



FORTH VALLEY

LARGE SCALE INVESTIGATION PROTOCOL



Forth Valley Large Scale Investigation Protocol

Management Information	
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DEFINITION OF LARGE-SCALE INVESTIGATION

A large-scale investigation (LSI) is a multi-agency response to circumstances where a report is received about an adult at risk being harmed and there is potential that other adults are also experiencing harm or are at risk of harm. This is particularly relevant to adults in registered care settings which may include care homes, day care, hospital or care at home provided by a care provider.

PURPOSE

The purpose of this protocol is to:

- ensure that LSI's are carried out consistently by relevant agencies.
- offer a framework for an alternative process to holding large numbers of individual Adult Support and Protection investigations
- ensure that there is adequate overview / co-ordination where a number of agencies have key roles to play.
- clarify responsibilities for following the protocol amongst partner agencies for overseeing LSI's in Forth Valley.

SCOPE

All adults at risk of harm, as defined by the Adult Support and Protection (Scotland) Act 2007, in regulated care settings within Forth Valley. Care settings may include care homes, day care, hospital, care in a community setting or at home provided by a care provider. Harm may arise from actions of service users, staff or an unrelated individual. The protocol may also be applicable to other circumstances where adults at risk are living independently but are linked by a common perpetrator or group of perpetrators.

INFORMATION SHARING

A Large Scale Investigation is a process carried out under the auspices of the Adult Support and Protection (Scotland) Act 2007. Adult Protection Partners can rely upon public task and public benefit, as well as and importantly, the duties placed upon most of the agencies involved under Section 5.

LEGISLATION

Adult Support and Protection (Scotland) Act 2007 and Code of Practice
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
The Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016
Criminal law

RELEVANT AGENCIES

Clackmannanshire Council
Stirling Council
Falkirk Council
NHS Forth Valley
Police Scotland
Forth Valley Advocacy
The Care Inspectorate
The Mental Welfare Commission for Scotland

PARTNERSHIP PROBLEM SOLVING APPROACH

The Health and Social Care Partnerships across Forth Valley apply an Early Indicator of Concerns Framework in care settings. The purpose of this is to assist practitioners to identify 'low level' indicators of concern which may, if unresolved, affect the safety and wellbeing of supported people. This includes ensuring practitioners working with a supported person in a care setting, are aware of the actions to be taken to develop consistent responses and practices across the Forth Valley Area. Early Indicator of Concern Guidance should be read in conjunction with this protocol and is available on the [Forth Valley Public Protection Practitioner Pages](#)

SAFE AND TOGETHER

When supporting adult/s at risk of harm living independently but linked by a common perpetrator it is good practice to consider the principles and critical components of the Safe and Together model. The model provides a common framework for discussing concerns, challenges and solutions for families and communities. Intervening effectively with the perpetrator is essential to last support and protection and reduces the likelihood of other vulnerable adults being harmed.

1.0 INTRODUCTION

The Adult Support & Protection (Scotland) Act 2007 (The Act) introduces a duty for councils to make inquiries where it is known or believed that an adult may be an adult at risk of harm and that protective action may be required. The Act gives the Council the lead role in adult protection investigations in all settings, including in NHS and care home premises.

This protocol has been agreed by Clackmannanshire, Stirling and Falkirk Councils, NHS Forth Valley, Police Scotland and the Care Inspectorate who will be the key agencies involved.

A large-scale adult protection investigation would be indicated in a situation where a report received about an adult at risk gives rise to concerns that other adults are at risk have or may have been harmed:

- in a care home, hospital or day care or
- in receipt of a service from a particular resource and
- were harmed by the same perpetrator(s) or
- where the nature or degree of harm or neglect raises questions about the standard of care and the possibility of multiple victims.

The protocol is also intended to assist where adults at risk are:

- living independently but linked by a common perpetrator

Such situations will involve a wide range of partner agencies and possibly individual adult protection inquiries and investigations. It is important that all aspects of the investigation are planned and all agencies and individual professionals are clear about their respective roles and responsibilities.

		Responsible Officer
2.0	MAKING A REFERRAL (Care Service)	
2.1	Members of staff who become aware that an adult is at risk of harm must report their concerns immediately to their line manager in line with the agreed Forth Valley Adult Support & Protection Procedures Where it is evident that the adult is in danger or has been subject to a criminal act, Police Scotland should be informed.	Manager of care service
2.2	The Manager of the care service must make a referral to the local authority where the service is based* using the multi-agency referral form (AP1). In line with the Forth Valley cross boundary protocol referrals from hospital or prison settings should be made to the local authority where the adult is normally resident.	Manager of care service
2.3	The Manager of a regulated care service must notify the Care Inspectorate.	Manager of care service

Consideration should also be given to notifying Health Improvement Scotland, The Mental Welfare Commission, Scottish Social Services Council, Nursing and Midwifery Council or other regulatory bodies in line with the care service's existing protocols.

3. RECEIVING A REFERRAL (Local Authority)

3.1 Concerns about an adult at risk being harmed in a care setting or resource can be raised from many sources including:

- Service user or their family or friends making a complaint about standards of care
- Service user or their family or friends making a complaint about the conduct of a member of staff
- Whistle blowing within an organisation
- Procurator Fiscal investigating a death
- Service user's admission to, ongoing care in or discharge from a hospital setting
- Concerns highlighted via regulatory process
- The Care Inspectorate
- Visiting Professionals
- The Early Indicators of Concern Group

On receiving information about individual cases of suspected and actual harm in a care setting, it is important to consider the possibility that other adults may be at risk.

		Responsible Officer
3.2	<p>All reports of an adult at risk of harm will be recorded by the local authority in line with their adult support and protection procedures. The local authority will discharge its duty to inquire including a thorough data and information check from a variety of relevant sources. Checks should be carried out internally and with other agencies to gathering information about any previous concerns raised in relation to:</p> <ul style="list-style-type: none"> • The care setting or service • The alleged harmer • The adult at risk <p>It is important to consult with other agencies that may hold relevant information.</p>	Member of SW staff in receipt of referral
3.4	Commissioning and procurement hold important information about risk ratings for registered care services and are an important source of information during the duty to inquire process.	
4.0	INITIAL REFERRAL DISCUSSION	
4.1	Following a duty to inquire for an adult at risk within a care setting an Initial Referral Discussion (IRD) may be required to consider whether other service users may be or have been harmed. The IRD will risk assess and decide whether a Large-Scale Investigation (LSI) is required. If a LSI is to be conducted this protocol must be followed.	Team Manager (SW)
4.2	The (SW) Team Manager will consult with the relevant Manager responsible for the care service and the (SW) Locality Manager, Adult Social Work Services. If the suspected harm is in an NHS setting then the appropriate Service Manager (NHS) should be consulted.	Team Manager (SW)
4.3	Forth Valley IRD guidance should be followed including considering additional invitations dependant on the service involved. For example, the Care Inspectorate or Health Improvement Scotland.	Team Manager (SW)
4.4	<p>The IRD will agree an initial action plan which will consider:</p> <ul style="list-style-type: none"> • Whether a multi-agency Large Scale Investigation is indicated • Whether any immediate protective action is required should individuals be at risk of imminent harm • Consider and decide which agencies will undertake any initial actions. • The scope and timing of any other related investigation. 	IRD meeting contributors

		Responsible Officer
	All decisions taken at the IRD should be recorded by each agency and will be subject to discussion at IRD review meetings.	IRD Review Group
4.5	Following the IRD, Police Scotland will issue a Vulnerable Person Database (VPD) report to the Local Authority in line with existing procedures.	Police Scotland
4.6	Where it is agreed that specific concerns should be dealt with by a Police investigation the Detective Sergeant, Adult Protection Unit (APU), will keep all partners informed of progress, where appropriate.	DS, APU
	The service concerned should await the outcome of the police investigation prior to any internal disciplinary or investigative actions.	Manager of care service
4.7	The (SW) Team Manager (Falkirk) or ASP Lead Officer (Clacks/Stir) will liaise with the Detective Sergeant APU as to the scope of any parallel investigation which will focus on the welfare of the individuals concerned.	ASP Lead Officer (Clacks/Stir), or SW Team Manager (Falkirk)
4.8	Should harm have occurred in a Forth Valley NHS setting the Service Manager (NHS) will liaise with partners as to the timing of an internal investigation in accordance with its policy: <i>Managing Allegations of Abuse of a Patient made against NHS Forth Valley Staff.</i>	Service Manager (NHS)
4.9	A Social Work Team Manager will coordinate the investigation and will liaise with the appropriate Locality Manager and Lead Officer in Adult Support and Protection.	Team Manager (SW)
	In Clackmannanshire and Stirling Councils the Lead Officer Adult Support and Protection will coordinate the investigation.	ASP Lead Officer
5.0	MULTI-AGENCY PLANNING MEETING	
5.1	The Locality Manager will convene and chair a multi-agency Large Scale Investigation Planning Meeting which will plan the investigation and make recommendations as to the protection of all adults at risk of harm. As a minimum, the Local Authority, Police and NHS should be represented at the meeting and the Care Inspectorate where appropriate.	Locality Manager
	This meeting should normally take place within 1- 3 working day of the IRD, to maximise participation of relevant professionals.	

The Planning Meeting will be minuted and a copy of the minutes and action plan sent to all participants and those invited but were unable to attend. These should then provide the basis for the subsequent investigation and further multi-agency meetings.

The Planning Meeting should consider the impact of a Large-Scale Investigation. This will include consideration of:

Chair
All attendees

- feedback and decisions made at IRD
- any inquiries already conducted (from social work, health & police)
- information provided by the Care Inspectorate which will include all previous concerns/reports and complaints received by them.
- Commissioning and procurement information relevant to the alleged harm
- the ongoing management of the service involved.
- the impact on service users, carers, families and staff.
- the key tasks to be undertaken and which agency is responsible for taking them forward
- where applicable, parallel processes for criminal investigation/disciplinary investigation should be agreed. It remains the council's duty to co-ordinate the adult protection process.
- whether because of the seriousness of the concerns suspension of admissions/referrals is recommended pending the findings of the investigation (where the local authority has commissioned the service this will be referred to the Chief Social Work Officer for a decision)
- whether all residents/care recipients need to be reviewed, the level and type of review and the professionals who need to be involved.
- Consideration of independent advocacy for adults at risk
- how information should be disseminated to adults at risk, carers and families.
- how information should be shared with other local authorities including placing authorities.
- the impact of any press interest and the need for a media strategy
- whether an investigation core group is required and membership, given the complexity of the investigation.
- timescale for completion of Large Scale Investigation
- the time and venue for a Large Scale Investigation Findings Meeting which will consider the outcomes of the investigation.

		Responsible Officer
5.3	Where any media interest is likely the appropriate communication officers from the relevant agencies should agree a joint media strategy. The Chief Social Work Officer and senior managers of strategic partners must be appraised. If the alleged or suspected harm relates to an NHS setting then the Chief Executive NHS Forth Valley must be informed.	Communications Officer
5.4	The Chief Social Work Officer should consider whether elected members need to be appraised.	CSWO
	<p>The Team Manager/ASP Lead Officer in partnership with commissioning and procurement will liaise with other local authorities which have funded service users within the particular resource.</p> <p>The ASP Lead Officer or Team Manager will notify the Care Inspectorate on the commencement of a large scale investigation here.</p>	
6.0	INVESTIGATION	
6.1	In Clacks and Stirling Councils the ASP Lead Officer will oversee and coordinate the investigation and communicate with relevant agencies. In Falkirk Council the Team Manager for the locality area where the setting is or where the harm has occurred is responsible.	ASP Lead Officer /Team Manager
	<p>Experienced Council Officers will be identified to conduct the investigation, working alongside Police Scotland where there is a parallel criminal investigation. It may be necessary for a range of multidisciplinary staff to be involved in the investigation depending on the size and complexity of the task. The ASP Lead Officer/Team Manager will identify a Lead Investigating Council Officer and liaise with partner agencies who will be responsible for pulling together the information required for the Large-Scale Investigation Report.</p>	Team Manager/ ASP Lead Officer
		Lead Investigating Council Officer
	The ASP Lead Officer/Team Manager will identify key tasks to be undertaken, the staff who will undertake these tasks, and agree timescales for completion. This will include any immediate protective measures for individuals (where not already addressed). These key tasks will be drawn together to form an investigation action plan.	Team Manager/ASP Lead Officer

		Responsible Officer
6.2	Service users suspected of being harmed must be offered Independent Advocacy and be given assistance to gain access to an advocate. It is especially important to involve an Independent Advocate if the adult does not have capacity to agree to a referral and there is no welfare proxy (guardian or attorney) in place.	Allocated worker/ Council Officer
6.3	If the identified risks to a number of adults relate to the actions of a staff member(s) within a care service, then that organisation will be responsible for invoking its own disciplinary proceedings and ensuring that any immediate risks are removed or minimised.	Manager of the care service
	If harm relates to an NHS setting the NHS Service Manager should refer to the policy document: <i>Managing Allegations of Abuse of a Patient made against NHS Forth Valley Staff</i> .	NHS Service Manager
	Police and/or Social Work investigations take priority over disciplinary proceedings. Police and/or Social Work should be consulted prior to undertaking such proceedings so as not to interfere with an investigation.	
6.4	Agreement should be reached between the Locality Manager and the Link Inspector from the Care Inspectorate in respect to the roles and responsibilities of Council Officers undertaking investigations in registered services.	Care Inspector Manager/Locality Manager
	The Care Inspectorate will investigate through the deployment of specialists where appropriate.	
6.5	Investigations into reports of adults at risk of harm will be conducted in line with existing Forth Valley procedures.	Lead Investigating Council Officer
6.6	The ASP Lead Officer/Team Manager will decide whether there will be any individual adult protection case conferences for adults considered to be at particular risk, and what sensitive information should or should not be considered at individual case conferences.	ASP Lead Officer /Team Manager
6.7	Once assessments/reviews have been undertaken by the appropriate professionals and any immediate risks have been addressed, then outstanding concerns should be discussed with the ASP Lead Officer/Team Manager.	ASP Lead Officer /Team Manager
6.8	A report will be prepared by the Lead Investigating Council Officer for the Large Scale Investigation meeting with findings from the investigation. This will be countersigned prior to the LSI findings meeting by the Team Manager and shared with the Locality Manager.	Lead Investigating Council Officer/ Team Manager

		Responsible Officer
6.9	Where applicable the Detective Sergeant, Adult Protection Unit, will consider the preparation of a report for the multi-agency Large Scale Investigation Findings Meeting.	DS, APU
7.0	MULTI-AGENCY LARGE SCALE INVESTIGATION FINDINGS MEETING	
7.1	A multi-agency large scale investigation (LSI) meeting should be convened on completion of the investigation. This will be chaired by a Locality Manager (for continuity this should be the same Locality Manager who chaired the Planning Meeting if possible).	Chair
7.2	The Chair will identify the key professionals who are required to attend meeting. Those attending should be of a sufficiently senior level to contribute to decision making and resource allocation if necessary.	Chair
	The following should be considered for invitation:	
	<ul style="list-style-type: none"> • Team Managers who are responsible for service users placed or funded within the service concerned • ASP Lead Officer/Team Manager • The Partnership Communications Officer • NHS Lead, Adult Support and Protection • Relevant Service Manager NHS Forth Valley • Detective Sergeant, Adult Protection Unit • Inspector Manager, Care Inspectorate • Partnership Contracts and Commissioning Officer • Service Manager of care service subject to investigation • The investigating Council Officers • Independent Advocate(s) • Council Solicitor • Other placing authority representation 	
	As a minimum the local authority, police and health should be represented as well as the Care Inspectorate should allegations relate to a registered service.	
	The chair can consider the setting service manager attendance throughout the process.	
7.3	The LSI Meeting will consider the findings as set out below:	Chair/All
	<ul style="list-style-type: none"> • The Lead Investigating Council Officer will present the investigation report to the meeting and the conclusions and recommendations contained therein. • The representative of the Care Inspectorate will present any findings from any parallel investigation of the service involved in the investigation, where applicable. 	

- While it may not be possible to divulge the detail of any police investigation, any information out with this requirement which supports decision making to protect adults at risk should be shared by the police.

7.4 If risks remain, an action plan to address these concerns and monitoring arrangements will be agreed. A core group may be identified to monitor the Large Scale Investigation Action Plan. The Core Group chair will be determined by the Chair of the LSI meeting. The Core Group will report to any subsequent LSI meetings.

Chair,
Core Group
Chair

7.5 Consideration should be given as to whether the outstanding concerns raised by the investigation(s) are serious enough to suspend admissions/referrals pending improvements in the service/care setting or resolution of an emergency situation (where the local authority has commissioned the service this will be referred to the Chief Social Work Officer for a decision).

Chair

Consideration and agreement should be reached as to how other local authorities should be informed of outstanding concerns in this care setting.

7.6 Agreement should be reached as to how information should be disseminated to service users, carers and families.

Chair

The chair needs to consider a communication strategy for all internal partners detailing the findings and plans for supported improvements.

The core group should support the setting service manager to effectively communicate and involve their staff group in improvement activity.

Core group
chair

7.6 The LSI meeting will agree a further review meeting date if a Large-Scale Action Plan is necessary. A timescale should be agreed.

Chair

7.7 The LSI meeting will be minuted and circulated to all agencies within 5 working days of the meeting. The following will be informed of the outcome:

Chair

- Head of Service, Adult Care
- The Chief Executive of NHS Forth Valley if harm has occurred in an NHS setting

Where appropriate the following may also be advised of the outcome:

- Public Protection and Governance Committee's
- The Mental Welfare Commission
- Health Improvement Scotland

The ASP Lead Officer or Team Manager will notify the Care Inspectorate of the completion of a large scale investigation [here](#)

8 CONCLUSION/CLOSURE

- 8.1** A large-scale investigation should not be ended or closed unless all reports have been subject to a Large Scale Investigation meeting and decision made that no further action is required.

ASP Lead
Officer/Team
Manager

- 8.2** When the risks have been addressed through the action plan and risk has been reduced or eliminated the Chair will endorse the decision of the LSI meeting to end adult protection activity and any action under this protocol.

Chair

Consideration of agreement of a period of enhanced monitoring should be agreed and recorded.

AGENCY RESPONSIBILITIES

APPENDIX 1

LOCAL AUTHORITY

Has a duty under the Adult Support and Protection (Scotland) Act 2007 to make inquiries about a person's well-being property or financial affairs if it knows or believes –

- a) that the person is an adult at risk
- b) that it might need to intervene in order to protect them

CONTRACTS AND COMMISSIONING TEAM

The Contracts and Commissioning Team provide expert guidance on the procurement of care and support services for social care, strategic commissioning and contract management. The team's remit covers the full commissioning cycle from procuring and commissioning services, to contract management (including monitoring and risk rating local care provision in order to work together to drive up standards). This includes writing contracts; ensuring the relevant contract documentation is in place and compliant; negotiating and agreeing rates; and supporting teams, other local authorities, governing bodies and suppliers with procurement, contract and rate related enquiries. The role of this team is to ensure services are delivered in a safe, equitable, fair and compliant way to ensure clients receive the best service while remaining best value to the Council and HSCP.

NHS FORTH VALLEY

Has overall responsibility for the healthcare of service users / patients. Under the Act they have a duty to co-operate with any inquiries about adults at risk of harm. Where required they will provide a nominated health professional to undertake any health assessments and/or read medical records.

POLICE SCOTLAND

Have a responsibility to investigate crime and subsequently report the facts and circumstances to the procurator fiscal. They have a duty to co-operate with any inquiries about adults at risk of harm.

CARE INSPECTORATE

Has a regulatory role in considering the safety of all service users in any registered care service and can take enforcement action under the Regulation of Care (Scotland) Act 2001. They have a duty to co-operate with any inquiries about adults at risk of harm.

Whilst responsibility for carrying out initial inquiries rests with the local authority, and the police (where a crime may have been committed), other agencies may be asked to assist. ASPA allows for other persons to accompany a Council Officer carrying out visits under the requirements of the Act. The policy position of the Care Inspectorate is that this would only happen where it is considered there is a strong probability that action will be required under the Regulation of Care (Scotland) Act 2001 and that evidence gained will enable that to take place.

The Care Inspectorate may investigate complaints or inspect a service in parallel to other Adult Protection investigations being carried out.

HEALTH IMPROVEMENT SCOTLAND

Health Improvement Scotland has the focus and responsibility to support healthcare providers in Scotland to deliver high quality, evidence-based, safe, effective and person-centred care; and to scrutinise those services to provide public assurance about the quality and safety of that care.

MENTAL WELFARE COMMISSION

The Mental Welfare Commission aim to ensure that care, treatment and support are lawful and respect the rights and promote the welfare of individuals with mental illness, learning disability and related conditions. They do this by empowering individuals and their carers and influencing and challenging service providers and policy makers.

Individuals may be vulnerable because they are less able at times to safeguard their own interests. They can have restrictions placed on them in order to receive care and treatment. In such circumstances the Mental Welfare Commission make sure it is legal and ethical.

LSI LEAD COUNCIL OFFICER REPORT

APPENDIX 2

DATE LSI COMMENCED:

SOURCE OF HARM:

(please indicate the service, resource or alleged perpetrator)

DATE OF LSI PLANNING MEETING:

MANAGER OF SERVICE:

(if applicable)

Introduction

(what is the background to the writing of this report)

Adults at Risk of Harm

(record all Adults who have been the focus of the investigation)

Name	LAS Identifier	Placing Local Authority

Presenting Concerns

(how and from whom was the LSI issues first referred and what was the outcome of initial actions such as inquiries and IRD decisions)

Methodology

(how the LSI was planned, coordinated and conducted should be recorded here)

Findings:

(what were the findings of all of the information collated, the accumulative findings of interviews with Adult/s at risk of harm, alleged perpetrator and with other professionals. Where this relates to a service or resource, you may find it useful to use the Early Indicators of Concern Framework to highlight where concerns lie)

Recommendations:

(in light of the findings and conclusions of the investigation what do you recommend in terms of what action is needed in the future, by whom and when)

Lead Council Officer:

Signature:

Date:

Team Manager:

Signature:

Date:

Locality Manager:

Signature:

Date:

LARGE SCALE INVESTIGATION ACTION PLAN

APPENDIX 3

SERVICE OR SETTING:	LOCALITY:	DATE:
LOCALITY MANAGER:	TEAM MANAGER:	LEAD COUNCIL OFFICER:
AREA OF CONCERN	ACTIONS REQUIRED	BY WHOM, HOW AND WHEN

SEE SEPARATE SHEET FOR DETAILS OF ALL INVOLVED

LARGE SCALE INVESTIGATION CORE GROUP

Details of all involved

NAME	DESIGNATION	CONTACT DETAILS