



**Leeds Safeguarding  
Adults Partnership**

# **Practice Guidance: Large Scale Investigations**

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## **1. Introduction**

The West Yorkshire Safeguarding Adults Policy and Procedures provide for different types of safeguarding investigation:

- A Service Provider Investigation – undertaken by a service provider, overseen by ASC or Health
- An Independent Investigation – a term used in Leeds to describe an investigation undertaken by ASC or Health
- A Large Scale Investigation - a term used to describe an investigation concerning a number of adults at risk. These will only ever be undertaken by ASC or Health.

This Leeds practice guidance outlines when a Large Scale Investigation is appropriate, how they fit with Service Provider and Independent Investigations, and additional practice considerations. This guidance sets out general principles for Safeguarding Coordinators that will need to be applied with professional judgement and proportionality in light of the specific circumstances. This practice guidance will need to be read alongside the West Yorkshire Safeguarding Adults Policy and Procedures.

## **2. Large Scale Investigations**

Large Scale Investigation is the term used to describe an overarching safeguarding investigation that draws upon a number of wider Service Provider or Independent Investigations. It is this approach that defines a Large Scale Investigation.

The benefits of a Large Scale Investigation is that it allows for a number of individual investigations to be considered together, this may often be necessary to investigate and respond to institutional abuse. It may however not always be necessary, and where appropriate institutional abuse could be investigated as an Independent Investigation.

Institutional abuse refers to those incidents of abuse that derive, to a significant extent, inadvertently or otherwise, from an organisation's practice (including management and leadership), culture, policies and/or procedures. Whether institutional abuse is indicated will require a professional judgement, based upon the circumstances and the guidance in Appendix A.

A Large Scale Investigation is an additional investigation and therefore should only be followed where there is a potential benefit to safeguarding service users/patients of that service. The need for a Large Scale Investigation may be identified at any time, for example, whilst other Service Provider/Independent Investigations are being undertaken, or at their conclusion.

### **2.1 Relationship with other safeguarding investigations**

When there is an allegation that an adult at risk has been abused, this should be investigated by means of a Service Provider or Independent Investigation.

The Service Provider or Independent Investigation will focus on understanding what has happened to that person. The subsequent Case Conference Discussion or Meeting will

review the investigation and agree any actions required to help the person to be safe. When there are allegations that more than one person has been abused within the same service or setting, then this process should be followed for each person. Consideration should be given to the same Safeguarding Coordinator overseeing each of these investigations, to help in maintaining oversight of all the emerging issues.

If there are allegations that more than one person has been abused within the same service or setting, then a Large Scale Investigation may be additionally required. However, this will only be appropriate where the nature of the various Service Provider/Independent Investigations, when considered together, potentially indicate institutional abuse.

A Large Scale Investigation is an additional investigation, requiring an additional investigation report. It will need to draw upon the findings of the wider Service Provider or Independent Investigations, and undertake additional investigative actions as required, in order to respond to the allegations of institutional abuse. In this way, a Large Scale Investigation allows for individual safeguarding concerns to be considered together.

The Large Scale Investigation will require its own Case Conference Meeting to review the investigation and the need for additional protection arrangements.

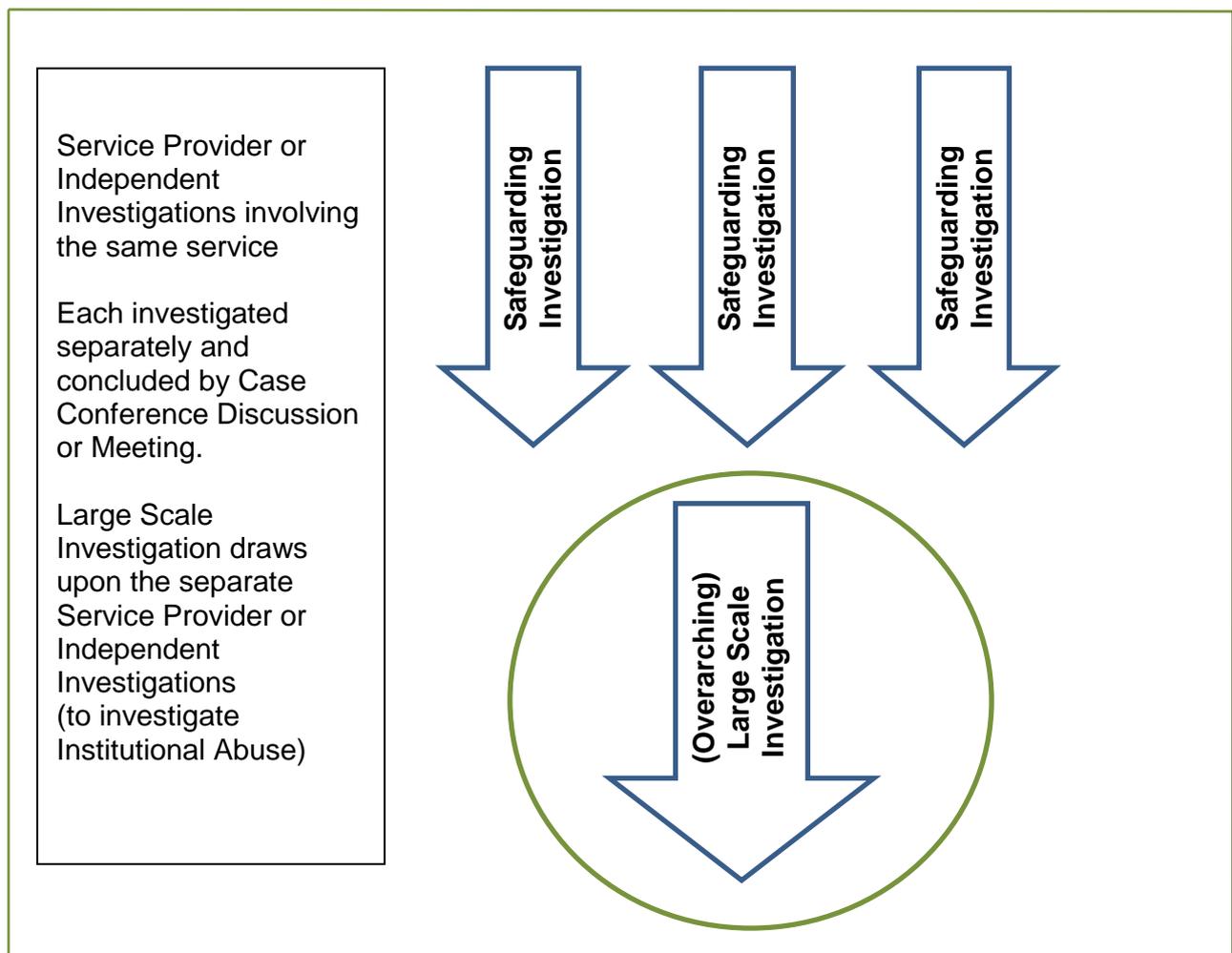


Diagram 1: Relationship between Large Scale and other safeguarding investigations

In addition, Appendix 4.5 provides illustrated examples of when a Large Scale Investigation is/is not appropriate.

### **3. Practice considerations**

Large Scale Investigations will often be complex. This section sets out additional practice considerations that are particularly relevant when a Large Scale Investigation is being planned and undertaken.

#### **3.1 Who to involve within Large Scale Investigations**

Involvement at the Strategy Meeting/Case Conference Meeting should be limited to those who need to know and can contribute to the decision making process. This may include an appropriate representative of any organisation that has a specific role in:

- investigating the allegation of abuse or neglect
- assessing the risk
- developing or carrying out the protection plan
- undertaking related investigations e.g. criminal, regulatory
- taking other actions in relation to the organisation alleged to have caused harm

In all cases where the Large Scale Investigation is being considered involving a regulated service provider, the following must be invited to Strategy Meetings and Case Conference Meetings (and receive copies of minutes irrespective of attendance):

- Care Quality Commission
- Contracting/Commissioning authorities

Where large scale investigations are undertaken in relation to an NHS Trust or Adult Social Care 'in-house service', the relevant Chief Executive Officer (NHS) or Director (Adult Social Care) must be notified, and involved/kept informed as requested.

##### **3.1.1 Involvement of adults at risk and their relatives**

The focus of the Large Scale Investigation will be the collective issues and themes from a number of investigations. For reasons of privacy and confidentiality, or the need to plan an investigation, it may not be appropriate for the adult at risk to attend a Strategy Meeting/Case Conference Meeting. However the Safeguarding Coordinator/Case Conference Chair will need to consider how the views of the adult at risk and their relatives can be most appropriately included.

If not present, adults at risk should be offered feedback as appropriate in relation to actions taken and decisions reached within the Large Scale Investigation. This may be for example, by receiving feedback from the Case Conference Meeting. Any actions relating to an adult at risk's care must be made in partnership with the person concerned.

### **3.1.2 Involvement of the service provider**

It is important that the service provider is involved as fully as possible in allegations/investigations concerning their service.

Depending on the size of the organisation and the nature of the allegations, the individuals implicated, the appropriate representative for Strategy Meetings/Case Conference Meetings might be for example, the manager, the owner or the regional/company director. It is important that the representative is appropriately senior to respond on behalf of the organisation to the service level nature of the concerns.

Where large scale investigations are undertaken in relation to an NHS Trust or Adult Social Care 'in-house service', the relevant Chief Executive Officer (NHS) or Director (Adult Social Care) must be notified, and involved/kept informed as requested.

Where the representative is directly implicated (or attendance may prejudice the planning of an investigation) it may not be appropriate for them to be present at the Strategy Meeting, however communication with and involvement of the organisation must be maintained as fully as this is possible. However, the service provider must be invited to attend the Case Conference Meeting.

The service provider organisation should have the opportunity to respond to any allegations raised by the Large Scale Investigation, and to be able to review the Large Scale Investigation report and comment on its findings, as set out within the West Yorkshire Multi-Agency Safeguarding Adult Policy and Procedures.

### **3.1.3 Involvement and responsibilities of non-Leeds placing authorities**

Where adults at risk concerned are placed in a service by non-Leeds placing authorities, then those placing authorities should also be invited to the Strategy Meeting/Case Conference Meeting.

The ADASS (2012) Protocol for Inter-Authority Safeguarding Adults Investigation and Protection Arrangements establishes how authorities should work together in these circumstances. Key principles of this guidance are summarised in Section 4.2.

## **3.2 Informing wider residents/patients**

There may be circumstances where there is a need to inform wider residents/patients of the nature of the concerns and the actions being taken to respond to these. This will be particularly relevant where there are widespread concerns, and where clear communication will help to reassure wider residents/patients and their representatives of actions being taken.

Such communications will usually be undertaken by the service provider, who will be best placed to respond to individual concerns of their service users/patients.

## **3.3 Investigation planning**

The purpose of the safeguarding investigation is set out within the West Yorkshire Safeguarding Adults Multi-Agency Policy and Procedures.

A Large Scale Investigation is separate from any Independent or Service Provider Investigation and will require a separate investigation report. Consideration should be given as to whether the Safeguarding Coordinator for the Large Scale Investigation should be the same person who has overseen the Independent or Service Provider Investigations. This will often be advantageous but it may not always be appropriate or necessary.

When undertaking a Large Scale Investigation, it will be necessary to:

- draw upon and summarise the relevant aspects and conclusions of any Independent or Service Provider Investigation reports/Case Conferences Discussions/Meetings.
- focus on the service wide concerns and/or common themes of individual investigations and the underlying causes of the alleged abuse.
- consider the need for additional investigative activities, as required, to understand the presenting issues such as relevant policies, procedures, training and staff practices.
- provide opportunity for the service provider to respond to the allegations of institutional abuse and Large Scale Investigation findings (this is in addition to being able to respond to the respective Service Provider/Independent Investigations).

### **3.4 Service user/patient reviews**

Where there are concerns that service users/patients within the service are not receiving care tailored towards their particular needs, reviews of individual service users/patients care needs and provision may be required alongside or subsequently to the safeguarding adults procedures. It is important that the service user/patient, their relatives or representatives are appropriately involved in such reviews in relation to their care and support needs.

Where placements are commissioned by non-Leeds Commissioning authorities, the undertaking of reviews will be the responsibility of the relevant commissioning authority.

### **3.5 Protection planning**

Independent and/or Service Provider Investigations undertaken will focus on the person's individual protection planning needs.

The Large Scale Investigation will need to assess the risk of harm to individuals within the service and consider the need for additional protection arrangements in relation to specific individuals and/or service users more generally. Service wide actions may include staff guidance, reviews of policies and procedures, reviews of staffing numbers, immediate training needs amongst others.

Where there proposed changes to individual service users/patients care plans they will need to be consulted/informed appropriately before changes are made.

Additional service improvements may be separately required by Contracting/ commissioning authorities and the Care Quality Commission (CQC) that continue outside of the safeguarding adults procedures.

### **3.6 Case conference meetings**

Where a Large Scale Investigation has been undertaken, a Case Conference Meeting, chaired by an Independent Safeguarding and Risk Manager, will always be required.

With Service Provider or Independent Investigations that have been undertaken in relation to particular individuals, the respective Case Conference Discussions or Case Conference Meetings should be held prior to the Large Scale Investigation Case Conference Meeting. This will enable the findings to inform the Large Scale Investigation Report and Case Conference Meeting. It may sometimes be appropriate to arrange for meetings to be held consecutively on the same day to allow for this.

### **3.7 Media Interest**

Safeguarding Coordinators, and their line management, including Chief Executive Officer (NHS) or Director (Adult Social Care) and the relevant communications/media team must be informed of any media interest as soon as possible. Under no circumstances should Safeguarding Coordinators or Investigating Officers give a comment or interview to the press.

## 4. Appendices

### 4.1 Identifying institutional abuse

Institutional abuse refers to those incidents of abuse that derive, to a significant extent, inadvertently or otherwise, from an organisation's practice (including management and leadership), culture, policies and/or procedures. The decision about the occurrence of institutional abuse will need to be professional judgement, based upon all the individual circumstances, and informed by the follow considerations:

▪ **Is the incident of a *type* to indicate institutional abuse?**

Incidents that would otherwise amounts to physical, sexual, financial/material, emotional/psychological, neglect and acts of omission, and discriminatory abuse of an individual may also amount to institutional abuse. There may be incidents of more than one of these types of abuse.

▪ **Is the incident of a *nature* to indicate institutional abuse?**

Institutional abuse may take a number of forms and be indicated by a range of signs and symptoms. However, institutional abuse is also defined by certain characteristics.

- It is **widespread** within the setting (e.g. the abusive practice is not confined to the practice of a single staff member)
- It is evidenced by **repeated** instances of poor care/professional practice
- It is generally **accepted** – it is not seen as poor practice
- It is **sanctioned** – it is encouraged or condoned by line managers
- There is an **absence of effective monitoring or management oversight** by managers has allowed the practice to have occurred.
- There are **environmental factors** (e.g. unsuitable buildings, lack of equipment, many temporary staff) that adversely affect the quality of care
- It is **systemic** e.g. factors such as a lack of training, poor operational procedures, poor supervision and management all significantly contribute to the development of institutionally abusive practice

**NB:** Institutional abuse may also be indicated by a number of adversely affected service users. However, institutional abuse may also occur in relation to a single service user.

It is not necessary for each of these characteristics to be present. However, the presence of one or more characteristic increases the likelihood that institutional abuse is taking place.

▪ **Is the incident of a *degree* to indicate institutional abuse?**

Abuse is indicated by the occurrence of harm. Harm is defined within No Secrets (2000) as:

“...includ[ing] not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development” (No Secrets 2000:09).

## 4.2 Out of area placements

Safeguarding adults arrangements can sometimes be complicated by cross-boundary considerations. These may arise when funding/commissioning responsibility for an individual lies with an authority in one area but the concerns about potential abuse and/or exploitation subsequently arise in another area.

The ADASS (2012) Protocol for Inter-Authority Safeguarding Adults Investigation and Protection Arrangements clarifies responsibilities.

Key principles are summarised below:

**Host authorities** (the local authority or NHS body in the area where abuse occurred)

- the safeguarding adults procedures of the host authority will be followed.
- the host authority has overall responsibility for the Safeguarding Coordination role, including the chairing of Strategy Meetings and Case Conference Meetings.
- will coordinate the investigation, gather information regarding the incident and undertake background checks in relation to the provider and individuals concerned, ensuring prompt notification to the placing authority and other relevant agencies
- will maintain effective communication with the placing authority
- may need to undertake immediate make safe arrangements, but wherever possible this should be in consultation with the placing authority

**Placing authorities** (those with commissioning responsibility)

- has a continuing duty of care and maintains overall responsibility for the adult at risk
- will need to provide all relevant information to the Strategy Meeting, including written reports
- will contribute to the investigation as required
- has ongoing responsibility as to whether the placement continues to meet the individuals needs
- should ensure, through contracting arrangements and in service specifications, that the provider has arrangements in place for protecting adults at risk of harm.

According to the circumstances, authorities may negotiate flexible working arrangements, for example relating to another authority undertaking assessments, reviews, investigative activities or other supportive activities on behalf of the placing authority.

The full guidance can be accessed from the Partnership Website:

[www.leedssafeguardingadults.org.uk](http://www.leedssafeguardingadults.org.uk)

### 4.3 The role of Care Quality Commission (CQC)

The Care Quality Commission (CQC) is the independent regulator of all health and adult social care services in England, including those provided by the NHS, local authorities, private companies and voluntary organisations.

#### Purpose

The Commission makes sure health and social care services provide people with safe, effective, compassionate, high-quality care and it encourages care services to improve.

#### Role

The Commission monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety and it publishes what is found.

The Care Quality Commission publication 'Essential Standards of Quality and Safety' - set out the required standards expected of services. With regards to safeguarding the focus will be on Outcome 7, safeguarding people who use services from abuse (Regulation 11). However, effective safeguarding also requires compliance with a number of regulations as illustrated in the table below:

Section	Outcome	Regulation	Title
Safeguarding and safety	7	11	Safeguarding people who use services from abuse
Safeguarding and safety	9	13	Management of medicines
Safeguarding and safety	10	15	Safety and suitability of premises
Safeguarding and safety	11	16	Safety, availability and suitability of equipment
Suitability of staffing	12	21	Requirements relating to workers
Suitability of staffing	13	22	Staffing
Suitability of staffing	14	23	Supporting workers
Quality and management	17	19	Complaints

The Care Quality Commission's inspection powers are established within the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009. These provide for three kinds of inspections:

- **Scheduled inspections** – These are usually unannounced inspections that are scheduled by the Commission throughout the year. However, inspections may be announced perhaps 48 hours before the inspection if the inspector needs to ensure that specific people will be available to speak with for the inspection. This applies mainly to services such as general practitioners, dental services and independent health providers.
- **Responsive Inspections** – These are usually unannounced inspections that have been triggered by a concern or problem having been raised with the Commission and may involve a specific complaint or safeguarding issue that indicates the service is not complying with the regulations.
- **Thematic inspections** – These are national programmes of inspections that focus on particular issues, such as nutrition, learning disability or

safeguarding, and on which the Commission aims to identify trends and implications for providers both specific to the service and in the context of a national overview.

CQC has powers using both civil and criminal law to issue cautions and warnings, to prosecute and issue financial penalties to providers that fail to meet required standards. Its powers also include other measures such as the power to:

- Impose, Vary or Remove Conditions: Actions refer to the conditions of the providers registration, possibly with immediate effect. This may include stopping further admissions.
- Suspend Registration: For a specified but extendable period. It will be an offence for the provider to operate during a period of suspension.
- Cancel Registration: Where people who use the services are put at such risk, and where care is so unsafe or of such poor quality, that no other action would be appropriate.

'Our Safeguarding Protocol' (CQC, Feb. 2013) states:

"While working in partnership with other agencies, CQC will not suspend its own statutory enforcement responsibilities pending the outcome of another (for example, criminal) process, where to do so would run counter to the safety and well-being of the people who use the service. In such circumstances we will aim, wherever possible, to coordinate actions to preserve evidence and avoid impeding each other's investigation and enforcement action".

Furthermore Care Quality Commission inspectors will attend safeguarding Strategy Meetings where:

- a person or people registered with CQC to provide services are directly implicated
- urgent or complex regulatory action is indicated
- any form of enforcement action has started, or is under consideration, in relation to the service or location involved and which relates to risks to people using the service or the quality of their care

However, regardless of attendance, the CQC should receive copies of any strategy and Case Conference Meeting minutes in relation to services they regulate.

CQC will provide relevant information to the chairs of all Strategy Meetings convened in relation to regulated services as requested. For example, information from CQC about the quality of service and regulatory track record of the provider that may be useful to the chair of the meeting in determining the service provider's level of involvement in the process.

All the Care Quality Commission publications referred to here, can be accessed from their website: [www.cqc.org.uk](http://www.cqc.org.uk)

## **4.4 The role of commissioning authorities**

Commissioning authorities will have required standards for services and systems in place for monitoring, inspection and for supporting service providers to achieve improved standards.

In the event that safeguarding concerns emerge, these roles and responsibilities will be continuous with the safeguarding process, however liaison with the Safeguarding Coordinator will be required to ensure that responses are coordinated and information shared appropriately.

This may involve, depending on the circumstances, supporting the safeguarding investigation process by:

- Advising on past service performance issues and agreed actions to address concerns
- Advising on expected standards and identifying areas where the service provider has not met their contractual requirements
- Undertaking a review of systems or records.
- Obtaining from the service provider all relevant policies and procedures
- Inspecting areas of organisational practice
- Requiring evidence of improved/agreed practice
- Identifying the need for service improvement plans

Service improvements may be required by the commissioning authority to achieve required standards of service provision. The nature of such plans will be determined by the commissioning authority, and may continue irrespective of the safeguarding adults procedures.

The decision to suspend or end any suspension of placements with a service provider will be made by each individual commissioning authority in accordance with the criteria and agreed processes as set out in their own suspension policy. The decision may be informed by the safeguarding process, but will be made outside of the multi-agency safeguarding adults procedures.

## **4.5 Illustrative examples:**

### **4.5.1 Large Scale Investigation required**

During April and May, there were 4 safeguarding concerns raised for residents in X, a small Care Home in Leeds.

In April, Mrs A's daughter reported an incident when her mother fell whilst being supported to dress herself, causing an injury to her hand. The service provider was asked to investigate, who found that the care plan was not being followed. The allegation of abuse was substantiated, and the new member of staff in question would be given more training.

Later in April, the care home reported that a member of staff reported a colleague under stress shouting at a resident Mrs B. The service provider was asked to investigate, who found that the staff member was very apologetic. The resident was given support and

the allegation of abuse was substantiated. The new member of staff in question would be given more training and support to understand their role.

In May, Mr. C experienced an injury whilst being hoisted. There was an Independent Investigation. The Case Conference Meeting concluded that Mr A's care plans were regularly not being followed, and substantiated the allegation of neglect. Care Home X reviewed the care plan and put in place regular checks to make sure this was being followed.

Later in May, a safeguarding alert was made for Mrs. D by a District Nurse in relation to her pressure ulcers. The nurse was concerned that advice provided and care plans were not being followed. It was decided that an Independent Investigation was required for Mrs D.

The Safeguarding Coordinator also convened a Strategy Meeting to consider the need for a Large Scale Investigation in light of the repeated concerns around neglect, care planning and training within a short space of time. Those attending the Strategy Meeting felt the concerns potentially indicated institutional abuse, in that each incident appeared to be caused by wider organisational problems.

An Independent Investigation was undertaken for Mrs. D and advice sought from a tissue viability nurse. The subsequent Case Conference Meeting concluded that an allegation of neglect was substantiated.

The Large Scale Investigation considered the issue of institutional abuse. The findings of the investigations for Mrs A, Mrs B, Mr C and Mrs D were collated. Further information was sought from the service provider and others about care planning, induction, supervision and training. A separate Large Scale Investigation report was written.

The Case Conference Meeting for the Large Scale Investigation included the service provider, Care Quality Commission and the Commissioning/Contracts Team. Those present agreed that the lack of management oversight, care planning, and training issues were resulting in the various incidents of abuse and agreed that institutional abuse was occurring. The protection plan focused on measures to improve these issues for all residents, the relevant commissioning teams agreed to monitor these improvements through their own performance framework.

Mrs A, Mrs B, Mr C and Mrs D did not attend, but were provided with feedback and offered a copy of the minutes that had been redacted to avoid sharing personal information.

In summary:

There was an investigation about the individual circumstances of Mrs A, Mrs B, Mr C and Mrs D. Each investigation resulted in its own case conference discussion/meeting. Each individual person's protection plan needs were addressed.

There was an additional Large Scale Investigation due to the concerns of institutional abuse, and that the individual protection plans would not prevent abuse recurring. The Large Scale Investigation collated relevant information from each individual investigation, and the subsequent Case Conference Meeting explored the need for additional service level protection arrangements.

## **4.5.2 Large Scale Investigation not required**

### **Example One: Single investigation, with service wide concerns**

Mr E receives care support from domiciliary care service, Y. A safeguarding alert was made for Mr E following an injury sustained whilst being hoisted at home by a paid carer. An Independent Investigation was undertaken, during which it was identified that his care plan was not adequate, training and record keeping was poor. There were no other safeguarding alerts in relation to this service provider, however similar practices were being followed for other clients. The Case Conference Meeting was concerned as to the potential risk to other residents, with similar needs.

The service provider agreed to review all of Mr E's care plans, and those of any other person using these kinds of hoists, provided specific training to staff and introduced new measures to monitor effective recording. The service provider confirmed to the Safeguarding Coordinator when these actions were complete and the commissioning manager agreed to monitor through their commissioning framework that these improvements remained in place.

A Large Scale Investigation is not required. There were service wide concerns, but a Large Scale Investigation would only be required where necessary to bring together more than one Service Provider and/or Independent Investigations, to consider institutional abuse.

### **Example 2: Multiple investigations, without service wide concerns**

Between April and May, in day service Z, there were 3 safeguarding concerns raised for service users.

During April, the day service reported that Mrs F had complained that a male service user with dementia had made sexual comments and touched her chest, and was distressed by her experience. A Service Provider Investigation was undertaken that supported her account of events. The allegation of sexual abuse was substantiated. This behaviour was not a previously known risk. Support was provided to Mrs F and the care plans for the male resident were reviewed to prevent the risk of reoccurrence.

During April, the day service reported concerns that a new member of staff had made racist comments to a service user. This staff member had been suspended pending investigation. An Independent Investigation was undertaken, and the abuse was substantiated. The day service is in the process of following their disciplinary process.

During May, the day service makes a safeguarding alert, concerned that a service user is being financially abused by a relative. An Independent Investigation was undertaken and the subsequent Case Conference Meeting decided that financial abuse has occurred.

A Large Scale Investigation is not required. Although there have been several safeguarding concerns involving the same service, there is no indication that institutional abuse is an underlying cause. The risk to each individual has been addressed through their individual protection plans.

## 5. Version control record

Version	Version or document being superseded	Changes from previous version (record origins of document if new)
1	Investigating Institutional Abuse: Supplementary Guidance	<p>Guidance introduced to supplement fulfilment of LSAPB Business Plan Action 2.8</p> <p>Review investigating institutional abuse guidance, addressing wider issues of abuse occurring within the context of health or social care provision</p> <p>This guidance also produced to support the introduction of the West Yorkshire Safeguarding adults Policy and Procedures, April 2013.</p>

This information can be provided in large print, Braille, audio or a community language, please telephone Leeds City Council Communications 0113 247 8630. Textphone for deaf and hard of hearing people 0113 222 4410