigation process involving regulated and health care settings. It is designed to minimise risk to both service users and staff in any regulated care or health setting.

3. Immediate Safety Issues and Large Scale Investigation Inter-agency Referral Discussion (LSI IRD)

- 3.1 When an adult protection Report of Harm referral is received by the social work service it will conduct the initial inquiry as per standard adult support and protection procedures. However, when the harm is noted to have occurred in or is related to a regulated care service or health setting, the social work service will additionally consider whether there is potential that other adults are also experiencing or are at risk of harm, and whether there have been previous reports of harm raised for the same setting etc. (see flow chart).
- 3.2 If there is potential that there may be multiple adults at risk of harm, then an LSI Interagency Referral Discussion (IRD) meeting must be initiated with relevant agencies. This meeting should take place within 10 working days of Social Work being made aware there may be multiple adults at risk of harm. Any records related to the trigger incident must reference that the adult protection process has moved towards consideration of a large scale investigation to ensure there is evidence of the decision-making process.
- 3.3 Any actions required to safeguard adults at immediate risk should be taken straight away and should not wait for further stages in the procedure. This reflects the position of the wider Fife Interagency Adult Support and Protection Guidance which is clear that if an adult at risk is in immediate danger, action should be taken without delay to safeguard/protect that individual.
- 3.4 Any immediate support, care or protective action deemed necessary must be undertaken. Potential immediate interventions could include [please note this is not an exhaustive list]:
- A suspension on admissions/referrals to the regulated service



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- Immediate Human Resources (HR) actions for particular members of staff involved with the regulated service or health setting (e.g. precautionary suspension, referral to appropriate registration body e.g. SSSC etc.). NB: This would be the responsibility of the management of the regulated service or healthcare setting but may be suggested/advised by either the Care Inspectorate or SW Contracts
- Re-provision of care or removal of any particularly at risk individuals, as required

3.5 When information is received by the social work service suggesting the Large Scale Investigation (LSI) process may be triggered then arrangements should be made to undertake a Large Scale Investigation Inter-agency Referral Discussion (LSI IRD).

3.6 When the LSI process appears to apply the Social Work Service will:

- Alert other social work teams of potential LSI and ask for any ASP reports of harm or LSI concerns from their teams in the past 6 months (using standard email template at Appendix 8.1)
- Follow Notification Guide (at 3.8) to alert SW Contracts Team and the Performance Improvement and Planning Team and request reported Significant Occurrence detail in terms of volume and type the from care provider for past 6 months.
- Alert Quality Assurance Group of LSI IRD date and time (using standard email template as above)
- Arrange an LSI IRD meeting, chaired by a Service Manager from Adult or Older People Social Work Service. Head of Social Work Service should also be appraised of this meeting in line with national LSI guidance. Attendance from Contracts and Commissioning Team, identified Social Work lead (Team Manager and/or Senior Practitioner) and relevant partner agencies from Health, Police, Care Inspectorate as a minimum
- Prepare and send LSI Background Information Form (Appendix 8.2). Social Work to record on their LSI Background Form which agencies the form was sent to and on what date
- Consider if/how to involve the provider, and if not invited how they will be informed of progress
- Social Work will initiate a chronology to support the LSI IRD meeting²

² Refer to Chronology Guidance [within SW ASP Procedures](#) or [ASP Inter-agency Guidance](#)
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3.7 At this stage of the process, relevant notifications to other appropriate agencies (who are not presently aware of the report of harm referral) should be made by the Social Work Service. The Team Manager, in discussion with the relevant Service Manager, will identify who will make contact with the appropriate agencies. This should include any other local authorities who are commissioning any type of care from the provider for their resident within the Fife area.

3.8 The agencies who should be notified include:
[Please note this is not an exhaustive list]

Notification Guide	
The service is Registered with Care Inspectorate	Contact Care Inspectorate, Contracts Team (monitoring officer), Performance Improvement and Planning Team
The LSI relates to a hospital or healthcare service	Notify Health Care Improvement Scotland
The alleged perpetrator/s have professional registration	Notify relevant body e.g. SSSC, NMC, GMC, Allied Professional
The alleged perpetrator/s is registered with Disclosure Scotland	Notify Disclosure Scotland if staff member is dismissed
The service user has a mental disorder or lacks capacity	Notify Mental Welfare Commission
The service user has a continuing guardian or financial guardian	Notify Office of the Public Guardian Notify Power of Attorney
Service-users from other local authorities are involved in the LSI	Notify other placing / commissioning HSCP's or Local Authorities
If a controlled drug features in the incident or concern - This is the responsibility of the involved NHS representative (see NHS role section-appendix 8.8)	Notify the Accountable Officer for Controlled Drugs in NHS Fife by email fife-CD@nhs.scot or by phone on 01383 565 341
Fife Council's Principal Social Work Officer	Notify Principal Social Work Officer

4 Large Scale Investigation Inter-agency Referral Discussion Meeting (LSI IRD)

4.1 Prior to the LSI IRD meeting agencies will receive an LSI Background Information Form from the identified Council Officer. The form will be partly completed with the initial information about the concerns and background detail known to the social work service.

Liquid Logic service user pins for the vulnerable adults who have triggered the LSI IRD taking place should be included within the LSI background reports as well as the minute of the LSI IRD for identifying purposes. The form also acts as the invite to the LSI IRD meeting and will include the date time and venue of the LSI IRD meeting. (Appendix

8.1). The LSI IRD meeting itself should take place within 10 working days of Social Work being made aware there may be multiple adults at risk of harm

- 4.2 Each agency must search their records and complete the rest of the form with their agency's relevant information. They can either return this information to the identified Council Officer in advance of the meeting or bring the completed form to the LSI IRD meeting.
- 4.3 Senior managers invited to LSI IRD (and Outcome meetings) may bring/delegate attendance to relevant managers/specialist practitioners. However, all attendees will be able to support decision-making on behalf of their organisation.
- 4.4 Advice will be given during the IRD as to whether internal agency, disciplinary or Local Authority investigation should pause for conclusion of a criminal investigation. There will be agreement recorded as to how the adult support and protection process will be restarted (i.e. who will contact whom and who will provide update to care provider).
- 4.5 LSI IRD participants can discuss the need to suspend a worker/workers alleged to have caused harm. The Council (Contracts), Care Inspectorate and Police Scotland can make recommendations to the care provider but it is the provider's (including where this is the Council or NHS) responsibility and decision to do so.
- 4.6 Where a criminal investigation is initiated or deemed necessary, Police Scotland will advise if any proposed actions/activities can or cannot be progressed at the same time. The general principle is that any criminal investigation must take primacy and not be compromised by other agencies' actions. However, this will always be balanced against the need for timely action to ensure the safety of any adults who are potentially at risk.
- 4.7 The participants will agree a decision as to how to proceed. Possible outcomes are:
- There is to be no further action (NFA) under adult support and protection legislation. This would be the outcome if the adults involved did not meet the three point criteria, or the risk of harm reported or concern outlined was not present. NB: A decision of NFA in regards to Adult Support and Protection does not in any way preclude other interventions occurring (e.g. Care Inspectorate regulatory activity; contract enforcement action, criminal charges etc.). **This would end the LSI process**
 - Individual Adult Support and Protection Investigation –This would be the outcome if the harm is thought to be limited in who it affects within the regulated service or health setting and/or is believed to be best addressed on an individual basis. **This would end the LSI process**



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- Large Scale Investigation – Where it is likely that there are ongoing adult support and protection risks and those risks are felt to impact upon multiple adults who are involved with the regulated service or health setting. Or where concerns about institutional harm, quality of service and improvement capacity are known or believed to be an issue
- Whatever outcome is decided on, all notifications, minutes, background reports and overarching chronology should be stored and saved on the Large-Scale Investigation Microsoft Teams site, by the relevant business support officer who has minuted the meeting within an individual folder for the care provider/care home. This will ensure all LSI documentation is stored in a consistent manner allowing information to be drawn upon easily for any future LSI's or quality assurance purposes.
- All decisions made within the LSI IRD meeting and any subsequent formal LSI within the minute, should be signed off by the meeting chair. This ensures an additional layer of defensibility to any decision making.

4.9 Where an LSI is required then planning for how this will be undertaken will follow.

Investigation Planning (Roles Responsibilities, timescales):

- Refer to the LSI Roles at appendix 8.8 to ensure all involved organisations are clear about expectation
- Consider objectives of the investigation and how this will be achieved, who will be involved in the investigation “team” etc. For example, if there are issues relating to manual handling, nutrition or skin integrity the investigating team should include the relevant specialist
- Consider gaps in information identified and agree actions with appropriate partner agencies (using Recommendations and Action Plan Template)
- Maintain appropriate link between registered service/health facility and social work to ensure investigation is well supported and managed
- Identify appropriate single point of contact for families. This is a proactive role and information shared should not compromise but support any media strategy (see LSI IRD Agenda, point 7 for guidance)
- Agree timescales for completion of tasks, stages of investigation and agree LSI Outcome Meeting date (within 4 weeks of LSI IRD meeting)
- The Chair of the LSI group will nominate a Council Officer to write an Outcome Report. The findings within the LSI Outcome report will be shared at the Outcome Meeting.



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- The LSI group members will be responsible for keeping their own senior management informed throughout the investigation
- Any staffing/resource issues which may impede the progression of an investigation should be escalated to senior management within the relevant agency for quick resolution

5 Large Scale Investigation

- 5.1 Where an investigation is being initiated in a registered service the nominated single point of contact will meet with the service provider representative and may be accompanied by the appropriate Contracts and Commissioning Monitoring Officer. Where the investigation relates to a health setting the nominated single point of contact will meet with the relevant health manager.
- 5.2 The Chair of the LSI IRD meeting will identify a Lead Council Officer. This will be an authorised Council Officer under the Adult Support and Protection (Scotland) Act 2007 who has substantial experience of adult support and protection investigations. While responsible for the completion of the Outcome Report, there is no expectation that the Lead Council Officer is solely responsible for the investigatory work; their role will be to coordinate the overall process of investigation with support from the investigation team.
- 5.3 Different situations will necessitate different levels of investigatory response. For example, in a situation where there have been concerns about standards of care in a registered service or health setting over a period of time, the majority of information may already be available and the primary responsibility of the Lead Council Officer will be to address any gaps in knowledge and ensure collation of all known reports. Conversely, in situations where the allegation of harm is completely new to statutory services, far more substantial direct investigation may be required – potentially including interviews with staff, family members and service users, etc.
- 5.4 However, as per Fife Inter-agency Adult Support and Protection Guidance, in all investigatory work, the following points should be considered:
- It is essential that Local Authority staff involved in interviewing have all undergone specific training in investigating allegations of harm
 - The investigation should be undertaken as soon as possible, taking into account the impact on the adults in the regulated service or health setting
 - Preliminary interviews may have to take place with the person who made the allegation, workers of support services etc. Checks should also be made on all available computer records/manual records and with other Local Authorities if appropriate



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- Where interviews with adults are proposed, care should be taken in the choice of venue and timing of interviews, to ensure they are at ease etc. and that all necessary supports are available, e.g. interpreter, computer, loop system and symbols
- Local Authority staff should consider the provision of independent advocacy services from the beginning of the LSI process for those at risk of harm, including non-instructed advocacy. This can also take place when investigative interviews occur. Reasons for not engaging the use of advocacy should be made clear.
- Interviews of adults should be carried out as sensitively as possible. The impact on the adults should always be considered, and the adults' wishes must be taken into account. A balance must be reached between the need to protect the adults and respecting their rights. This is particularly relevant where the issues or concerns are generalised to the whole service rather than service user specific
- All interviews related to the investigation must be carried out by a Council Officer and one other professional e.g. from Social Work/NHS/Police. It may also be necessary to include a member of support staff who knows the adults well. If required, appropriate assistance should be made available to address any identified communication need(s)
- Where independent review of clinical care by NHS staff is requested by the social work service this should be undertaken jointly with social work
- Those involved in the investigation should always meet beforehand, to discuss how to proceed, making sure that they are aware of all the facts to date, any background knowledge/information regarding the adults involved and any alleged perpetrator
- The Early Indicators of Concern provides a useful checklist³

5.5 Once the investigatory process is concluded, the Lead Council Officer will be responsible for collating the information obtained ready for presentation to, and consideration at the following Large Scale Investigation Outcome Meeting.

5.6 The LSI Investigation should be concluded 28 days after the LSI IRD meeting.

6 Large Scale Investigation Outcome Meeting

6.1 Following conclusion of the large scale investigation, the Chair of the LSI IRD meeting will call a large scale investigation outcome meeting to allow for discussion/deliberation of the findings. The LSI Outcome report will be circulated in advance of the meeting.

³ See Early Indicators of Harm <http://www.gov.scot/Publications/2014/02/4761/1>



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- 6.2 It would be considered good practice for the Chair of the outcome meeting to be the same person who chaired the original LSI IRD meeting.
- 6.3 All those who were invited to the original LSI IRD meeting should also be invited to the Outcome meeting. In addition, any other relevant parties who may contribute to effective decision-making should also be invited. For example, if as part of a Large Scale Investigation it was found that skin care was a particular risk factor, the tissue viability specialist might be asked to attend the outcome meeting.
- 6.4 Representatives of the management of the regulated service or health setting should normally be invited to attend the Outcome meeting. Due to the nature of the discussions/deliberations, the staff of the care setting may be excluded from sections of the outcome meeting proceedings – this will be at the discretion of the Chair. Liaison by the Single Point of Contact with the provider is essential.
- 6.5 The Chair of the Outcome meeting will use the set agenda (see appendix 8.7) to frame the deliberations.
- 6.6 The purpose of the Outcome Meeting is:
- To determine, based on the information obtained during the investigation and thereafter, if the service users within the regulated service or health setting are 'adults at risk of harm' under the terms of the 2007 legislation. If this is the case, then develop an appropriate action plan to address the concerns/risks will be agreed.
- 6.7 By the end of the Large Scale Investigation Outcome Meeting, a decision should be reached as to the ongoing management of the risks identified. This will result in an outcome of one of the following:
- NFA under the Large Scale Investigation procedure. This outcome would be selected if the service users were no longer found to be at risk of harm. Though it will be important to record why they are no longer at risk of harm- what has changed
 - Adult Protection Action Plan. See appendix 8.6 for the template. This outcome would be selected if the service users within the managed care setting remained at risk of harm. This plan may include actions to safeguard all individuals involved (service specific), but may also have specific actions for safeguarding particularly at risk adults within the regulated service or health setting (adult specific) or a combination of both
- 6.8 If it is determined that there is an ongoing risk of harm to service users or concerns remain regarding the regulated service or health setting's ability to improve to the standard expected, then an action plan should be agreed at the outcome meeting which clearly sets out how the risks will be managed and addressed and what improvements are required.
- 6.9 The action plan should be specific in regards to those responsible and timescales for implementation.

- 6.10 In addition, if an action plan has been agreed, then a date for review of the plan must be set at the outcome meeting.
- 6.11 The Large Scale Investigation Outcome meeting should be minuted and a copy of the minute and action plan/s sent to all participants, and any agency with a regulatory role not in attendance (see notification template). The minutes should be circulated within 14 days of the meeting being held. Additionally, the Chair will be responsible for advising relevant colleagues in the social work service of the outcome.



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7. Large Scale Investigation Review Meeting

- 7.1 Any Large Scale Investigation Outcome Meeting where an action plan is in place, must have its effectiveness reviewed.
- 7.2 This review will be conducted via the Large Scale Investigation Review Meeting.
- 7.3 It is good practice for the Chair of the Review meeting to be the same person who chaired the outcome meeting.
- 7.4 All those who were invited to the Outcome meeting should also be invited to the Review meeting. In addition, any other relevant parties who may contribute to effective decision-making should also be invited.
- 7.5 Representatives of the management of the regulated service or health setting should normally be invited to attend the Review meeting. Due to the nature of the discussions, the staff of the regulated service or health setting *may* be excluded from sections of the Review meeting proceedings – this will be at the discretion of the Chair.
- 7.6 The Chair of the Review meeting will use the set agenda (appendix 8.7) to frame the deliberations.
- 7.7 Overall, the purpose of the LSI Review Meeting is to:
- Review the effectiveness of the current action plan
- AND
- Determine, (based on the information obtained during the meeting and elsewhere) if the adults within the regulated service or health setting continue to be ‘adults at risk of harm’ under the terms of the 2007 legislation
- 7.8 By the end of the Large Scale Investigation Review Meeting, a decision should be reached as to the ongoing management of the concerns. This will result in an outcome of one of the following:
- NFA under the Large Scale Investigation procedure. This outcome would be selected if the service users within the regulated service or health setting were no longer considered to be at risk of harm.
 - Continuation of an Adult Protection Action Plan. This outcome would be selected if the service users within the regulated service or health setting remained at risk of harm, despite the current action plan being in place. As a result, amendments or additions are likely to be made to the action plan to address the ongoing risk. This

may be about extending timescales to complete or embed improvement action or may be additional or revision of actions.

- 7.9 The revised action plan should be specific in regards to those responsible and timescales for implementation.
- 7.10 In addition, further review date should be set. This review would use the same agenda and procedures as the first review meeting.
- 7.11 Reviews of the action plan should continue until the risk of harm is managed appropriately or reduced to an acceptable level.
- 7.12 The LSI Review meeting should be minuted and a copy sent to all participants and those who were invited but who were unable to attend. The minutes should be circulated by the Chair, within 14 days of the meeting being held.
- 7.13 LSIs will be subject to inter-agency self-evaluation to aid continuous improvement, however this should not impede the Chair reviewing the work undertaken at conclusion to ensure any necessary learning is available and shared with relevant others at the earliest opportunity.



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8. Appendices

8.1 LSI Email Template

This template email can be used within social work to share with other teams (all Adult & Older People, Social Work Contact Centre, COMPASS and Mental Health Officer teams) and Service Managers, that a Large Scale Investigation IRD is planned. Please also share this template email with Principal Social Work Officer to ensure awareness of LSI IRD planning.

Dear Colleagues,

We have received a report of harm relating to [] (care home, ward, agency or organisation).

A Large Scale Investigation IRD will be held on []. Please forward any relevant information that you have regarding reports of harm, concerns or issues in relation to the regulated service or health setting, to me by []

The outcome of this LSI IRD will be shared with you and any relevant actions agreed at that time.

The table below may support the formulation of your response.

Have you had or do you currently have concerns about one or more of the following?	
1 Management and leadership	YES/NO
2 Staff skills, knowledge and practice	YES/NO
3 Service Users/residents' behaviours and wellbeing	YES/NO
4 the service resisting the involvement of external people and isolating individuals	YES/NO
5 The way services are planned and delivered	YES/NO
6 The quality of basic care and the environment	YES/NO
If you have answered yes to any please give brief description of issue and any action, if any, you have already initiated.	

* This prepopulated LSI email template includes appropriate recipients for circulation within Fife Health & Social Care Partnership. When using this to alert colleagues please ensure you change the "from" name to your own name.



LSI_email.msg



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(The Information provided on this form is Confidential)

Appendix 8.2 Large Scale Investigation Background Information Feedback Form – Partners (for LSI Interagency Referral Discussion Meeting)

Shaded sections to be populated by Council Officer before sending on to partner agencies

Date	
Name of Organisation Subject to Investigation Name of Company if relevant	

Adults who may be at risk: *will be individually reported under ASP*

Name	Date of Birth/CHI/ Liquid Logic PIN	Address	Type/s of Harm

Alleged Perpetrator (where applicable):	DOB:	Address:
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Background Information/Initial Concern: brief outline of concern themes

<p>Have you had or do you currently have concerns about one or more of the following?</p> <ol style="list-style-type: none"> 1 Management and leadership 2 Staff skills, knowledge and practice 3 Service Users/residents' behaviours and wellbeing 4 the service resisting the involvement of external people and isolating individuals 5 The way services are planned and delivered 6 The quality of basic care and the environment <p>If you have answered yes to any please give brief description of issue and any action, if any, you have already initiated.</p>	<p>YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO</p>
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Summary of information held by your Agency which is relevant to the investigation current or previous concerns, complaints or allegations. Add as much detail as required. Any other people not identified above, receiving a service through the same organisation who you may have concerns about.

Restricted Information (as identified by the agency providing the information)

This section includes information or intelligence which is relevant to the Adult Protection issue but is not suitable for disclosure to the subject(s), their parent(s) / carer(s) or any nominated representatives. This information can be shared with other professionals present, but must not be shared with the subject, their parent / guardian or any nominated person. This information must not be reproduced in any minutes or other documents that will be shared with the subject, their parent / guardian or any nominated person.

Form Completed By	
Authorised By	

This form can be either returned to the Council Officer at least three days prior to the LSI Interagency Referral Discussion meeting or brought to the meeting.

Return Date	
Return to	
LSI Planning Meeting Date, Time and Venue	

Appendix 8.3 PRACTICE EXAMPLE

Chronologies can be an important part of an individual’s case record and can provide an “index” of events which are of significance to that person. A chronology should complement a good assessment, not be a replacement for one. The essential purpose of the chronology is to draw together important information and assist understanding, highlighting early indications of emerging patterns of concern.

It would be reasonable to expect to see a chronology in case files of:

- Adults who are, or may be, at risk of harm from others; or self-harm;
- Adults who pose, or may pose, a risk of causing serious harm to others;
- Individuals with complex life circumstances.

The following highlights various examples of what might feature on a good chronology. This list is not exhaustive however it serves as an example of how you should approach writing an incident in a chronology.

Date of Event	Significant Event	Action Taken & Outcome if Known	Agency/ Individual
20/2/2018	Report of harm received	3 point criteria met in reference to Fife Guidelines. AP investigation progressed See profile notes dated- 20 -21 st March	SW Contact Centre Via Police
6/3/2018	NHS Contact – Suffered Stroke	Discussion with ward Charge nurse, advised Nurse to place SW contact details on nursing notes. See profile notes 6 th March	NHS/Ward 1
15/3/2018	Home is unsafe to return to from hospital. Deep clean requested	Arrange with Fife Council environmental service - contact – Mr Clean	Housing provider – Happy Homes

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18/3/2018	Fire risks at home – various issues raised	Arranged for Fire safety officer to recommend safety plan and telecare assessment arranged	SW Contact Centre Via Fire service
24/3/2018	Allegation that XX subject to sexually inappropriate behaviour from other resident	IRD completed, 3 point criteria met, Care Inspectorate contacted, progressed to AP Investigation. See profile notes 24-26 th March	Care home – Happy Valley Care Home
30/04/2018	Home Visit with GP – resulting from emergency request, Service user requesting she be admitted to hospital due to her mental health. Contact made with appropriate Health professional and XX was admitted to ward.	MHCT Act 2003 protocols followed, Admission to Psychiatric ward at QMH hospital. Report to be completed and passed to MHO team manager within MHCT guidelines.	Social Work MHO Team
1/05/2018	Significant Occurrence received from care home - relating to complaint re care staff from family member of resident	Significant occurrence recorded with Social Work Contracts, Care Inspectorate and followed up by Social Worker duty worker (see profile notes 1/5/2018).	Happy Valley Care Home

Appendix 8.4

LSI IRD Meeting Agenda

This agenda template should be used at the LSI IRD meeting to ensure that all areas of interagency information sharing and decision making is captured:

Large Scale Investigation IRD Meeting

1. Introduction and Apologies
 - Confidentiality reminder

2. Background Information to include:
 - SW lead presents summary of concerns and current situation, shares SW information including Chronology, initiating the Interagency Chronology (appendix 8.3).
 - Information sharing from attendees through LSI Background Information Forms
 - Immediate considerations of harm identified and assurance that they have been addressed
 - Consideration of what themes of harm have been identified and whether information/actions taken to date have reduced that harm.
 - Consideration of the use of advocacy services for vulnerable adults
 - Consideration of gaps in information to satisfy that there is a reduction of harm.

3. Interagency agreement of the Evidence of Risk and 3 Point Criteria

The Act defines an “adult at risk” as a person aged 16 years or over who:

- **Is unable to safeguard her/his own well-being, property, rights or other interests**
- **Is at risk of harm, and**
- **Because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected**

4. Is a Large Scale Investigation required?

A Large Scale Investigation is an inter-agency response to circumstances where there is the potential that more than one adult is at risk of harm within a registered service or health setting (this includes residential care, day care, dispersed home care or ward).

If above is Yes, move to Investigation Planning.

If above is No:

- Determine if further ASP measures are necessary for the individual, set actions according to care management arrangements with appropriate monitoring and feedback arrangements to line management structures.

5. Investigation Planning (Roles Responsibilities, timescales)

- Refer to the LSI Roles section to ensure all involved organisations are clear about expectation.
- Consider gaps in information identified and ascribe actions to appropriate partner agencies (using Recommendations and Action Plan Template)



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- Identify appropriate link between care facility and social work to ensure investigation is well supported and managed
 - Identify appropriate lead to communicate with families and care facility
 - Agree timescales for completion of tasks.
6. Determine any immediate actions that need to occur to safeguard individuals i.e. protection plan, protection orders, moratorium on placements
 7. Consider if a media strategy is required (if so, follow the Council Significant Occurrence process.) Ensure the media strategy is inclusive of all agencies
 8. Consider any notification requirements to other agencies/organisations and the families involved (see Notification Guide and send out decision from this meeting to social work teams using email template)
 9. Set date for LSI Outcomes Meeting (within 4 weeks of LSI IRD meeting)
 - Service Manager to arrange LSI Outcome Meeting within an agreed timescale.
 - Team Manager/Senior Practitioner to circulate Recommendations and Action Plan Template within 5 days of the meeting to ensure actions are taken within timescale



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Appendix 8.5

Large Scale Investigation Outcome Report

Name and address of regulated service/health setting subject to LSI	
Areas of harm/indicators of concern being investigated	<i>Consider here the Early Indicators of Harm from the feedback form Note the lead on the areas of harm being investigated, for example, Police or Health. Identify the areas from the LSI IRD meeting to be progressed</i>
Date of final report. Name of person completing report	
Investigative Officers/ Agencies Involved	<i>(Start with lead officer)</i>

Section 1 – Introduction and Background

Introduction	<p><i>The decision to proceed with this large scale investigation was made at the LSI IRD group on [Date], chaired by [name]</i></p> <p><i>The purpose of this large scale investigation is to explore and report on relevant factors relating to adult protection concerns raised by [name of referrer(s)] and relate to [number of adults at risk] within [name of service].</i></p> <p><i>Attach chronology of events as an appendix Include consideration of an impact statement upon the service for example those under an embargo. This should also include information shared with the families of those who use the service.</i></p>
Background and summary of incident(s)	<p><i>Provide an account of the lead up to the LSI, the organisation involved, number of adults involved in the investigation and potentially the wider impact upon others not directly involved. Record immediate action taken e.g. suspensions, internal investigation / disciplinary action</i></p> <p><i>Other agencies involved e.g. Care Inspectorate, NHS, financial, solicitors etc.</i></p>



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Outline of investigation process	<p><i>This investigation was carried out following adult protection concerns reported to Fife Council Social Work Services and is based on the actions identified and agreed at the LSI IRD meeting.</i></p> <p><i>Areas identified for investigation as follows: e.g. review of agency records [social work, health, care setting, other (identify) etc.] for the period of [dates start – finish]</i></p> <p><i>A review and application of relevant policies, procedures and legislative responsibilities.</i></p> <p><i>Indicate dates of planning meeting, core group meetings and review meetings took place (see chronology and minutes)</i></p> <p><i>(Any additional information required)</i></p>
Findings	<p><i>Finding1 – include adult’s name, ref or initials, as necessary– any action taken already- outcome</i></p> <p><i>Finding 2 –</i></p> <p><i>Finding 3- etc.</i></p>



Section 2 – Analysis and Findings

Pull together the salient points of the investigation in a way which makes it clear for the LSI Chair to follow, in order to understand its significance. Use of headings may provide clarity e.g. Medication, Falls, Financial harm, Assessment & care management, Mental health, Communication etc.

Indicate any themes identified and how they came to light.

*Consideration of risk and how it is proposed this be managed, if not already in place.
As relevant, include views etc of adults/individuals*

Conclusions: *This may include wider considerations e.g. need for service /staff improvement, change in policy / procedures, escalation of concerns etc.*



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Section 3 – Recommendations and Action/Protection Plan

This template must include the point of contact for families and the registered service or health setting.

<u>Needs and Risks</u>	<u>Desired Outcomes</u>	<u>Action</u>	<u>Person Responsible</u>	<u>Timescales</u>	<u>Progress against Plan</u>

Once completed ensure it is circulated to all relevant parties

Appendix 8.6 LSI Outcome Meeting/Review Meeting Agenda

1. Introduction and Apologies
 - Confidentiality statement
2. Purpose of the Outcome Meeting
 - The purpose of the outcome meeting is to share the findings of the investigation areas identified at the LSI IRD meeting and to determine if there has been a reduction in harm
3. Discussion of findings from the investigation plus any additional reports received.
 - SW lead to coordinate information received from all investigations undertaken and include in the LSI Outcome Report
 - Copy of LSI Outcome Report to be shared prior to the LSI Outcomes meeting with agencies involved and service provider
 - Discussion of Action/Protection Plan progress
4. Clarify if the adults are at risk of harm- note any dissent
The Act defines an “adult at risk” as a person aged 16 years or over who:
 - Is unable to safeguard her/his own well-being, property, rights or interests
 - Is at risk of harm
 - Because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected
5. Consideration of actions required to protect the adults including application for Adult Protection Orders or other legislation- note any dissenting views
6. Review the Recommendation and Action/Protection Plan
 - Identify any actions required to further protect the adults and record on the Recommendations and Action/Protection Plan
 - Clearly indicate responsibility for progressing actions and timescales
7. Arrangements for Monitoring/Review
 - Specify an LSI Review Meeting date within 4 weeks where actions from the Action/Protection Plan remain outstanding
 - If a reduction in harm or risks being managed appropriately, determine whether an LSI Review meeting is required
 - If Interagency agreement that NFA is required under ASP note this and agreed next steps for future monitoring and review

Appendix 8.7 Roles during a Large Scale Investigation

Social Work Service

- (a) Social Work are the lead agency in progressing all Reports of Harm and should refer to the stages laid out in this procedure to ensure they are adhering to the agreed actions within.

Service Manager

- (b) The Service Manager will chair the LSI meetings, providing guidance through the procedure and ensuring agreed roles are maintained by partners.
- (c) The Service Manager will provide ongoing support to the lead Team Manager and also to the Council Officers where required.
- (d) The Service Manager will be the link to the Divisional General Managers and other relevant Local Authority teams regarding contractual and wider service implications, i.e. initiating an embargo or closure of services, elected members briefings and media involvement as appropriate.

Team Manager

- (e) The Team Manager will attend LSI meetings and ensure social work actions resultant to the LSI IRD and Investigation stage of this process are carried out by the suitably trained Council Officer.
- (f) The Team Manager will communicate across social work teams the instigation of an LSI IRD using the email template within this procedure to support information sharing and ensure all information held by social work teams is passed to the appropriate Council Officer to support the LSI IRD and decision making.
- (g) The Team Manager will maintain an overview of the planning of an Investigation ensuring that coordination and communication with relevant partners and services is undertaken.
- (h) The Team Manager will be provided feedback from the named individual identified at LSI IRD stage to communicate with the family and service provider to reassure this communication is ongoing.
- (i) The Team Manager will provide advice, guidance and support to Council Officers and partner agencies during an LSI Investigation.
- (j) The Council Officer will progress all Reports of Harm that come into Social Work Services and consider whether a Large Scale Investigation may be required as per this procedure.

Council Officer

- (k) The Council Officer, in conjunction with the Team Manager, will attend all LSI meetings, and will arrange the LSI IRD meeting, identifying relevant partners to attend and sending out invitations and request for information using appropriate forms within this procedure.

- (l) The Council Officer will coordinate information incoming from partners to support information sharing during the LSI IRD and will initiate the Interagency Chronology, sharing with partners to allow updates to be added.
- (m) The Council Officer will maintain the lead role in undertaking ASP investigations, working with those partners identified during the LSI IRD to undertake actions, and the service provider, to ensure that there is a coordinated approach to the Investigation process.
- (n) The Council Officer will maintain the social work record through recording on social work systems and completing the LSI Investigation Report and coordinating information on the Interagency Chronology.
- (o) The Council Officer will report progress on actions identified at the LSI IRD and Investigation stage to the Team and Service Manager between LSI meetings, at intervals agreed between the lead Team Manager and Council Officer.

Care Inspectorate

Based on the Care Inspectorate involvement relating to the duties under ASPA rather than as their role to monitor local authority social work activity.

- (a) Alerting the local authority to harm/likely harm involving one or more individual in a regulated care setting (as outlined in the LSI Guidance).
- (b) Sharing information that is relevant to the LSI process as a consequence of their role in monitoring and regulating the service/s in which the LSI encompasses (Concerns about management/leadership, Concerns about staff skills, knowledge and practice, Concerns about residents/service users behaviours and wellbeing, Concerns about the service resisting involvement of external people and isolating individuals, Concerns about the way services are delivered and planned, Concerns about the quality of basic care and the environment).
Concerns could originate from various monitoring and regulating processes including complaints monitoring; assessment of performance of health and social care standards, in particular sections under 'wellbeing' which reference safety, protection from neglect, abuse or avoidable harm and a secure and safe environment; unannounced and announced visits to services etc.
- (c) Active engagement with the LSI IRD process as outlined in the LSI Guidance.
- (d) Helping access the regulated setting, if necessary.
- (e) Support to access relevant records and if necessary interpretation of those records and implication of recordings.
- (f) Active contribution to LSI IRD and subsequent meetings as part of the LSI process.
- (g) Joint investigation with Local Authority where this has been identified as helpful/necessary.
- (h) Active contribution to the improvement/protection plan proposed, including responsibility for monitoring aspects that fall within the brief of the Care Inspectorate.

- (i) Care inspectorate officers will support and facilitate, as necessary, any LSI where a cross boundary circumstance is noted (where LSI involves Fife adult sited/receiving a service in a regulated service elsewhere and vice versa). Where necessary support the process if the regulated service owns or manages other establishments where wider investigation is required to assess risk of similar harm.
- (j) Contributing to local self-evaluation and Improvement activity as related to LSIs as identified in the ASPC self-evaluation and improvement.

NHS Staff

Broad scope

1. Duty to Report Harm to the local authority where an adult may be at risk of harm under Adult Support and Protection (ASP)
2. Duty to cooperate with others named in the ASPA to **enable** or **assist** the Local Authority making inquiries.
3. Interpretation of medical records to support a Council Officer conduct an investigation

Role

- (a) Alerting the local authority to harm/suspected/potential harm involving one or more individual in a regulated care setting/health facility/or dispersed care by a regulated care provider (as outlined in the LSI Guidance).
- (b) Sharing information that is relevant to the LSI process including but not exclusive to:
 - Concerns about management/leadership;
 - Concerns about staff knowledge and skills;
 - Concerns about Care delivery and clinical practice;
 - Concerns residents/service users behaviours;
 - Concerns about service users health and wellbeing;
 - Concerns about the service resisting involvement of external people and isolating individuals;
 - Concerns about the way services are delivered and planned;
 - Concerns about the quality of the environment/equipment

Concerns could originate at the point of admission or during admission to an NHS facility or caseload where the service user/service users are receiving care within a regulated service or from a regulated service provider, providing dispersed care in service user's home OR the concern may relate to care provision by a member or members of NHS staff or Service or an NHS Fife In-Patient Area.

Concerns could also originate from Complaints, Adverse Events, and Inspections or from staff raising concerns in accordance with their regulatory bodies and NHS Fife's whistleblowing policy and guidance.

- (c) Active engagement with the LSI IRD process as outlined in the LSI Guidance. Where the circumstances relate to a controlled drug then the NHS Fife representative will be responsible for informing the Accountable Officer for Controlled Drugs in NHS Fife by email fife-CD@nhs.scot
- (d) or by phone on 01383 565 341 either at LSI IRD stage or whenever it becomes apparent. The Accountable Officer is required to be notified for all incidents and concerns regarding controlled drugs whether related to prescribing, supply administration, theft etc. from all NHS areas as well as independent contractors such as community pharmacies and GP practices.
- (e) Provide relevant information on NHS Fife contact/involvement with the service user/service users
- (f) Support to access relevant records and if necessary interpretation of those records and implication of recordings linked to LSI investigation.
- (g) Provide, when appropriate, professional opinion with regards to the delivery of care and clinical practice
- (h) Active contribution to LSI Inter Agency Discussion (IRD) and subsequent meetings as part of the LSI process.
- (i) Active contribution to the improvement/protection plan proposed, including responsibility for monitoring aspects that fall within the brief of NHS staff.
- (j) Contributing to local self-evaluation and Improvement activity as related to LSIs as identified in the ASPC self-evaluation and improvement.

Police Scotland

- (a) Alert the Local Authority to any incident(s) that meet or are likely to meet the LSI criteria, sharing the appropriate information.
- (b) Acknowledge and respond to LSI meeting invites and complete any associated request for information in accordance with information sharing protocols and legislation.
- (c) Actively engage with the LSI process and ensure that police duty, under Adult Support and Protection Act 2007, to enable and assist the council is upheld.
- (d) Identify any criminality and liaise with LSI participants and other agencies as required to establish if any resulting investigations will be single or joint agency.
- (e) Where criminality has been identified and a police investigation is commenced, ensure that relevant partners are updated throughout the investigation.
- (f) Ensure that records and information obtained during the course of police participation in all parts of the LSI process is shared and managed appropriately.
- (g) Provide specialist support and advice as required.

Scottish Fire and Rescue Service

- (a) Alert the Local Authority to any incident(s) that meet or are likely to meet the LSI criteria, sharing the appropriate information.
- (b) Acknowledge and respond to LSI meeting invites and complete any associated request for information in accordance with information sharing protocols and legislation.
- (c) Actively engage with the LSI process and ensure that SFRS duty, under Adult Support and Protection Act 2007, to enable and assist the council is upheld.
- (d) Ensure that records and information obtained during the course of SFRS participation in all parts of the LSI process is shared and managed appropriately.
- (e) Provide specialist support and advice as required.

Regulated Service subject of LSI

The service provider should be involved as fully as possible in concerns/reports of harm about their service. It may not always be possible to participate in **all** discussions, particularly at an early stage. Examples might include if the provider is directly implicated or if it is felt that such involvement would increase the risk to adults or would compromise the investigation. Legal implications or criminal proceedings may limit involvement.

- (a) Regulated services have a responsibility to report to the local authority where they are aware of circumstances that are or may place their service users at risk of harm and will follow the reporting harm and significant occurrence reporting processes in place in Fife
- (b) Regulated services will decide on a representative to provide information, attend and participate in meetings and be involved in any other agreed activities as part of the large scale investigation. This nominated person will be appropriately senior to respond on behalf of the service/organisation. This person will also be the main contact for all communications throughout the process.
- (c) The provider service will provide details, if requested about staff members, including confirmation that appropriate recruitment and selection processes have been undertaken. In recognition that staff may need to be interviewed as part of an investigation, the service will cooperate to support the process e.g. ensure availability of staff members. Decisions about suspension of staff, advice on suspensions from LSI IRD will be considered and acted on as necessary, in discussion with social work Contracts Team.
- (d) Provider services will share information, within the confines of confidentiality, about actions taken as part of any internal investigations. This could include disciplinary measures or referrals to regulatory bodies such as the Nursing and Midwifery Council or Scottish Social Services Council.

- (e) If it is agreed at any stage throughout the large scale investigation process that there is a need to inform wider service users and their families of an investigation the provider service share contact details, and if agreed inform such groups.
- (f) The provider service will align with any required media approaches proposed by the LSI team. This may be the responsibility of the Local Authority media team. If in doubt, advice should be sought from Social Work, as the lead agency.
- (g) Working in partnership with others, regulated services will take responsibility for any agreed decisions about improvement action either during or after a large scale investigation. Service providers will provide regular and timely progress updates.

Housing Services

- (a) Alert Health & Social Care to any incident(s) that meet or are likely to meet the LSI criteria, sharing the appropriate information.
- (b) Acknowledge and respond to LSI meeting invites and complete any associated request for information in accordance with information sharing protocols and legislation.
- (c) Actively engage with the LSI process where required
- (d) Ensure that any relevant Housing records and information obtained are shared appropriately.
- (e) Provide any requested information and advice into the LSI process including chronology of Housing involvement
- (f) Provide specialist support and advice on Housing related issues as required.