



Swindon Safeguarding Partnership

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Adults Large Scale Organisational Abuse Procedures

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Document Author:	Victoria Guillaume
Document Owner:	Swindon Safeguarding Partnership

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Introduction

These procedures exist to help professionals ensure the desired outcomes for the person with care and support needs are met when dealing with concerns in relation to the large scale organisational abuse of adults with care and support needs. It applies when:

- It is known or suspected that **large scale organisational abuse** has taken place - including neglect and poor care practice within an institution or specific care setting such as a hospital or care home for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation

or:

- It is known or suspected that one individual or a group of individuals have conspired to abuse two or more individual adults at risk on a number of occasions in an organised way. That individual or group may not be associated with a professional setting.

Organisational safeguarding action applies to all services who work with adults with care and support needs, regardless of who is funding their support or whether they are regulated by CQC or not.

A Large Scale Organisational Abuse enquiry will check and ensure that an institution or specific care setting is safe, whether it is meeting the needs of individuals within that setting, and will establish whether it is in the best interests of individuals to remain in the setting.

Summary of procedures

The Swindon Safeguarding Partnership is committed to ensuring that whenever serious concerns about the quality of care provision across an organisation and its potential to impact on adults who rely on that service provision are raised, they are fully investigated. If substantiated, those concerns must lead to changes that keep those adults safe. Safeguarding professionals have a vital role to play in any enquiry around large-scale failings in care.

This document clarifies when and how an enquiry into large scale organisational abuse will take place.

What is large scale organisational abuse?

Organisational abuse is defined in Care Act 2014 statutory guidance as [“including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.”](#)

Large scale organisational abuse is the mistreatment, abuse or neglect of an adult at risk by a regime or individuals in a setting or service where the adult at risk lives or that they use. Such abuse violates the person’s dignity and represents a lack of respect for their human rights. Large scale organisational abuse refers to those incidents that derive to a significant extent from an organisation’s practice and culture together with the organisation’s policies and procedures and how these are used.

The threshold or trigger for considering large scale organisational abuse is indicated when several adults at risk have been allegedly abused, harmed or neglected, or patterns or trends are emerging from information, intelligence and / or data that suggests the care and support regime presents a significant risk to people.

The following criteria should be used as a guide to situations requiring use of these procedures:

- It is alleged or suspected that a significant number of adults at risk have been abused or neglected in a single setting or as a result of poor care by an organisation;
- It is alleged or suspected that an individual (for example a paid carer or professional) is responsible for the abuse of a significant number of adults at risk in their own homes and it is believed an individual section 42 enquiry may not be effective;
- There is a group of alleged perpetrators targeting a number of adults at risk in a range of settings;
- Abuse or neglect has taken place over a long period of time (perhaps highlighting an organisational failure to take effective remedial action);
- Repeated incidents of poor care being provided may indicate more serious concerns about the overall conduct of a service.

4 key questions that staff may want to consider are as follows:

- Is the incident of the type to indicate large scale organisational abuse or neglect?
- Is the incident of the nature to indicate large scale organisational abuse or neglect?
- Is the incident of the degree to indicate large scale organisational abuse or neglect?

- Relating to the three above – is there a pattern of prevalence of concerns about the service or organisation?

Whistleblowing: A whistleblowing referral may be the catalyst for identifying wider concerns about a service. Whistleblowing should be distinguished from a complaint in that a whistleblowing referral will be made typically by an employee of the organisation. The person may or may not have tried to raise the issue with their management. Ideally, they should have done so, but clearly there are times when an employee will feel too intimidated to do so.

All organisations should have a Whistleblowing Policy.

Where a whistleblowing is a safeguarding concern about an individual, this should be dealt with initially through individual agency or organisation processes to ensure that the person is safe.

Where there are wider implications these may need to be followed up through large scale organisational safeguarding processes.

It is essential that information is taken carefully from whistle-blowers, whatever their motives appear to be. Just because someone has fallen out with an employer does not necessarily mean that the information they are passing on is not valid. As with any other enquiry, the information given by a whistle-blower will need to be balanced with other information.

There is a need for professional assessment and judgement in determining when poor practice becomes an adult safeguarding issue leading to potential concerns of large scale organisational abuse.

There may be other processes underway or available, for example, through commissioning or contract management or through individual safeguarding enquiries that are able to successfully address the issues of poor practice or quality of care and thereby reduce the risk of abuse or neglect.

If a provider that is the subject of a whistleblowing referral is part of a bigger organisation, Adult Commissioning and Adult Safeguarding should in every case confer and check whether the concerns raised may extend to the whole provision.

Instigating an Large Scale Organisational Abuse Enquiry

Many cases may have implications for a larger group of adults in need of care and support than a concern initially identifies. It is unnecessary to instigate large scale action in all circumstances. Likewise, many concerns relate to care quality issues and safeguarding concerns have only been a small part of the picture. The Enquiry Manager should continue ordinary safeguarding procedures in these circumstances but should notify the Head of Service if, at a later stage, it is felt that the scope and complexity of a case requires Large Scale Organisational Abuse Procedures to be instigated.

The Adult Safeguarding Team must confer with the Adult Commissioning Team to ensure that concerns about commissioned services are monitored and that wider organisational abuse patterns are recognised and managed.

The Care Act 2014 statutory guidance (14.9) specifies that safeguarding is not a substitute for:

- service providers' responsibilities to ensure safe and high-quality care and support;
- commissioners regularly assuring themselves of the safety and effectiveness of commissioned services;
- the Care Quality Commission (CQC) ensuring that regulated providers comply with the

- fundamental standards of care or by taking enforcement action; and
- the core duties of the police to prevent and detect crime and protect life and property

There may be rare instances where the scale of the abuse of one individual or a group of individuals, outside of a professional setting or structure, leads to use of these procedures. In that case, the response will be managed under these procedures on the basis that the abuse or neglect is of a significant scale that it requires a system wide response that examines the impact of abuse on not one individual but on a group of people.

The purpose of these Large Scale Organisational Abuse procedures is to:

- Assess and address the impact of harm done to an individual or group of adults collectively by an organisation
- Ensure the safety and wellbeing of all adults at risk involved collectively
- Arrange and coordinate a multi-agency enquiry to reduce risk of harm and protect adults at risk.

The South West Adult Position of Trust Framework is at:

https://safeguardingpartnership.swindon.gov.uk/downloads/file/900/south_west_position_of_trust_framework . This document provides a high-level, overarching framework for the South West region on the approach and process to follow when responding to allegations and concerns relating to people who work in a Position of Trust (PiPoT) with adults who have care and support needs. The document is directed at agencies and individuals who are “relevant partners” as defined in Section 6 of the Care Act 2014, and/or who are members of their local Safeguarding Adults Board, and those agencies providing universal care and support services.

Decisions relating to community hospitals, health care settings and private hospitals

When a concern about organisational abuse relates to community hospitals, health care settings and private hospitals indicating wider concerns regarding service provision, BSW ICS (Director of Nursing and Quality) must be informed immediately. In these cases, the decision to proceed to a Large Scale Organisational Abuse enquiry will be made by SBC Adults SLT following discussion with BSW ICS. If there is a disagreement, then the final decision will be escalated from the Director of Adults to the Corporate Director Adults, Health and Housing.

If the large scale organisational abuse concerns are regarding a hospital or a health setting, the Enquiry Manager would look to BSW ICS to nominate a Safeguarding Lead to oversee any internal investigation process that was needed i.e. a SIRI, 60-day review or RCA. NHS England must be informed of any Large Scale Organisational Abuse Meetings that are convened.

Multi-agency coordination and partnership roles

Police: Where there are concerns/indications that a criminal offence may have been committed, the initial referral information should be shared with the Police Safeguarding Lead. According to the circumstances, it may be necessary to put all or some parts of a Large Scale Organisational Abuse enquiry on hold whilst the Police investigate to ascertain if a crime has been committed or to carry out a criminal investigation.

It should be noted that under Section 44 of the Mental Capacity Act 2005, the ill-treatment or wilful neglect of adults who lack mental capacity to consent or object to the treatment and care provided by workers, volunteers and/or carers/family members is a criminal offence. This is also covered in Sections 20 to 25 of the Criminal Justice and Courts Act 2015.

CQC: CQC must be informed of any safeguarding concerns relating to a regulated service. It is

key to ensure that each organisation is aware of the others' concerns. Emerging concerns can be discussed at BSW ICS Quality Surveillance meetings to which the ICB, Council and CQC send representatives.

In terms of its involvement in the safeguarding process, the CQC will determine whether a breach in regulations has taken place which requires inspection. Investigations will have overlapping concerns since both will relate to the quality of care provided by the Service (a repeated instance of poor care is one definition of organisational abuse). To avoid duplication, it is essential to have a coordinated approach and to this end, the possibility of a joint CQC and Large Scale Organisational Abuse action plan to be completed by the provider to address the concerns should be considered. If there is a commissioning improvement plan in place for the provider in question, that remains separate to the Action plan. Whilst it may avoid duplication to maintain joint plans, all professionals must be clear on the scope of the plan and their responsibility for their area.

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

Health Commissioned Services: Health Commissioners (BSW ICS) are expected to actively contribute as they retain responsibility for those services they commission and would be required to negotiate any changes that are required to the patient's care and treatment package as a result of the Large Scale Organisational Abuse enquiry.

They may be best placed to carry out some investigatory aspects as determined at the Enquiry Planning meeting as they have the expertise to evaluate evidence of a medical nature which may be pertinent to the Large Scale Organisational Abuse enquiry.

Out of Area Placements: Where placements are commissioned by another commissioning organisation, for example, another Local Authority, they must be formally notified of the referral and involved throughout the OA enquiry (Reference **Appendix 4** Example of Letter to Placing Authority). While Swindon Borough Council retains the lead safeguarding role for all safeguarding alerts, placing commissioning bodies retain a duty of care towards the adult(s) at risk and should be expected to fulfil this role in co-operation with the Large Scale Organisational Abuse enquiry.

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

The placing authority must satisfy themselves that:

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

The Provider: The involvement of service providers in multi-agency procedures is vitally important to enable steps to be taken for the immediate protection of people using a service.

However, it may be necessary to hold an initial Large Scale Organisational Abuse Enquiry Planning meeting without the Provider present, for example if:

- There is possible complicity by the service's staff and managers in the issues under

investigation

- There is a possibility that the service provider may tamper with or destroy evidence to protect themselves against allegations made
- Specific advice from the Police or CQC relating to the exercise of their statutory powers.

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

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

While active and cooperative behaviour by the service provider is expected, it may not be appropriate that responsibility for any internal investigation is delegated to the service provider. This will be discussed at the Enquiry Planning meeting. However, it will be important to consider the service provider's own mechanisms, for example, disciplinary procedures, and how any intention to deploy these relates to the safeguarding concern and aligns to the safeguarding plan. The process will be focused on working cooperatively with providers in the best interests of the residents / patients.

The service provider will:

- Ensure provision of information regarding individual adults at risk accommodated in respect of
 - their name
 - the authority funding their placement or if they are self-funding
 - the adult at risk's representative and/or their chosen person to be contacted in an emergency (an IMCA can be engaged if needed)
- Support / assist in the investigation of any individual safeguarding alerts and actions taken or to be taken as a result. Clear instructions must be given to the provider regarding the likely timescales of the Large Scale Organisational Abuse enquiry and realistic outcomes, including their responsibilities in the process.
- Assist in the investigation of allegations where appropriate / pertinent to the whole service / large scale organisational abuse issues and to provide written reports of their findings and any recommended actions
- Provide a detailed action plan to address the issues raised on the Terms of Reference (see Appendix 6) including milestones and review dates, setting out how service deficiencies will be remedied (the same action plan may be used to satisfy the requirements of the Council and CQC and ICB, as required, by agreement)
- Provide appropriate representation at Large Scale Organisational Abuse Enquiry meetings Ensure adherence to any agreement made during the Large Scale Organisational Abuse enquiry including those relating to placement bars or restrictions on admission and responsibilities for ensuring that adults at risk and their representatives and other stakeholders are kept informed of any organisational safeguarding proceedings taking place with regards to the service
- Have a business continuity plan in place to assist them in working through any period of investigation

Swindon Borough Council Adult Commissioning (the Commissioner of the provider service) must be involved at all stages of the Enquiry.

When should Organisational Abuse Procedures be instigated?

Not Safeguarding – Quality and Contract Monitoring Concerns	Organisational Abuse Procedures
Managed by Commissioning and Contract Monitoring	Managed by Adult Safeguarding Team
<ul style="list-style-type: none"> • Provider has recent history of difficulties (poor care complaints) • CQC inspector raises alert about quality concerns which do not meet the threshold for safeguarding • Other professionals raise concerns about quality which do not meet the threshold for safeguarding • There are concerns about management arrangements e.g. frequent change of management • Series of unconnected one-off safeguarding alerts which are quickly resolved, and risk assessed with appropriate action plan in place if required. • Anonymous alerts indicating quality concerns • Whistleblowing alerts indicating quality concerns • Review feedback into SBC Commissioner and/or monthly risk and quality management meeting • A culture of institutional practices <p>In these circumstances, safeguarding staff should be invited to attend any information sharing / professionals' meetings held by the Adults Commissioning Team to share information and agree/ support actions</p>	<p>Organisational Abuse criteria is met, for example:</p> <ul style="list-style-type: none"> • A number of safeguarding alerts, complaints, social care review feedback and /or quality concerns which together indicate an emerging pattern of significant harm or abuse – the Safeguarding Team should confer with the Adult Commissioning Team • Anonymous alerts indicating pattern of significant harm or abuse taken together with other concerns • Whistleblowing alert/s indicating a pattern of significant harm or abuse • Regular failure of processes and practices which lead to individual needs being unmet e.g. under staffing which leads to significant harm or abuse • CQC enforcement action is being taken indicating there are concerns about significant harm or abuse • Significant criminal investigation.

Large Scale Organisational Abuse Procedures

Stage 1: If concerned about Large Scale Organisational Abuse, then a referral should be made to Adult Safeguarding

Where there is concern that abuse or neglect has occurred at an organisational level, then a referral should be made to Adult Safeguarding.

Stage 2: Adult Safeguarding information gathering

Adult Safeguarding will consider any concern raised, evaluate all current evidence, activity and scrutiny and ensure no other investigations are ongoing. Adult Safeguarding will complete a risk assessment.

Adult Safeguarding will review and evaluate all current sources of evidence, including making enquiries of the following:

- The views of the person / persons and their family or representatives.
- The previous safeguarding history of the provider (including other services / institutions owned by the provider)
- Any previous enter and view reports from Healthwatch Swindon CQC – previous and current status of institution / provider

- Previous and current evidence of non-compliance. Adult Safeguarding must confer with Adults Commissioning
- Status of funded placements and feedback received from placement reviews
- Status of Out of Area placements Continuing Health Care (CHC) and Funded Nursing Care (FNC) feedback – status of placements and history of concerns / complaints
- Police – past or current concerns
- NHS - history and pattern of clinical referrals (for example; Emergency Department attendances)
- Health and social care practitioner views – any concerns arising from engagement, involvement or reviews
- Quality Surveillance Group status
- Children’s Services reviews, where children under age 18 are involved in the concern
- Reviews for individuals in the provider, their views and the views of the advocate / family

Stage 3: Is current activity robust enough?

Adult Safeguarding will consider all current activity addressing the concerns raised (for example commissioning, CQC, police, individual safeguarding enquiries) and **answer the question**: is current activity sufficient to address the concern and risk?

The decision to whether or not to progress to Large Scale Organisational Abuse Enquiry will also be based on action already being undertaken to ascertain and reduce (if required) the risk to adults at risk.

The Senior Leadership Team in Adult Safeguarding Team will make a decision whether to propose to Swindon Borough Council Adult Services Senior Leadership Team (SLT) to progress to a Large Scale Organisational Abuse enquiry.

The Senior Leadership Team in Adult Safeguarding will complete the decision template for progression to Large Scale Abuse enquiry, at **Appendix 7** - Adults Senior Leadership Team (SLT) Large Scale Organisational Abuse Decision Template

Stage 4a: Decision not to progress to Large Scale Organisational Abuse Enquiry

If it is considered that other investigations / processes (for example actions that will be taken by a commissioner or by the Police) will provide assurance that the wider risk will be dealt with, then the Adult Safeguarding Team will proceed with any individual safeguarding enquiries.

The Adult Safeguarding Team may revisit the decision on whether to instigate a Large Scale Organisational Abuse enquiry on the basis of findings / conclusions from other enquiries once completed, for instance if further allegations come to light during the course of that individual s42 enquiry.

Stage 4b: Decision to progress to Large Scale Organisational Abuse Enquiry

A decision to proceed to a Large Scale Organisational Abuse enquiry will be made at a meeting of the SBC Adults Senior Leadership Team (SLT), chaired by the Director Adult Services.

A member of the safeguarding leadership team will submit the completed **Decision Template at Appendix 7** to the meeting, detailing the concern, evidence collected, and rationale for progressing to Large Scale Organisational Abuse Enquiry.

The decision to progress to Large Scale Organisational Abuse enquiry will be recorded in

minutes of SLT, and the **SLT Large Scale Organisational Abuse Decision Template (Appendix 7)** signed off by the Director Adult Services and Head of Adult Social Work. This will include a short statement from SLT to confirm why the decision was made.

SLT should consider whether there are issues of poor practice that can be addressed and worked through in partnership with service providers outside of the safeguarding process using a more proportionate approach. Options may include contracts and commissioning (ICB / Council); input from Quality Assurance team; and / or regulatory action via CQC.

A Senior Manager in Adult Services will be the Enquiry Manager for Large Scale Organisational Abuse Enquiry process.

The decision by SLT will be recorded on the Adult Services Case Management System.

Stage 5: Large Scale Organisational Abuse Enquiry

- Terms of Reference and confirmation of Enquiry Manager and Enquiry Officer
- Large Scale Organisational Abuse Planning Meeting
- Develop an Safeguarding Enquiry Action Plan to address concerns
- Complete Enquiry once actions addressed

Large Scale Organisational Abuse Enquiry Planning

When a concern for a Large Scale Organisational Abuse enquiry has been received, information gathered, and the decision taken by SBC Adults Senior Leadership Team (SLT) to proceed to Enquiry, a Large Scale Organisational Abuse Enquiry Planning Meeting will be convened by the Adult Safeguarding senior leadership. The Enquiry Manager will be confirmed and will be a Senior Manager in Adult Services. Manager.

An **Agenda** for the Large Scale Organisational Abuse Enquiry Planning meeting is at **Appendix 5**

It is the responsibility of each attendee to prepare adequately for the meeting and ensure that they bring all relevant information to the meeting in order for evidence-based decisions to be made.

A list of invitees for the Large Scale Abuse Enquiry Planning Meeting should be drawn up by the Enquiry Manager, and may include representatives from, among others:

- Adult Social Care, Swindon Borough Council
- CQC
- Adults Commissioning
- Occupational Therapy
- Nursing
- GP
- Hospital
- Ambulance Service
- Adult Mental Health
- DOLS Team
- Swindon Advocacy
- Police
- The provider

Timescales for Enquiry

It may not be possible to adhere to timescales set for individual safeguarding enquiries, but clear timescales should be set at the start of the Large Scale Organisational Abuse Enquiry, and timescales recorded when Terms of Reference for the Enquiry are agreed.

Terms of Reference for the Large Scale Organisational Abuse Enquiry should be drafted by the Enquiry Manager in advance of the Enquiry Planning meeting, for discussion and agreement at the Enquiry Planning meeting. A template for Terms of Reference is at **Appendix 6**

The Large Scale Organisational Abuse Enquiry Planning meeting should have full access to the following:

- The safeguarding concerns
- Any risk assessments undertaken to date
- Overview and outcomes of any individual safeguarding enquiries which indicate a number of residents are at risk of significant abuse or neglect
- Regulator activity and outcomes
- Monitoring Reports produced by the Adult Commissioning Team
- Improvement Plans from the service provider (if relevant)
- Any information relating to recent incident reporting. Where this is a Health provider, this may include the reporting of a Serious Untoward Incident and subsequent Root Cause Analysis (RCA) investigation
- Recorded evidence where the provider has failed to comply with health and social care support review recommendations that resulted in a person(s) being placed at risk of significant harm or exploitation
- Evidence and detail of other recent concerns. This may include whistleblowing alerts

The Safeguarding Enquiry Planning meeting will need to review the preliminary risk assessment undertaken by Adult Safeguarding and agree an interim safeguarding plan covering both individual concerns and the care setting. This must include a plan to keep existing adults safe.

It is important to remember that decision making at the end of the Large Scale Organisational Abuse Enquiry (e.g. substantiated / not substantiated / partly substantiated or inconclusive) must be linked to the Enquiry Terms of Reference. It is the responsibility of all representatives to formulate a robust and effective Enquiry action plan.

The Enquiry should include feedback and outcomes from individual safeguarding concerns. All representatives and staff who take an active role within the enquiry should receive a copy of the Terms of Reference and action plan to ensure that there is clarity about key issues. A copy of this should be appended to the minutes of the meeting.

Representatives at the Large Scale Organisational Abuse Enquiry Planning Meeting (and throughout the Large Scale Organisational Abuse enquiry) should also consider the following:

Managing admissions/new referrals to the service

Decisions to bar or restrict admissions may already have been taken. If not, this issue should be discussed at the Large Scale Organisational Abuse Enquiry Planning Meeting.

Options may include:

- Restriction or ban on admissions to part of the home offering a particular service (for example; to the dementia unit within a home)
- Restriction or ban on the grounds of complexity (for example; those meeting CHC funding criteria or section 117)

- Restriction or ban relating to specific care provision (for example: end of life care)
- The provider may themselves choose to impose a voluntary restriction or ban on admissions
- Escalation of persistent serious concerns requires that measures that are already put in place are reviewed in the light of new evidence or concerns

The imposition of placing a service on Hold will be reviewed by the Adult Commissioning Team. This will take into consideration feedback received from the Large Scale Organisational Abuse enquiry. Decisions will also need to take account of any statutory action being taken by CQC.

If the Large Scale Organisational Abuse Enquiry relates to a provider that provides more than a single service, then Safeguarding with Adult Commissioning must check and consider whether the Enquiry should extend to all services or more than one service with a clear rationale against the criteria for doing so. For example, where an organisational abuse enquiry considers whether policies around staffing or rotas were a contributing factor in the abuse in a provision, it should be considered whether all other provision owned by that provider should be included in the large scale organisational abuse enquiry, and referenced in the resulting enquiry report.

Where a provider states that they will stop the provision or where there is provider failure with withdrawal of CQC registration during the Large Scale Organisational Abuse enquiry, it is recognised that Adult Commissioning and Adult Safeguarding will need to work together to achieve positive outcomes for the individuals receiving a service from the provider. This would also be the case if another Local Authority is leading the Enquiry.

Reviews of people who are using the service

Individual reviews of people who are using the service should always be considered. Adult Social Care will be responsible for ensuring individual reviews of people who are using the service are carried out where appropriate as agreed at Large Scale Organisational Abuse Enquiry Planning meetings. They can be undertaken at any stage during the Enquiry.

Safeguarding Adults Review

The Enquiry Planning meeting, led by the Enquiry Manager, should consider whether the case meets the requirement to undertake a Safeguarding Adults Review.
https://safeguardingpartnership.swindon.gov.uk/info/18/for_professionals/64/safeguarding_adult_reviews_sars

A SAR is a multi-agency review process that seeks to determine what relevant agencies and individuals involved could have done differently that could have prevented harm or a death from taking place. The purpose of a SAR is not to apportion blame. It is to promote effective learning and improvement to prevent future deaths or serious harm occurring again.

Lead Roles and Responsibilities

Enquiry Manager (EM)

The Enquiry Manager (EM) for the Large Scale Organisational Abuse Enquiry will be nominated by the Director Adult Social Care and Head of Service, determined by the scope of the Enquiry to be undertaken. This will be agreed at the SBC Senior Leadership Team meeting. The Enquiry Manager for Large Scale Organisational Abuse Enquiries will be a senior manager in Adult Services.

The Enquiry Manager will undertake the following:

- Establish reporting arrangements through to Director
- Set up the Large Scale Organisational Abuse Enquiry Planning Group to complete the Large Scale Organisational Abuse enquiry
- Chair all the meetings of the Large Scale Organisational Abuse Enquiry
- Agree with representatives the Terms of Reference written and agreed at initial enquiry meeting and action plan for the Large Scale Organisational Abuse enquiry at the Enquiry Planning meeting
- Communicate the Terms of Reference for the Enquiry to the provider to give clarification on the Large Scale Organisational Abuse enquiry process
- Communicate the decision to proceed to relevant senior managers of the Council and keep them informed and updated. In exceptional circumstances, a Director or DASS will be invited to participate in, or chair, a Large Scale Organisational Abuse enquiry (for example, a significant criminal investigation)
- Ensure that the right people are aware of and involved in the Large Scale Organisational Abuse enquiry process throughout
- Provide advice and guidance on how the process should be managed
- Agree a plan to manage risk
- Agree a plan to manage media and communications
- Receive information and agree and review the supporting action plan
- Agree additional administrative support if available via the Swindon Safeguarding Board.

A Large Scale Organisational Abuse enquiry may run alongside a series of individual safeguarding enquiries to address allegations of abuse specific to individuals. These will be fed into the meetings to ensure continuity and oversight.

Early and ongoing consideration must be given by the Enquiry Planning Group on how to involve people affected and/or their families, or, if they are not involved, how they are kept up to date with progress.

The Enquiry Manager should agree a communications approach for residents and families if the Large Scale Organisational Abuse enquiry relates to a building based service. The approach must be proportionate, transparent, and consider the different needs of the residents. A template for a letter to people who use the service and their family members is at Appendix 8.

The Enquiry Manager should work with the SBC Adult Commissioning Team and Communications Team to ensure that a media plan has been developed, and response to any media enquiries agreed. The Director Adult Services should clear all media responses with SBC Communications Team and the Enquiry Manager should be informed. Each representative engaged in the enquiry must ensure their organisations are appropriately briefed on communications and media. Each organisation is requested to discuss a media strategy with SBC Communications Team.

Agencies should not underestimate the level of media interest in Large Scale Organisational Abuse enquiries. Under no circumstances should staff deal with enquiries from the media.

Enquiry Officer(s) (EO)

The Enquiry Planning meeting will consider how the Large Scale Organisational Abuse enquiry will proceed.

The Enquiry Manager can make enquiries, or cause others to make enquiries, to investigate the allegation further.

An Enquiry Officer will be allocated – this could be an EO from an Adult Social Care team, or an Enquiry Manager from Adult Safeguarding Team allocated to act as EO for the purposes of the enquiry.

The EO will:

- Undertake investigative visits to the provider to provide a report relating to issues raised in the terms of reference at the request of the Enquiry Manager
- Work with the provider to identify solutions to address the concerns
- Maintain a channel of communication between the Enquiry Manager and the provider during the course of the enquiry.

In some circumstances, a Large Scale Organisational Abuse enquiry 'team' will be formed, involving enquiry officers, care managers, commissioning staff and/or others as required. This 'team' may be required to undertake reviews, communicate with customers/families, and review information about policies/procedures/particular practices, for example.

Data Protection

Due to the sensitive nature of Large Scale Organisational Abuse enquiries, care must be taken by all participants to keep information that they receive as part of the process safe, secure and confidential at all times and in accordance with their organisation's policies and procedures. The Swindon Safeguarding Partnership Information Sharing Agreement will be followed at all times, at

https://safeguardingpartnership.swindon.gov.uk/info/12/about/80/information_sharing_agreement

Decision not to proceed to an Large Scale Organisational Abuse Enquiry

If a decision is taken that there is insufficient evidence to commence a Large Scale Organisational Abuse enquiry, the Safeguarding Enquiry action plan must clearly document what action will be taken to address the concern(s) raised and who will take responsibility for ensuring the action plan is completed.

A further Safeguarding Enquiry Planning meeting may need to be convened (chair to be agreed at the first Safeguarding Enquiry Planning meeting) to ensure feedback on the action plan and continued consideration of whether a Large Scale Organisational Abuse enquiry is required.

It is important that the person who made the alert is informed as soon as possible that Safeguarding Adult procedures are not thought to be appropriate.

Escalation process

During the process of the Large Scale Organisational Abuse enquiry, an on-going risk assessment must take place.

If further concerns and / or new safeguarding concerns arise during the Large Scale Organisational Abuse enquiry process, these must be escalated to the Enquiry Manager who will assess if an interim Safeguarding Enquiry Planning meeting is required. Immediate consideration will be given to whether further protective measures are required.

Unless the Legal Owner and or nominated individual of the service is directly implicated, the new concerns must be shared with the Legal Owner or nominated individual of the service as soon

as they are identified and not held back until a further meeting. This is vital in continuing to work cooperatively and transparently with providers throughout the enquiry.

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

- Where there have been a series of significant incidents where the management response within the establishment or other establishments owned by the provider, has been unsatisfactory
- Where an unplanned incident poses a serious threat to the running of the establishment and its ability to meet the needs of the adults at risk
- Where the organisation has consistently failed to meet the national minimum standards (as outlined in the CQC regulations)

A meeting will be convened and chaired by the Enquiry Manager with representatives from partner agencies and the provider as appropriate. If there is a need to move residents quickly, alternative measures will be taken.

Closure of Large Scale Organisational Abuse Enquiry

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

At the final Safeguarding Enquiry meeting:

- Agreement must be reached that the concerns identified in the initial Terms of Reference have been addressed and there is no longer a risk of organisational abuse taking place
- Agreement must be reached on whether each of the issues or concerns raised in the Terms of Reference have been substantiated; partially substantiated; or not substantiated.

An on-going protection plan for the provider setting may need to be completed and agreement reached around how this will be monitored. This is likely to include CQC, Adults Commissioning and Contracts, Adults Quality Assurance Team.

This should detail actions to include milestones and review dates, setting out how the service deficiencies will be remedied. It is essential that there is an agreed framework to follow through any actions outside of the Large Scale Organisational Abuse enquiry and who will assume responsibility for this.

Consideration should be given to de-briefing sessions to ensure that any relevant learning opportunities are taken forward.

Any restrictions on the service will be reviewed by the Head of Commissioning Adults and communicated to the service provider.

Appendix 1 - Flowchart for Large Scale Organisational Abuse Enquiry

Stage 1: If concerned about Large Scale Organisational Abuse, a referral should be made to Adult Safeguarding

Where there is concern that abuse or neglect has occurred at an organisational level, then a referral should be made to Adult Safeguarding.

Stage 2: Adult Safeguarding information gathering

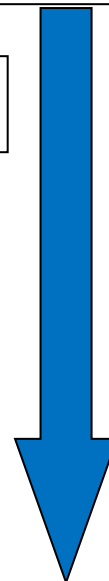
Adult Safeguarding will consider any concern raised, evaluate all current evidence, activity and scrutiny and ensure no other investigations are ongoing. Adult Safeguarding will complete a risk assessment. Legal advice should be sought where necessary at an early stage.

Stage 3: Is current activity robust enough?

Adult Safeguarding will consider all current activity addressing the concerns raised and **answer the question:** Is current activity sufficient to address the concern and risk?



If answer is
NO



Stage 4a: Decision not to progress to Large Scale Organisational Abuse Enquiry

If it is considered that other investigations / processes (for example actions that will be taken by a commissioner or by the Police) will provide assurance that the wider risk will be dealt with, then the Adult Safeguarding Team will proceed with any individual safeguarding enquiries.

The Adult Safeguarding Team may revisit the decision on whether to instigate a Large Scale Organisational Abuse enquiry on the basis of findings / conclusions from other enquiries once completed, for instance if further allegations come to light during the course of that individual s42 enquiry.

Stage 4b: Decision to progress to Large Scale Organisational Abuse Enquiry

A decision to proceed to a Large Scale Organisational Abuse enquiry will be made at a meeting of the SBC Adults Senior Leadership Team (SLT), chaired by the Director Adult Services. The Head of Adult Social Work will submit the completed Large Scale Organisational Abuse Decision Template to the meeting, detailing the concern, evidence collected, and rationale for progressing to Large Scale Organisational Abuse Enquiry.

A senior manager in Adult Services will be the Enquiry Manager for Large Scale Organisational Abuse Enquiry process.

Stage 5: Large Scale Organisational Abuse Enquiry

- Terms of Reference and confirmation of Enquiry Manager and Enquiry Officer
- Large Scale Organisational Abuse Planning Meeting
- Develop Safeguarding Enquiry Action Plan to address concerns
- Complete Enquiry once actions addressed

Appendix 2 - Identifying Large Scale Organisational Abuse

Definition

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

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

Indicators of organisational abuse

The 'type' of incident

Inappropriate or poor care that leads to:

- Malnutrition
- Dehydration
- Skin damage / pressure ulcers
- Unmanaged continence
- Falls / fractures
- Unexplained injuries
- Restricted access to appropriate medical or social care
- Misuse or inappropriate use of medication
- Neglect of individual(s) using the service
- Poor risk assessment and/or management
- Absent or inadequate policies and procedures
- Evidence that policies and procedures have not been followed
- Poor or lack of training to staff
- Misuse of restraint or inappropriate restraint methods (physical, chemical)
- Unauthorised deprivation of liberty
- Non-adherence to the Mental Capacity Act 2005
- Sensory deprivation (denial of hearing aids, glasses)
- Restricted mobility (denial of access to mobility aids)
- Restricted access to toilet/bathing facilities
- High number of complaints, accidents or incidents [NB: this requires a considered response as positive reporting should be seen as a means for organisational reflection and change)
- Care regime exhibits lack of choice, flexibility and control (for example; early morning rising, removal of call bells)
- Care regime impersonal and lacks respect for dignity
- Lack of personal clothing and possessions
- Denial of visitors or phone calls

The 'nature' of the incident

- Is the behaviour widespread within the setting?
- Is it evidenced as repeated instances?
- Is it generally accepted within the setting?
- Is it sanctioned by supervisory and management staff?
- Is there an absence of effective management monitoring and oversight?
- Are there resourcing or environmental factors that adversely affect the quality of care?

- Are there systematic deficits embedded in the care setting (this may include sub groups within the setting)?

The 'degree' evidenced by the incident

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

The pattern and prevalence of incidents

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

In summary, **common themes in organisational abuse** are:

- A history of concerns that may not have been previously connected to a wider view of the care service/setting
- Poor standards of care
- Rigid routines
- Inadequate staffing, high staff turnover (to include the manager)
- Poor supervision and training of staff
- Lack of or non-adherence to policies and procedures
- Poor recording in care documentation, incident logs
- Culture and behaviours suggesting a lack of transparency and openness

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

Appendix 3 - Risk Assessment for Large Scale Organisational Abuse

Purpose of the Procedure

The risk assessment procedure set out below relates to concerns that have triggered safeguarding adult's procedure thresholds. It is not a procedure to be applied narrowly to specific safeguarding standards, outcomes, processes and procedures only, but rather one that needs to be applied to all aspects of care/desired outcome for the individual in order to determine a level of concern. The outcome of the risk assessment will indicate the level of management that should oversee proceedings and the safeguarding and commissioning actions that need to be taken (see table).

RISK ASSESSMENT

1. When an organisational abuse concern is raised, this will be discussed at the Safeguarding Enquiry Meeting who will agree a risk assessment. If there is not enough information at the initial meeting, attendees will be asked to go away and gather further information for the compiling of a risk assessment at a future meeting. The risk assessment will need to be revisited if circumstances change
2. The risk assessment will consider the impact the circumstance under consideration will have on people using the service
3. A combination of assessed impact and likelihood will determine a level of concern as summarised in the table below

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

IMPACT CRITERIA	
LOW	No, or minimal impact on the safety of people who use services
MEDIUM	A moderate impact but limited provided remedial action is taken with no long-term effects on people's health or well being
HIGH	A significant immediate impact on the safety of people who use services which will have a long-term impact on their health and well being
LIKELIHOOD CRITERIA	
UNLIKELY	This is unlikely to happen or recur due to the control measures and processes in place
POSSIBLE	This may happen but is not a persistent issue
ALMOST CERTAIN	This will probably happen/recur frequently. This could be due to a breakdown in processes or serious concerns about control measures

CONCERNS

The indicators above can be used to provide detail to the level of concern, i.e. minor, moderate, major and persistently major. Judgements should be evidenced so that all involved can identify the areas of risk that need to be addressed.

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

Appendix 4 – Example Letter to Placing Authority

[Address]

Dear *(Title) (Last Name)*

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

We are currently undertaking an Enquiry into Organisational Abuse in relation to allegations of abuse and concerns against a number of people placed in *(Name of Provider)*, of which *(First Name)(Last Name)* is one.

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

Our role is defined as:

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

The placing authority is responsible for providing support to the ‘adult at risk’ and planning their future care needs, either as an alleged victim or alleged perpetrator. The placing authority should also nominate a link person for liaison purposes during the Enquiry. They will be invited to attend any safeguarding meetings and / or may be required to submit a written report.

I am writing to suggest that you satisfy yourself that:

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

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

I hope that you find this letter helpful in clarifying the current position. Please do not hesitate to contact me should you wish to discuss further

Yours sincerely etc.

Appendix 5 - Agenda for Large Scale Organisational Abuse Planning Meeting

Large Scale Organisational Abuse Enquiry Planning Meeting - Agenda

Chair of meeting: Enquiry Manager

Date:

Name of Provider:

1. Welcome, introductions, apologies and role of attendees

- Identify who has been invited and why
- Attended / apologies
- Who has been excluded and why (if appropriate)
- Clarify with participants their role in the meeting.

2. Housekeeping, ground rules and confidentiality

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

3. Purpose of the Large Scale Enquiry Planning Meeting

- To share and consider the concerns and allegations
- To review the Risk Assessment
- To agree Terms of Reference for Enquiry and scope
- To plan the Enquiry and agree Action Plan to respond to concerns
- To agree a Communications approach for the Enquiry

4. Information sharing from relevant people/organisations

- Summary overview of care setting/provider
- Safeguarding referrals:
 - Details of allegations (previous history and current concerns)
 - Investigative actions and outcomes so far
 - Discussions of concerns and issues to be addressed.

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

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

5. Information regarding service users

- Individuals placed and funded by Swindon Borough Council
- Out of Area placements

- FNC / CHC
- Self-funders

6. Risk Assessment

Refer to the risk assessment completed by Adult Safeguarding, and determine if any actions are required which will include:

- Individual protection plan actions
- Actions for the provider

7. Safety of the service

Confirm that business continuity and contingency plans are in place should the situation deteriorate, for example sourcing alternative placement/service.

8. Agree Terms of Reference for Enquiry

Enquiry Manager will draft Terms of Reference for the Enquiry that should be agreed at the Enquiry Planning meeting.

9. Plan the Enquiry

Could include:

- Further action required to safeguard individuals
- Safeguarding considerations of any referrals so far
- How complaints and whistle-blowing incidents are dealt with
- Assessment of individuals using the service
- Planning any further enquiries – roles and responsibilities
- Involvement of other agencies, for example; Police, CQC, Contracts and Commissioning, DOLS, Swindon Advocacy, OT, Nursing, GP, Mental Health services etc.
- Proposed timescale for enquiry process

10. Develop Action Plan

Develop and agree Action Plan for addressing the concerns, to be reviewed at every Enquiry meeting.

11. Communication strategy

- Agree a communications strategy which should include communication with:
- All individuals using the service or their representatives, family, carers and advocacy services
- Service Provider if not present at the meeting
- Person(s) alleged to have caused harm
- Identify designated person who will be the single point of contact for their organisation
- Agree how other placing authorities (for example; of individuals not identified as alleged adults at risk) will be informed of the concerns raised and who will do this
- Agree how commissioners of the service – including specialist commissioners will be informed of the concerns and who will do this
- Consideration needs to be given about media interest and briefing
- Communications Team and relevant senior managers and legal representatives
- Consideration needs to be given to informing risk and insurance if necessary
- The communication strategy must be reviewed regularly

12. Agreed actions

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

- Restate the scope of the enquiry process
- Confirm who will be doing what
- Timescales

13. Date of next meeting

Date, time and venue of subsequent meetings.

Appendix 6 - Terms of Reference and Checklist for Large Scale Organisational Abuse Enquiries

Terms of Reference and Checklist for Large Scale Organisational Abuse Enquiries
Terms of Reference for Large Scale Organisational Abuse Enquiry
This Enquiry will address the following concerns:
The provider that this Enquiry relates to is: The provider has been informed that the Enquiry has been agreed.
The Enquiry Manager will lead the Enquiry and chair Enquiry meetings. Enquiry Manager for this Enquiry is:
Agencies who will be represented in the Enquiry will be confirmed, and attendance at Enquiry meetings recorded. Members of the Enquiry Planning Group for this Enquiry are: <ul style="list-style-type: none">•
All representatives on the Enquiry Planning Group will declare if they have a conflict of interest relating to the enquiry.
There will be joint response and decision making between agencies, and any issues that cannot be resolved will be escalated, using the SSP Escalation Policy
Timescales for the enquiry will be agreed. The timing of enquiry actions will be coordinated where necessary with other processes, for instance Serious Incident Reports, Coroner reports. If there are delays in completing identified actions, the Escalation Policy may be used.
All decisions made at the Enquiry Planning meeting and other Enquiry meetings will be recorded on the Adult Services Management Information System

A multi-agency risk assessment relating to the Enquiry will be maintained and updated through the course of the Enquiry, and any new identified risks addressed
SSP Consent and Information Sharing protocols will be adhered to
A record will be kept of all policy decisions related to the Enquiry
An Action Plan, with timescales and leads will be developed and agreed, and will be monitored and managed by the Enquiry Manager, and will be reviewed at each Enquiry Planning meeting Actions that are not completed must be addressed in the Enquiry meetings, chaired by the Enquiry Manager. Where there are issues with actions not being completed in a timely way, the Escalation Policy should be used.
A Communications Plan will be developed, and will be reviewed at each Enquiry Planning meeting. SBC Communications will be the lead agency for responding to media enquiries.
The views of individuals using the service and their representatives will be considered in the Enquiry
The provider will be kept informed of the enquiry, and any actions identified for the provider will be recorded.
The Director Adult Social Care and Chair of Swindon Safeguarding Partnership will be informed of progress and any issues relating to the Enquiry.

Checklist for Planning the Enquiry

Clarify the issues to be investigated and agree Terms of Reference
Agree roles and responsibilities for each agency (for example; Local Authority, Police, CQC, NHS/ICB Commissioners and Providers/Health Trusts and other provider settings to include GPs)
Agree timing of Enquiry actions (including complaints, whistle blowing alerts and any disciplinary action, where appropriate, as well as coordinating/maintaining oversight of other processes for example; Serious Incident Reports and Root Cause Analysis (RCA) Investigations)
Identify all people affected by the enquiry process (staff and individuals using the service)
Consider individual needs in relation to race, culture, age, gender, sexuality, religion and disability, and any language and communication needs
Consider whether support or protection is required for referrers / whistleblowers, and record any decisions made.
Ensure any intervention does not compromise possible Police investigation (unless there are overriding safety needs)

Obtain additional background information
If not already done so, consider whether concerns warrant a recommendation for suspension of local authority placements or service contracts. This should be undertaken by Swindon Borough Council Adult Commissioning in consultation with Adult Safeguarding. Service Providers may also need to consider suspension of staff if indicated.
Ensure that commissioners have addressed concerns around new referrals / admissions to the service that is the subject of the Enquiry
Confirm with Adult Safeguarding that individual reviews of people using the service have been completed
Consider whether a Safeguarding Adult Review is required. The Swindon Safeguarding Partnership will advise the Enquiry.
Maintain a chronology of all incidents related to the Enquiry
Keep a record of all policy decisions related to the Enquiry
Obtain legal advice where appropriate
Preservation of evidence and preparation for medical examinations where indicated
Multi-agency response to risk assessment and management
Ensure that individuals using the service and their representatives are supported by the Provider / local authority via Adult Safeguarding to take part in the safeguarding process to the extent to which they want, are able to, or to which the process allows, and are kept informed of progress.
The Service Provider should be informed of timescales in relation to the enquiry process, to include realistic targets and when they can pick up enquiry processes themselves. The Provider must have a business continuity plan in place to assist them in working through any period of enquiry.
Closure of the Enquiry

Appendix 7 – SLT Decision Making Template for Large Scale Organisational Abuse Enquiry

SBC Adult Services Senior Leadership Team Decision Making Template for Large Scale Organisational Abuse Enquiry	
Template completed by:	
Report presented to SLT by:	
Date of SLT Meeting:	
Attended:	
Detail of Safeguarding Concern:	
Additional evidence from completed Risk Assessment:	
Detail of Evidence collected and from whom:	
Consideration whether current activity is robust enough to address concerns raised, and whether current activity is sufficient to address the concern and risk:	
Legal Advice received:	
Rationale for progressing to Large Scale Organisational Abuse Enquiry:	
Decision by Adult Services SLT:	

**Appendix 8 - Example letter to individuals in institution or specific care setting
subject to Large Scale Organisational Abuse Enquiry**

[Name & Address]

Dear *(Title) (Last Name)*

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

Swindon Borough Council (SBC) are currently undertaking a large scale organisational abuse enquiry in relation to allegations of abuse and/or neglect against a number of people in (enter provider name), of which *(full name)* is one.

In large scale organisational abuse enquires, our duty as a council is to co-ordinate the Enquiry and to ensure residents are safe. We are contacting you because one of the actions from our first Enquiry Planning Meeting is to review all residents who are either self-funding their placement or funded by Swindon Borough Council. In doing so, we are fulfilling our obligations in relation to Safeguarding Adults as the 'host' authority for this large scale Enquiry. Please be assured that the provider is working with myself and Swindon Borough Council's Contracts and Commissioning Team, to implement an improvement plan and we are holding regular meetings to review the actions from this weekly.

Please notify us if you would like to be present at the review meeting, or if you have any objections against a review meeting taking place. Please also let us know if you have any information about the safety of the placement and if it is meeting your loved ones needs. If you know of anyone appointed by the person in advance to represent them in any matters relating to the placement, please contact the allocated (social worker) or adult Community Team – add details, who will share the information with the enquiry officers and managers of this enquiry.

I hope that you find this letter helpful, and I recognise that this information will be a concern for you. Please do not hesitate to contact either our Customer Services on 01793 463333, or myself directly should you wish to discuss any matters further.

Kind Regards

Yours sincerely

Name
Position (Lead Enquiry Manager)
Mobile
Email