

## 1. INITIAL RESPONSE TO AN ASP REFERRAL

- 1.1. A referral is received (a concern is raised) indicating that two or more adults may be at risk, or that the criteria for an LSI is met; that is:
  - An adult protection referral is received that involves two or more adults living within or cared for by the same service or care provider
  - A referral is received regarding one adult, but the nature of the referral raises queries regarding the standard of care provided by a service
  - Where more than one perpetrator is suspected
  - Institutional harm is suspected
  - A whistle-blower has made serious allegations regarding a service
  - There are significant concerns regarding the quality of care provided and a service's ability to improve. These concerns could come from a regulatory body such as the Care Inspectorate or Healthcare Improvement Scotland
  - An adult or adults are living independently within the community but are subject to harm from a perpetrator or group of perpetrators, or it is strongly suspected that more than one adult is subject to such harm
  - Concerns regarding an adult are raised following their admission to hospital or discharge. This may include concerns about a care service that are evidenced by an admission to hospital, or concerns regarding an NHS service area
  - Concerns are raised via a complaint to the Care Inspectorate, NHS Board, or the local Council or Health and Social Care Partnership
  - Concerns are raised by GPs, District Nurses, Dentists, Allied Health Professionals, social workers, social care staff, etc. who attend a service.
- 1.2. The NHS Social Work Team Manager (Adults) for the District where the referral/concern originates should be informed immediately.
- 1.3. The appropriate NHS Team Manager will screen the information and decide whether there is a Duty to Inquire in relation to S.4 of the Adult Support and Protection (Scotland) Act 2007.
- 1.4. The appropriate NHS Team Manager will also seek to ensure that in cases of urgency relevant officers (i.e. District Managers, Head of Service - Social Work, Principal Officers – Social Work, Police Scotland, Senior Nursing and/or AHP staff, Health Managers, CI and HIS) should be informed and immediate protective actions identified and pursued.

## 2. INITIAL LSI DISCUSSION

- 2.1. Where it is considered that the Duty to Inquire is met and that the conditions for an LSI (above) maybe met the NHS Social Work Manager will routinely hold a discussion with the appropriate District Managers and with the Head of Service - Social Work (and/or, Principal Officers - Social Work) and a Public Protection Officer from Police Scotland. Health Managers, representatives from the Care Inspectorate and Health Improvement Scotland should be informed /included as required.
- 2.2. The purpose of this Initial Discussion is to bring the relevant people together to decide whether or not a Large Scale Investigation needs to be implemented, and to agree an initial

action plan. The Principles of the 2007 Act will need to be considered in determining the appropriate (and Least Restrictive) course of action.

- 2.3. Where it is agreed that an LSI is required then discussion should include consideration of who should lead the investigation (see Lead Investigating Officer, at Section 4, below) and who should comprise the core investigation team.
- 2.4. This initial discussion meeting will seek to be clear about what its expectations are of the LIO and Investigation Team ahead of the LSI Planning Meeting (Section 5, below)
- 2.5. Parallel to this, local ASP procedures should also be followed to establish if intervention is required to protect any individual adults at risk.

### **3. Appointing the Lead Investigation Officer (LIO)**

- 3.1. In appointing a LIO the Head of Service - Social Work (or Principal Officer for the District) will be required to offer a view: Adult Support and Protection experience is very important in the LIO role, due to the sensitive, complex, and highly collaborative nature of Large Scale Investigations. This means the LIO is likely to be a senior social worker with substantial experience of Adult Support and Protection work. The LIO will be a qualified social worker registered with the SSSC, and an authorised Council Officer.
- 3.2. When appointed, the LIO takes responsibility for co-ordinating any immediate actions to keep an adult or adults at risk safe.
- 3.3. The LIO will also lead the identified investigation team, and co-ordinate resources and communication. Careful consideration will need to be given to ensure the team has a range of complementary skills and knowledge – and these will need to be appropriate to the site of concern (Nursing Home etc.).
- 3.4. Where necessary the LIO will liaise directly with the relevant District Manager and/or Head of Service - Social Work.
- 3.5. The Care Inspectorate will be notified that a LSI is in progress; as will HIS where a Health setting is the site of the concern.

### **4. Large Scale Investigation Planning Meeting**

- 4.1. There will be Joint Chairs for the Planning Meeting: these will be the District Manager (Nominated Officer Health) and either the Principal Officer or Head of Service for Social Work. The Chairs need to ensure the meeting is properly attended and adequately recorded: as well as a minute there should be a clearly identifiable Protection Plan [<<LINK to 14. LSI Risk Analysis and Protection Plan>>](#)
- 4.2. The Planning Meeting should be held within 5 working days of the Initial Discussion
- 4.3. Consideration should be given to inviting, where relevant, the Manager of any Service which is the site of concern. Their presence must not compromise the process: and the Chair must consider how the situation is managed.
- 4.4. The Chairs need to ensure the meeting completes the following actions:
  - 4.4.1. Share available information from all key agencies
  - 4.4.2. Discuss the existing evidence, for instance all previous concerns, complaints and reports

- 4.4.3. Confirm that a Large Scale Investigation will be initiated as the “3 point criteria” is apparently met
  - 4.4.4. Identify the objectives of the Large Scale Investigation
  - 4.4.5. Confirm the Lead Investigation Officer (if this has not already been done) and the team conducting the Large Scale Investigation, noting that this team is likely to be multi-agency and/or multi-disciplinary in nature
  - 4.4.6. Identify or confirm lead officers from each agency, and points of contact for each agency
  - 4.4.7. Identify any relevant agencies who have not yet been notified, and make a plan to inform these agencies
  - 4.4.8. Agree an initial risk management plan, including any immediate actions to protect adults at risk. The meeting may also need to address whether a suspension of admissions to a service needs to be introduced (this can also be a voluntary moratorium, agreed with a service provider).
  - 4.4.9. Clarify any parallel investigations
  - 4.4.10. Address any cross-boundary issues – for instance, where service users have been placed by a different Local Authority, including Local Authorities outside of Scotland, or where the provider runs services in other Local Authority areas
  - 4.4.11. Allocate the resources needed, including a physical space, if required, for the investigation team
  - 4.4.12. Consider possible interest from the media, and agree a holding statement that can be used in the case of media interest
  - 4.4.13. Consider possible interest from elected members, and consider drafting a confidential briefing for elected members
  - 4.4.14. Agree how information will be shared and stored, allowing key information to be quickly accessed
  - 4.4.15. Consider the possible impact of the Large Scale Investigation, including in the cases of a suspension of new referrals to the service and service closure
  - 4.4.16. Determine how service users, their supporters and family members are to be notified of the Large Scale Investigation – including details of what this means, and the next steps they can expect
  - 4.4.17. Consider the support needs of the service provider and the staff working at the service
  - 4.4.18. Agree a Risk Analysis and Protection Plan with timescales.
  - 4.4.19. Agree a next meeting date
- 4.5. A Risk Analysis and Protection Plan template is provided here [<<LINK to 14. LSI Risk Analysis and Protection Plan>>](#)
- 4.6. Where the meeting agrees that an LSI is not required the rationale for this should be clearly recorded
  - 4.7. Where the LSI is progressing the multi-agency group who attended the Large Scale Investigation Planning Meeting may continue to meet at regular intervals
  - 4.8. Notifications: The Chair must ensure that where an LSI is progressing the Highland Adult Protection Committee and the Highland Public Protection Chief Officers’ Group are updated, and the Care Inspectorate is notified via their Notifications Page.

## **5. Conducting the Large Scale Investigation**

- 5.1. The purpose of the Investigation led by the LIO and their team is to determine whether and how adults are being put at risk, and to seek to ensure that harm ceases, and that any provider is supported to make the improvements that are needed.
- 5.2. Evidence collected as part of the investigation needs to be critically analysed by the team – and a culture of challenge and professional curiosity should be actively encouraged by the LIO.
- 5.3. The nature and methodology for the Investigation will be outlined at the Planning Meeting. However, arrangements need to be dynamic; and the LIO will need to liaise with the Chairs when new information, evidence or issues arise which were not considered at the Planning Meeting.
- 5.4. The Investigation Team can expect direction from the Chair as necessary – and a Planning Meeting may need to be reconvened in cases of complexity and/or where multi-agency input, advice and action need to be co-ordinated.
- 5.5. When interviews with service users take place, every consideration should be given to issues of accessibility, ease, equality and diversity. All necessary supports, including advocacy, interpreters and communication aids, or a professional who knows the adult well, can be considered in order to support this. Consideration should be given to the setting and time of day of the interview, and at the choice of the service user, wherever possible.
- 5.6. The LIO will also be the point of contact for the manager and/or owner of the service being investigated. It is good practice to proactively communicate regularly with the manager and/or owner, to ensure they feel informed, and are able to pass this information on to their own staff. It also means that the Large Scale Investigation Team can understand any improvements made, offer direct support, and continually assess the ongoing risk of harm.
- 5.7. During the course of the LSI the Investigation Team will meet regularly. The frequency of meetings needs to be appropriate to the levels of ongoing risk: but weekly would be considered a minimum.

## **6. Investigation Review Meeting**

- 6.1. Review meetings will need to be held to consider the progress of the LSI and to make a decision in respect of whether to continue or end the process.
- 6.2. The Chairs will – wherever possible – be the officers who chaired the Planning Meeting.
- 6.3. The LIO will provide a formal update to this meeting on the progress of the investigation, and note any deviations from the original plan
- 6.4. The Chair needs to ensure these meetings complete the following actions:
  - 6.4.1. To discuss the progress of the Large Scale Investigation so far
  - 6.4.2. For all attendees to give a progress report on any actions assigned to them
  - 6.4.3. To discuss the impact on service users and their and families
  - 6.4.4. To discuss the impact on the service (if relevant) and its staff.

- 6.4.5. To review the effectiveness and timescales of the current plan and change it if necessary
- 6.4.6. To decide whether to continue or end the Large Scale Investigation
- 6.5. The Chair of the meeting will ensure it is adequately recorded.
- 6.6. The Planning Meeting should be held at regular intervals; with being on a monthly basis a minimum. As above, meetings may need to be held more frequently if the issues involved and/or the progress of the investigation requires this.
- 6.7. Where the decision to end the LSI is taken at the meeting the rationale for this needs to be clearly recorded (see Section 7 (below)).

## **7. Ending the Large Scale Investigation**

- 7.1. The decision to end the LSI will need the agreement of the multi-agency group who attended the Large Scale Investigation Planning Meeting. Good practice will be that this will be at a scheduled Investigation Review Meeting.
- 7.2. The Chair will need to ensure that the decision to end the LSI is clearly recorded and the rationale given.
- 7.3. Once the decision to end the LSI has been taken there should be consideration at the meeting in respect of:
  - 7.3.1. The need for a report from the LIO detailing the outcomes from the Investigation
  - 7.3.2. Any outstanding concerns – including creating an ongoing improvement plan, with measurable targets, where needed
  - 7.3.3. Taking a longer-term look at the situation, and as to how any improvements can be sustained and any supportive monitoring needed for this
  - 7.3.4. Ensure that appropriate risk assessments have been completed, and that ongoing risk management plans are in place
  - 7.3.5. Creating a communication plan for notifying all interested parties – including service users, their supporters and families – of the conclusion of the Large Scale Investigation
  - 7.3.6. The need for a media strategy for communicating the end of the Large Scale Investigation, particularly if there has been media interest during the Large Scale Investigation itself
  - 7.3.7. To identify any themes that can be used for future learning, and which may be discussed at a Lessons Learned debrief
  - 7.3.8. To identify if any individual ASP cases are to continue
  - 7.3.9. To consider any further actions, including the need of a Learning Review (the criteria for undertaking a Learning Review are set out in the Learning Review guidance [2. Key Features of Learning Reviews - Adult support and protection: learning review guidance - gov.scot \(www.gov.scot\)](#)).
  - 7.3.10. The opportunity that exists for - and arrangements that need to be put in place for a “Lessons Learned debrief” – participants, facilitator, venue, timings etc.
- 7.4. Given the size of the possible agenda (given at 7.3.1. to 7.3.10. above) the Chair may recommend and convene a dedicated “Outcome Meeting” to cover the full range of these considerations. (Please see link to guidance [iriss-lsi-framework \(5\).pdf](#)).

7.5. Notifications: The Chair must ensure that where an LSI is progressing the Highland Adult Protection Committee and the Highland Public Protection Chief Officers' Group are updated, and the Care Inspectorate is notified via their Notifications Page

**8. Lessons Learned debrief**

8.1. Good practice suggests that convening a "Lessons Learned" debrief can effectively capture learning and constructively share experiences arising from an LSI. Here the focus needs to be on learning, support and sharing.

8.2. Dependent on decisions at 7.3.10 a wide range of potential participants may be invited to attend.

8.3. A Lessons Learned meeting is most beneficial when it convenes no later than a month after the conclusion of a Large Scale Investigation. This is to ensure learning remains fresh.

8.4. Learning from the debrief should be used to inform NHS's "Quality and Patient Safety" process as necessary.